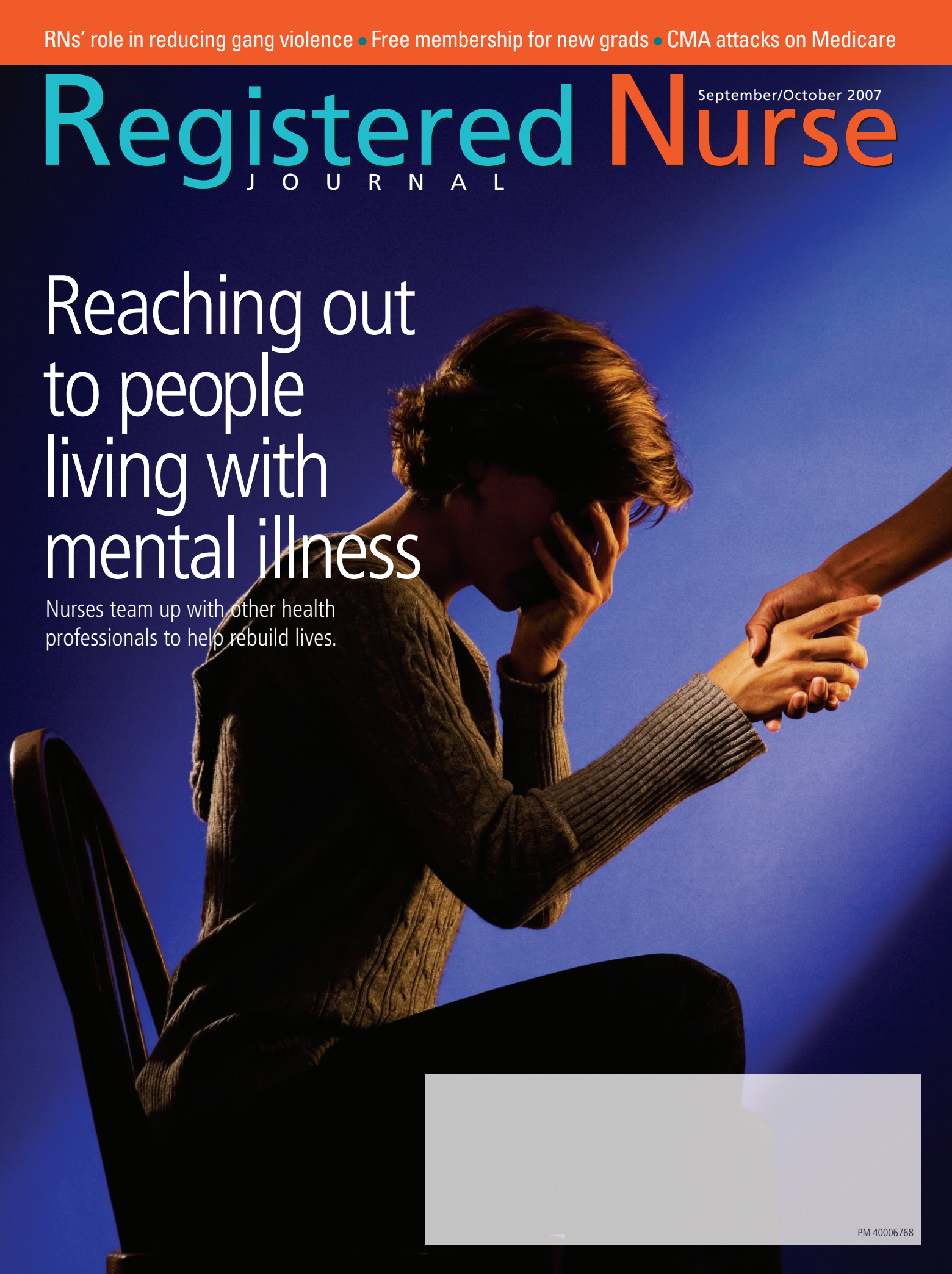
RNs' role in reducing gang violence • Free membership for new grads • CMA attacks on Medicare

Registered Nurse JOURNAL
September/October 2007

Reaching out to people living with mental illness

Nurses team up with other health professionals to help rebuild lives.



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Registered Nurse JOURNAL

Volume 19, No. 5, September/October 2007

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FEATURES

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Making a difference through collaboration, partnership

This fall, I read about an American woman – near bankruptcy from cancer treatments – who is searching for a Canadian husband so she can take advantage of Medicare. The 52-year-old Seattle resident makes no bones about looking enviously over the border at those of us who have access to publicly funded, not-for-profit care.

And she's not alone.

A Michigan woman in Michael Moore's latest documentary, SiCKO, also speaks openly about how she's thankful to have access to health services in Windsor because a Canadian man has agreed to pose as her common-law partner.

I saw SiCKO this summer and I was among the thousands to walk away from that film with a sense of pride in our publicly funded system. Many RNs share that pride.

In this issue of *Registered Nurse Journal*, you will meet some of those proud members who saw the movie and teamed up with RNAO to ensure politicians did the same (pg. 20). Members have also been actively involved on several other Medicare fronts this summer and fall. For instance, nurses have joined forces to speak out against attacks on Canada's health-care system, including the Canadian Medical Association's call for more private delivery of health services (pg. 9/22).

While these nurses are teaming up to protect our national treasure, others are joining forces closer to home to ensure those in need of care – particularly mental health care – are getting the attention they deserve. In our cover feature (pg. 12), we explore how collaboration among health professionals is making a difference to mental health patients across the province. In this issue, we also take you beyond Canadian borders to Africa, where partnerships are flourishing to protect grandmothers with little choice but to care for their orphaned grandchildren.

Examples of teamwork and collaboration abound in this issue of the magazine. They're an important reminder of just how much we can accomplish when we call on the strengths of others to complement our own. And they should provide inspiration for others to step outside their comfort zones and form alliances with the goals of protecting what we hold dear and promoting better health.

Kimberley Kearsey
Managing Editor

The road ahead for Ontario: Charting the next stage

Premier Dalton McGuinty and his team are settling into a second term of office. The people of Ontario gave them a strong mandate to continue governing this province. Over the next four years, the Premier says he will continue to build the province's public services.

Nursing

As a health stakeholder, RNAO worked with the McGuinty government to rebuild the nursing workforce. Many of our recommendations were adopted and implemented during McGuinty's first mandate. Thousands of nurses were hired, we reached 61.6 per cent full-time employment for all RNs, and we launched the Sudbury District Nurse Practitioner Clinics, the first nurse-led NP clinic in Canada, which will provide care to some of the 4,500 patients who have been without a family doctor for years. These are just some of the successes that RNAO helped shape.

But more work and other challenges remain. We need more young people to join the profession. We must enable our experienced nurses to continue working. We want an Ontario where nurses can build successful careers and where internationally trained nurses who choose to make Canada their new home can qualify for practice.

The Liberal government has pledged to improve on the gains of its first mandate in office. I can assure you that RNAO will hold Premier McGuinty and his team to the promises made, including strengthening our role and our profession. This means 9,000 additional RNs and 70 per cent full-time employment. This is paramount to ensuring continuity of patient care. It also means more nurse-led clinics (Premier McGuinty committed to 25) with an emphasis on primary health care and chronic disease management.

We also welcome the promise of additional investments in health care, necessary to ensure there are enough health-care providers to meet the needs of Ontarians, especially our seniors who live at home and those who reside in long-term care. They deserve the highest standard of care.

Medicare

The continued assault on our single-tier system, as evidenced by the new constitutional challenge, will require continued vigilance from the new government. We will look for a vigorous legal defense, and any future health-care legislation must incorporate not-for-profit delivery as a governing principle. We expect the McGuinty government to stop those trying to undermine Medicare by setting up for-profit clinics.

> "We are on a path at RNAO. I call on you to help us advance these initiatives and to recruit others to join us. "

Poverty

RNAO has been vocal about the need to develop a comprehensive strategy and policies to reduce poverty. As nurses, we know poverty is the single most preventable cause of poor health and early death.

It is reprehensible that one in seven people in this province lives in poverty and that 324,000 of them are children. These children and their families must be able to count on politicians to do the right thing. The association's platform laid out a specific set of recommendations that we believe must be adopted to turn the tide.

Increasing the minimum wage and introducing a child benefit for low-income families – as implemented by the Liberal government during its first mandate – are positive measures, but even Liberal politicians concede more needs to be done. At the *Vote Out Poverty* concert RNAO co-sponsored in Toronto, Liberal candidate and re-elected MPP Kathleen Wynne announced that the Premier plans to establish firm targets to combat poverty. This was music to my ears and an indication that this government is serious about dealing with poverty. We will be there to help set those targets.

A community-based housing strategy and more childcare spaces are also important next steps. To ensure individuals and families don't fall farther behind, we also need to see regular increases in both the hourly minimum wage and social assistance rates. Make no mistake; RNAO expects a clear and comprehensive plan within the next 12 months.

Environment

What we know today about the quality of the air we breathe and the chemicals in the environment is nothing short of alarming. Chronic conditions such as asthma, cancers and birth defects have been linked to these trends.

We owe it to our children, their children and to the generations yet to come to hold the government accountable to improve air quality and reduce smog. This area is of special significance to me because I believe successful societies care for their people and look after their environment.

We intend to hold Premier McGuinty accountable for the work he believes is not yet complete and to the promises made during the election campaign. Phasing out coal-fired electricity plants, reducing toxic substances, and instituting a province-wide pesticide ban that mirrors bans already in place in dozens of towns and cities across Ontario will help us change course.

We are on a path at RNAO. I call on you to help us advance these initiatives and to recruit others to join us. The larger our numbers, the louder and stronger our collective voice. Together we will contribute to a sustainable society. **RN**

MARY FERGUSON-PARÉ, RN, PhD, CHE, IS PRESIDENT OF RNAO.

Mailbag

RNAO diversity statement ensures accountability

Re: Intolerance of Ontario's cultural richness and wealth of diversity cannot continue, President's View, July/August 2007

I am extremely pleased to see that RNAO has brought diversity, racism, sexual orientation and gender identity to the forefront of its policies. It is very encouraging to see RNAO take action and leadership in these areas. Racism is a central player in the determinants of health, and has no place in nursing. As a nursing student at the University of Toronto, I worked closely on this issue as part of my community clinical placement at the Centre for Equity in Health and Society (CEHS). This placement made me aware of the 'unbearable whiteness of nursing.' As a 'white' nurse coming from a small, rural community, I was especially grateful to have the opportunity to confront my own prejudices and participation in 'everyday racism.' It was eye-opening to say the least. Now, practicing in a smaller, less diverse community than Toronto, I have observed how nursing truly has a long way to go to confront racism within and outside the profession.

I've met many people working hard to combat racism in nursing. They have suffered politically, professionally and personally for their cause. Frankly, so has nursing. RNAO's new policy on this issue means their efforts were not in vain. I thank you for bringing racism and diversity issues to the forefront, and for moving even closer to making individuals, management and organizations responsible and accountable for racism in their workplace and workplace practices.

Christy Ip, RN
Guelph, Ontario

Interdisciplinary practice essential to manage chronic care

Re: Managing chronic illness, July/August 2007

The article on chronic illness stressed the importance of chronic disease management in the health-care system. Considering today's emphasis on interdisciplinary care teams, it was somewhat surprising that the contributions of other health professionals were minimized. I recognize that nurses play a central role in the assessment and management of clients in clinics such as those described in the article, but it is important to recognize that optimal patient care is provided through the combined efforts of an interdisciplinary team.

Leslie Whittington-Carter,
Registered Dietitian
Wallacetown, Ontario

We want to hear from you

Please e-mail letters to letters@rnao.org or fax 416-599-1926. Please limit responses to 150-250 words and include your name, credentials, hometown and telephone number. RNAO reserves the right to edit letters for length and clarity.

Obituary

Lois Fairley, RN *1931-2007*

For RN Lois Fairley, nursing was more than just a job; it was a way to give back to the community, one patient at a time. Her work and life were remembered this summer when, at 76, she died of cancer.

A former RNAO board member and president of the Ontario Nurses' Association (ONA), Fairley was recognized for her commitment to ensuring nurses were as well taken care of as their patients. She served as RNAO member-at-large for socio-economic welfare from 1984-86. Eleanor Ross was president-elect during that time, and remembers Fairley as "friendly and fair." She recalls her colleague's hard work on Project Turnabout, a support group to help nurses struggling with drug and alcohol addiction.

Fairley spent her entire 38-year nursing career at Grace Hospital in Windsor. RN Jane Addison worked with Fairley for more than 30 years. She remembers her friend and colleague's ongoing support for nurses, noting that she acted as a mentor and was always vocal about workplace issues such as salary and benefits she knew RNs deserved.

Addison first got to know Fairley when she (Fairley) was encouraging Grace nurses to become part of ONA. She asked Addison to help get nurses to sign their union cards, and although Addison wasn't sure she had the persuasive powers to get her colleagues to join the union, she says Fairley always pushed people to try new things.

"Lois always encouraged me," she recalls. "When I'd say I couldn't do something, she'd say 'of course you can do it,' and I could."

Grant Fairley, the eldest of three sons, also remembers his mother's dedication to the profession. "She was very proud to be a nurse," he recalls, adding that her commitment sometimes meant leaving her husband waiting in the car for hours outside the hospital while she attended to every last detail before leaving a shift. Even vacations were filled with work, he recalls. Fairley spent summers as a camp nurse near Sarnia, where her nickname, 'Shots,' reflected her life's work and passion.

Fairley is survived by her husband, three sons and five grandchildren. She will be dearly missed for her contributions to nursing and RNAO. **RN**

Standing up for Medicare

In the lead-up to the provincial election, we released RNAO's platform and urged nurses across the province to ask politicians on the campaign trail about their plans to reduce poverty, clean-up the environment, protect and strengthen Medicare, and support nurses. We stressed how important it is to ensure our new government protects Ontario's health-care system from attacks by for-profit advocates who prey on the vulnerabilities of people confronted with illness.

Sadly, we have seen two troubling examples of such attacks in recent months.

The first one came weeks before candidates officially began campaigning. The Canadian Medical Association (CMA) unveiled its plan to 'modernize' Medicare, advocating that physicians be allowed to practice simultaneously in both the public and private health-care systems, which is prohibited under the *Canada Health Act*. Under the guise of 'meeting the needs of a new generation,' CMA also suggested that private insurance and private clinics would improve access to services and reduce wait times.

RNAO was vocal in its opposition to the plan, dubbed *Medicare Plus*, and sent an open letter to Prime Minister Stephen Harper, reminding him of the dangers of a two-tier system. We also issued an action alert and more than 400 nurses sent letters of their own to the prime minister (see pg. 22).

Our advocacy worked.

Federal Health Minister Tony Clement responded immediately in the media and in a letter to RNAO, stating in no uncertain terms that: "We do not support any recommendations related to the establishment of a two-tiered health-care system or dual practice by physicians."

The second attack on our publicly funded system came a few weeks later; this one from the Canadian Constitution Foundation (CCF), an Alberta-based organization that is funding a lawsuit challenging the Ontario government on timely access to health care and patients' ability to buy private health insurance. This organization is, in effect, trying to dismantle Medicare by seeking to remove all prohibitions on private health care.

At a CCF news conference on Sept. 5, I sat alongside a number of reporters as the foundation introduced the second of two patients to make a constitutional challenge against the laws governing health care in Ontario. I spoke to many reporters that day, reminding them that health care in Canada is a human right, not a commodity to be bought and sold. I explained that the minute you introduce private insurance into our system, you create two classes of patients: those who can afford to jump to the front of the queue and those (the majority) who cannot. The latter wait in a line that is longer, the cost to taxpayers is higher, and overall health outcomes are worse.

> "The minute you introduce private insurance into our system, you create two classes of patients."

RNAO has been challenging these kinds of attacks for many years and nurses have responded unwaveringly. Now we have another powerful ally in Michael Moore, a documentary filmmaker whose passion for publicly funded health care is abundantly clear in his latest documentary, SiCKO.

I was invited to preview the movie and as soon as I saw it, I knew it was a tool we must use to tackle the kinds of attacks on Medicare described above. Suddenly, I was hit with an idea: nurses need to extend an invitation to see SiCKO to politicians, the individuals who hold the future of Medicare in their hands. RNAO sent an action alert to assembly members and more than 40 took us up on the offer (see pg. 20).

Moore was thrilled with the initiative. In a public statement he said: "…I want to thank RNAO for encouraging members to bring your political leaders to go see SiCKO. It's important to remind your elected officials how critical it is to protect your Medicare system established by Tommy Douglas, and the values and ideals behind it of taking care of everyone in society, no matter how rich or poor…"

The leaders from all of Ontario's political parties, and the three national leaders, were personally invited to see the film. We were very pleased with the genuine interest in the issues and challenges of privatization shown by those who participated.

Federal Liberal Leader Stéphane Dion accepted our invitation on Aug. 16, and participated in a roundtable discussion immediately following the movie. I was so proud of all the RNAO members who attended, many sharing not only their values and visions for a healthy system, but also the evidence behind those values.

There's no question in my mind that while attacks on our publicly funded, not-for-profit system by organizations like CMA and CCF will continue, they won't hold up against nurses' knowledge, courage and perseverance to protect and strengthen Medicare, and to advance the vision that Tommy Douglas dreamed about five decades ago.

Stand tall and proud my colleagues. **RN**

DORIS GRINSPUN, RN, MSN, PhD (CAND), O.ONT, IS EXECUTIVE DIRECTOR OF RNAO.

by **Stacey Hale** and **Kimberley Kearsey**

Nursing in the news

RNAO & RNs weigh in on . . .

(L-R) Pamela Pogue, Doris Grinspun, Jennifer Fournier, Marilyn Butcher and Roberta Heale celebrate the NP clinic opening with Health Minister George Smitherman.

Nurse practitioner clinic opens in Sudbury

RNAO members **Marilyn Butcher** and **Roberta Heale** have finally taken the helm as director and board president, respectively, of Ontario's first nurse practitioner-led clinic in Sudbury. Local residents without a family doctor breathed a collective sigh of relief when the clinic officially opened Aug. 30. That's because many have been without a doctor for years.

Patients began registering for the Sudbury clinic on Aug. 2 and Butcher admits it could be months before they get to the bottom of the application pile. "We're not putting people through on an assembly line," she told the *Sudbury Star* (Aug. 23).

"There are so many people in this area who don't have access to a primary health-care professional, and we know the clinic will start to remedy that and offer [residents] the care they need and deserve," Butcher said. (Aug. 30, *Northern Life.ca*)

The Sudbury District Nurse Practitioner Clinics employs four nurse practitioners, two medical secretaries, and one administrator. Butcher and Heale plan to hire a dietitian and social worker to complete the team, which will address the needs of some 1,500 patients within the first year.

RNAO Executive Director **Doris Grinspun** was instrumental in helping the two nurses capture the attention of Health Minister George Smitherman with their proposal for funding. She commended them on their commitment to the project, and for never giving up on their dream "to serve people to the full extent of their knowledge, skill and caring." (Aug. 31, *Timmins Daily Press*)

Nurses taste victory with increase of funding for seniors' meals

After months of intense lobbying – and more than 19,500 signatures on a petition presented to the legislative assembly – **Angela Shaw** and **Julie Curitti** have finally secured more funding for seniors in long-term care facilities across the province.

The two Mississauga RNs were behind the push to increase food spending for seniors from $5.46 per day to $7 per day.

Pleased with the health ministry's decision to increase the amount to $7 at the end of July, the two nurses have not forgotten how difficult the campaign was. It was particularly disappointing when the Liberals announced in the spring that they would only approve an additional 11 cents, significantly less than what was recommended and supported in a petition. "The trigger was the 11 cent increase," Shaw said of the pair's efforts. "We obviously didn't get what we wanted so normal citizens have taken ownership of this issue." (July 24, *Mississauga News*)

"Never in our wildest dreams did we think we'd be on this journey," said Curitti after the government finally approved the increase to $7. "It's just wonderful to think we helped our seniors. This is going to make a big difference to their quality of life." (July 31, *Mississauga News*)

Lawsuit challenges ban on private care

The Canadian Constitution Foundation (CCF) held a news conference at Queen's Park on Sept. 5, announcing its intention to finance a lawsuit challenging the Ontario government on timely access to health care and patients' ability to buy private health insurance. CCF, an Alberta-based group, introduced Shona Holmes, an Ontario woman who spent $95,000 for health care in the U.S. as she sought diagnosis and treatment for a rare eye condition.

Holmes' constitutional challenge of Ontario's legislation – which prohibits individuals from purchasing private insurance – is seen as a direct attack on Medicare. "What to me is so distressing is when people start to prey on the vulnerability of patients to further their ideological agenda," said RNAO Executive Director **Doris Grinspun**. (Sept. 6, *National Post*)

In a letter to the *Toronto Star*, RNAO

For complete versions of any of these stories, contact staceyh@rnao.org.

President **Mary Ferguson-Paré** shared her sympathy for Shona Holmes and others in her situation. "As nurses, we have much empathy for the plight of patients who are looking for more timely access to health care. However, we believe that using them to further an agenda of privatization is simply wrong." (Sept. 6, *Toronto Star*)

RNAO members also weighed in. "Paying for private health care does not create new doctors, but does help to drain them away from the public system," RN **Judy Greenwood-Speers** wrote in a letter to the editor (Sept. 11, *National Post*). RN **Samantha Dalby** also expressed her opposition to the challenge in a letter that read "Evidence shows that Medicare is the best way to achieve efficient and effective quality care." (Sept. 5, *Toronto Star*)

Nurses reject CMA proposal

The Canadian Medical Association's (CMA) outgoing president Colin McMillan unveiled his controversial *Medicare Plus* proposal while addressing a Rotary Club meeting in Charlottetown this summer. The proposal called on Canadians to embrace a system in which physicians would be allowed to practice in both the public and private sectors simultaneously (see pg. 22 for more details on this and additional announcements from CMA).

"Creating a private, parallel system doesn't create more access…it just allows people with more money to get ahead of the queue," said RNAO President-Elect **Wendy Fucile** (Aug. 7, *AM 1220 Cornwall*). RNAO President **Mary Ferguson-Paré** reiterated the association's disapproval of the proposal by explaining to reporters that two-tier health care "won't work and the evidence is clear about that." (Aug. 1, *Port Hope Evening Guide*)

RNAO's Perth chapter hosts pre-election meeting to highlight nursing shortage

On Sept. 17, RNAO's Perth chapter hosted a community meeting in Listowel to inform residents and politicians of the nursing shortage across the province. Five political candidates participated in the event, which ended with nurses lighting candles to represent the decreasing number of RNs in the profession. Perth chapter president **Jane Foster** told the *Stratford Beacon-Herald*: "As the population ages, the usage of hospitals is increasing. The province needs to keep aging nurses working and increase the number of nurses going into training." (Sept. 8 and 10)

Parents decide whether to vaccinate daughters for HPV

In mid-September, the Regional Niagara Public Health Department started vaccinating Grade 8 girls to protect against the human papillomavirus (HPV). The virus is linked to the development of cervical cancer or genital warts. RNAO member and nurse practitioner **Janice Jackson**, who works at the St. Catharines Sexual Health Centre, addressed growing concern among parents that the vaccination program might lead girls to develop promiscuous behaviour or a false sense of safety regarding sex. The vaccine "won't plant the thought or sway a girl who is already considering sex," Jackson said. "There are so many other factors that contribute to a girl's decision." (Sept. 10, *Welland Tribune*)

Black-market tobacco undercuts effort to help youth butt out

RNAO member and public health nurse **Karen Taylor** is concerned that teens in the Haliburton, Kawartha and Pine Ridge area are lighting up because they can easily obtain access to unregulated and illegal tobacco products. To remedy the issue, the local health unit is encouraging parents to attend presentations to learn how to talk to their teens about the hazards of smoking and the risks associated with unregulated tobacco products. "Unregulated tobacco products are a multi-million dollar, black-market business that seriously undercut our efforts to prevent minors from becoming addicted to smoking," Taylor said. (Sept. 11, *Lindsay Post*)

*RN **Lynn Anne Mulrooney**, senior policy analyst at RNAO, wrote a letter to the* Toronto Star *thanking the newspaper for publishing a photo spread depicting homeless people as real humans.*

Treat homeless people with respect

Letter to the editor
Toronto Star, August 20, 2007

Thank you for showing some of the real human beings affected by panhandling policies in your photo spread (*Spare some change?* Aug. 18) as a contrast to your columnist's characterization of panhandlers. Her use of 'feral' to describe street people links them to wild animals or plants, and her use of 'slugs' links them to the insect world. She further makes indigent people into non-human entities by casting them as 'steadily eroding the urban wellness of the city.' Instead of blaming our most vulnerable residents, we should be treating them with respect. Of course, violent acts, wherever committed, must be addressed by our criminal justice system. We also need public policies that will enable all Ontarians to live in dignity rather than in poverty.

Lynn Anne Mulrooney,
Burlington

Nurses promised new masks, safety needles

On Aug. 23, Health Minister George Smitherman announced that his govern-

Nursing in the news

RNAO & RNs weigh in on . . .

ment will provide frontline health-care workers with N95 masks and safety needles to make the workplace safer. The masks are designed to protect against airborne infections, and the needles reduce needle-stick injuries. Nurses were pleased: "It shows they respect the fact that we need to be provided with a safe work environment," said **Linda Haslam-Stroud,** RNAO member and president of the Ontario Nurses' Association. (Aug. 24, *Toronto Star*)

Tracy MacDonald, chief nursing executive at Niagara Health System, responded to the announcement with support, noting that NHS has had a needle safety policy since 2005. "We've always put our staff safety as top priority and this [policy] is one way we can make it a reality for our staff," she said. (Aug. 24, *Welland Tribune*)

RNAO member **Tiz Silveri**, vice-president of maternal, child and surgery care at North Bay and District Hospital, also weighed in: "The government has put funding towards this good initiative because safety is very important." (Aug. 24, *North Bay Nugget*)

Clinic cares for patients in effort to ease ER waiting

RNAO member **Sue Leddy** is doing what she can to ease the time crunch in hospital ERs. A member of the Maitland Valley Health Team in Goderich, Leddy is one of three nurses who take turns running a clinic that treats waiting ER patients with less pressing ailments such as allergic reactions, ear infections and back injuries. The clinic, Leddy says, "…keeps all those patients, maybe 10 or 12 a morning, out of the (hospital) emergency." (Oct. 3, the *Toronto Star*)

Out & About

On Sept. 24, RNAO's Region 7 hosted an all-party debate on health care at Ryerson University. Regional representative Carmen James-Henry (left) moderated the discussions, which focused on social determinants of health, the nursing shortage, and Medicare. Seated (L to R) are Green party candidate Mike McLean, NDP candidate Andrea Nemeth, Conservative candidate Pamela Taylor, and Liberal candidate Tom Teahen.

RNs Beverly Morgan (left) and Lisa Richter addressed a public meeting of Hamilton City Council on Sept. 13 to support a Pesticide Bylaw and share their views about the harmful effects of pesticides. With the passing of the bylaw, Hamilton joins a growing list of communities that have implemented legislation prohibiting the cosmetic use of chemicals, including Toronto, London, Markham, Oakville, Peterborough, Newmarket, Thorold and Collingwood.

Ottawa's Somerset West Community Health Centre is one of only 13 facilities in Canada to have successfully achieved Baby Friendly Designation. The official celebration took place Sept. 17, during which RNAO's Childbirth Nurses Interest Group past chair Nancy Watters (second from right) presented congratulations to RN and lactation consultant Diana Warfield. They are joined by Kathy Venter from the Breastfeeding Committee of Canada (right) and RNAO member Lori Levere, Ontario Breastfeeding Committee.

RNAO President Mary Ferguson-Paré (left) spent a week in early September with RNAO members in Timmins, Peawanuk, Moose Factory and Kashechewan. While visiting the health clinic in Kashechewan, she met with RNs (L to R) Leah Hiscock, Nancy McTeer, Moira Morris, Wilma McQuaker, and Priscilla Friday.

OFFERING HOPE TO AFRICA'S GRANDMOTHERS AND THE ORPHANS IN THEIR CARE

RNAO's International Nursing Interest Group launches awareness initiative to support grandmothers caring for orphaned children.

Sylvia Scott has seen first hand the devastation the HIV/AIDS pandemic has brought to the African continent. Each year, the RN from Kitchener-Waterloo travels with her husband to their native Kenya to work at the Matangwe Community Health Centre, which the couple opened almost a decade ago.

Through her international work, Scott has seen too many adult men and women succumb to the disease, leaving behind millions of orphaned children. She has also seen how grandmothers are reaching across generational lines to care for these children. Scott says the Matangwe clinic, and the community projects that operate out of the facility, help support more than 300 grandmothers looking after 2,000 orphans.

According to the Stephen Lewis Foundation (SLF), there are 13 million children in Africa who have been orphaned by HIV/AIDS. That leaves tens of thousands of grandmothers with little choice but to take on their care.

Kenyan grandmothers receive certificates after completing an agricultural program at Matangwe Community Health Centre.

At RNAO's 2007 annual general meeting, members passed a resolution to promote awareness about two SLF programs: the *Give a Day Campaign*, which encourages individuals to contribute whatever they can to the foundation on World AIDS Day in December; and the *Grandmothers to Grandmothers Campaign*, a project that allows Canadian grandmothers to raise funds for their African counterparts.

Cindy McNairn is president of RNAO's International Nursing Interest Group (INIG), which sponsored the resolution. She says the group brought the issue forward in part because it directly relates to health care overseas. But the resolution is also personal. McNairn was moved to act after hearing Stephen Lewis, former UN Special Envoy for HIV/AIDS in Africa, speak at Toronto's George Brown College, where she teaches. She has since become so inspired that she contributes to the foundation regularly, and she is taking a year-long sabbatical to work and travel abroad. She will spend six weeks at Scott's clinic in Kenya.

Scott believes RNAO's support for the *Grandmothers to Grandmothers Campaign* represents a chance for RNs in Ontario to truly understand the plight of African grandmothers, some of whom are also retired nurses. She says Canadians need to raise money to help find solutions that will give this older generation hope and resources to make their lives better each day. Scott and her husband have been able to help by providing grandmothers with seeds so they can grow their own crops. Matangwe clinic staff worked with the grandmothers and a local nutrtionist to develop healthy recipes using local foods. The recipes will appear in a cookbook they hope to sell to raise money.

"We have grandmas who are doing absolutely amazing things," Scott says. "If we can identify other income generating activities to support sustainability, that's what these women need to be self reliant."

Ilana Landsberg-Lewis, executive director of the Stephen Lewis Foundation, says grandmothers are the best experts when it comes to making life better for themselves and their grandchildren; they just need the tools to do it. She began thinking about how the foundation might help after noticing the number of proposals coming across her desk that sought money for widow and parenting projects. She also noticed that each time her father, Stephen Lewis, returned from Africa, he spoke about grandmothers he had met at orphan feeding programs, or who were holding support meetings under a tree. Landsberg-Lewis realized these women need help not only because of the tremendous poverty they face, but also to cope with the grief of burying their own children while simultaneously raising grandchildren who are struggling with their own loss.

In the year-and-a-half since the launch of the *Grandmothers to Grandmothers Campaign*, more than 160 groups have been set up across Canada, raising funds for more than 200 projects in Africa. McNairn hopes RNAO's group will soon be among that number. Members of INIG have already started talking about how to move the resolution ahead, and hope to set up a group by December.

Landsberg-Lewis says she looks forward to the ongoing contributions of Ontario's grandmothers, particularly those who are also nurses. She believes nurses' work experiences, whether in Canada or abroad, will help them imagine what life is like coping with the overburdened health-care systems in African nations, and the sense of duty grandmothers feel not just to their grandchildren, but also to their communities.

"It takes a leap to imagine the enormity of [the HIV/AIDS pandemic]," Landsberg-Lewis says. "But it doesn't take a leap for nurses to imagine the responsibility of caring for families and communities, and to understand the skills that are needed (to help)."

To find out more about RNAO's resolution, and the *Grandmothers to Grandmothers Campaign*, contact RNAO Nursing Policy Analyst Gail Beatty at gbeatty@rnao.org or 416-599-1925/1-800-268-7199, ext. 237. **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

IT TAKES

to treat mental illness

Nurses join forces with other health professionals to help people with mental illness rebuild their lives.

RN MAXINE LESAGE HAS SPENT A LIFETIME IN the community where she works. As a result, she really understands the health needs – and the histories – of the patients and neighbours she sees every day. A community health nurse at the Garden River First Nation, Lesage believes being a life-long resident of the community gives her valuable insight into patients, and helps her to identify those who may be suffering from mental illness, even if they're just at the health centre to make a doctor's appointment or visit the pre-natal clinic.

"The family may have had a tragedy or been impacted by residential schools or experienced abuse," she says. "It really makes a difference in your planning and how you can help them."

Lesage says many First Nations people are reluctant to talk about mental illness, but by asking the right questions and listening carefully, she can uncover conditions that may not be obvious to doctors and nurses who didn't grow up on the First Nation. For example, Lesage may see a woman for a pre-natal exam and may discover she doesn't have any support at home, or is feeling depressed or unhappy about the pregnancy. That revelation allows Lesage to set the wheels in motion and work with the family physician to ensure the best care for both mom and baby.

She says trust is the cornerstone that allows her to refer patients to services both in the community – such as healing circles where they can find a safe place to talk to someone – and outside of it, which may mean helping people access transportation in nearby Sault Ste. Marie, and working with urban doctors and nurses to ensure the best care possible.

All that hard work pays off, she says, adding there's nothing more rewarding than seeing patients who have overcome depression or addiction thanks to her help.

"There's a sense of peace when you know you did what you could. There's a bond that's developed … (patients) know that in the future, you are available to them."

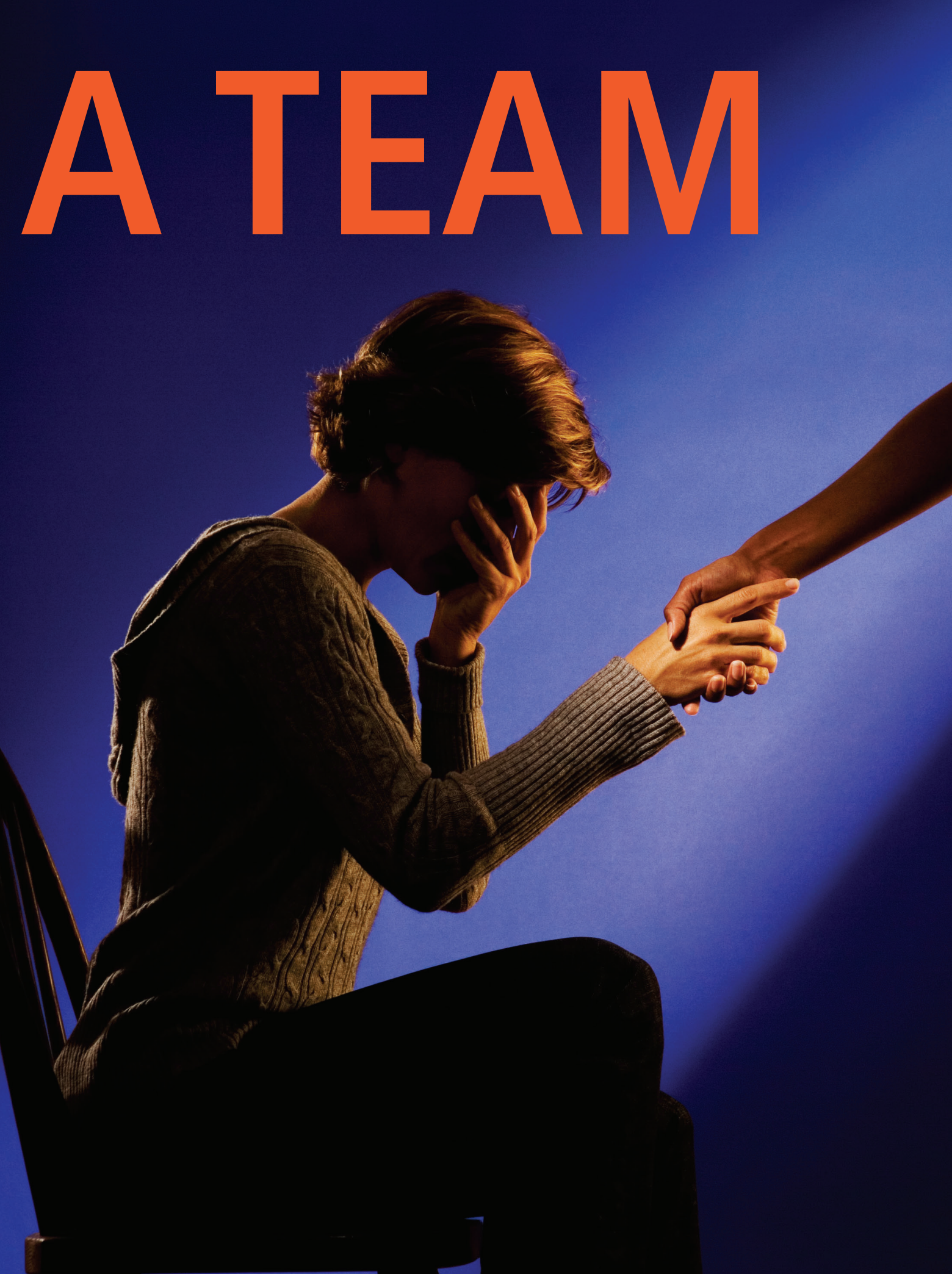
Lesage is not alone in her efforts to help people move beyond mental illness and connect with the resources they need to stay well. Although the prevalence of mental illness has been well documented among Canada's Aboriginal population, it is certainly not the only group to grapple with the issue. According to the Canadian Mental Health Association (CMHA), six million Canadians will develop a mental illness at some point in their lives. That includes eight per cent of the population who will battle depression, five per cent affected by anxiety disorders, and one per cent who live with schizophrenia. But it's partnerships like the ones Lesage creates that give a voice to this group, helping to break down troubling barriers to care such as too few health professionals, inaccessible services, and the crushing stigma that surrounds mental illness.

In August, the federal government recognized these barriers and announced the creation of the Canadian Mental Health Commission. Made up of representatives from the Aboriginal community, government officials, mental illness survivors, and community groups, the Commission will be chaired by former Senator Michael Kirby who, in a 2006 report entitled *Out of the Shadows*, called for expanded mental health services across the country. Over the next five years, the group will receive $55 million to tackle the issue of stigma, create a place where anyone touched by mental illness can share ideas and information, and develop a national mental health strategy.

As the Commission starts its work this fall, it may want to look to Ontario for some successful examples of partnerships between nurses and other health-care providers, community agencies and survivors of mental illness that are creating better lives for millions. By playing pivotal roles in these partnerships, nurses are easing patients' journeys through the province's health-care system, and even elimi-

Photography: J. Michael LaFond

A TEAM



nating some detours that take them back to hospital.

RN Fernanda Coletto is a mental health counsellor at the Hamilton Family Health Team, where she sees mental health patients referred to her by family physicians. As a result of this collaboration with her medical colleagues, Coletto is able to help patients by setting up one-on-one or group counselling, recommending links to community services, or scheduling appointments with the team's psychiatrist. She says the FHT helps patients from all walks of life and with a variety of mental health challenges. Whether they're battling anxiety, a mood disorder, or depression after losing a loved one, the team is able to help.

"I work with the client and doctor to decide the best route for depression, anxiety disorder, mood disorders," she says. "The client hopefully has one stop shopping."

Valerie Grdisa, president of RNAO's Mental Health Nursing Interest Group (MHNIG), is researching collaboration in mental health. Her focus is on partnerships between sectors and health professionals. The research comes after a career helping terminally ill children and youth with mental health struggles. Grdisa says when a young person is diagnosed with a terminal illness, it takes a terrible toll on them, and on the family and the nurses responsible for their care. While working in pediatrics, Grdisa began holding meetings so staff could talk about coping with a child's death. She says the gatherings offered doctors, nurses and social workers the chance to talk about ways to improve the team's communication, get a better understanding of each other's roles and expertise, or develop strategies to help families cope with a child's imminent death.

Partnerships like these and others are working well for both patients and their care providers, but Grdisa says there is still plenty of room for improvement. She believes Ontario needs structures such as electronic health records to make that happen. She also believes more research is needed on the experience of patients.

"Although everyone is talking about patient care and the collaborative process, we really haven't conceptualized what that means for patients and families," she says, adding no matter how well professionals may be working together, if patients have to repeat their stories each time they see a different care provider, the collaboration is not working as well as it could.

RN Brent Stein says he wants to make sure patients never tell the same story twice. As the clinical director at the Barrie-Simcoe branch of the CMHA, Stein leads the Assertive Community Treatment (ACT) Team, which includes nurses, social workers, psychiatrists, peer supporters, and occupational and recreational therapists who meet daily to receive updates on changes in patients' conditions.

ACT teams work with about 100 patients who have schizophrenia, bipolar disorder, or a schizoaffective disorder, and who have not responded well to other rehabilitation or outpatient services. Whether someone wants to get a job at the local gas station or to reunite with their family, Stein says ACT team members provide support. Social workers accompany clients during family visits, RNs ensure medications aren't causing complications, and recreational therapists organize pick-up hockey games and hikes to help clients socialize. Stein says all of these activities, including working in a meaningful job, help improve mental illness survivors' sense of well being.

"There's life after illness," he says. "We really try to look at what the person's goals are. We can help them with symptom management and with the activities of daily living, but over and above that we (help them) with what's important to them."

According to the Canadian Institute for Health Information, the people who receive help from ACT teams spend less time in psychiatric facilities and ERs. In fact, the teams work so well, the Barrie-Simcoe CMHA recently established a second team in Orillia, which will link with patients who are leaving the Mental Health Centre Penetanguishene (MHCP) and Soldiers' Memorial Hospital. The newest team will meet with MHCP staff members and patients before discharge so they can create strong relationships while still providing reassurance that staff in Penetanguishene is there to help when a patient feels it's needed.

For the last 15 years, RN Cheryl Forchuk has been researching just how important that link between hospital and community staff is for mental health patients. In the 1990s, she conducted a pilot project at the Centre for Mountain Health Care in Hamilton (formerly known as the Hamilton Psychiatric Hospital). Some of the patients in the facility at that time had lived there for five years. Forchuk and her research team surveyed patients to find out what they needed to live on their own successfully. She says they described the fear –

HOSPITAL NO PLACE FOR HOMELESS STRUGGLING WITH MENTAL ILLNESS

Although everyone is at risk of developing a mental illness, the odds are even greater for segments of the population that struggle with poverty and homelessness. In fact, recent statistics from the Canadian Institute of Health Information show that, in 2005-2006, mental illness was the reason for 52 per cent of acute care hospitalizations among the homeless.

RN Beth Wood, a nurse who works with the Royal Ottawa Health Care Group's Psychiatric Outreach Team, knows these statistics all too well. She says an acute-care hospital is not the right place for men and women who have been struggling with a mental illness for decades while living in shelters and on sidewalks. They need long-term services and health-care professionals who can care for their mind and body, and speak out on their behalf.

"For me, what is important is advocating for this group because nobody will talk for them," Wood says. "Homeless people…have a whole lot of substance abuse problems, mental health problems. These are people who have no access to care."

Wood has been a member of the outreach team for almost 15 years. She works with nurses, social workers, psychiatrists, a psychologist and other health-care professionals. Part of her job takes her to a local community health centre and shelters where she monitors the medications homeless individuals may be taking. She also demystifies some of the stigma around mental illness. The brain, she tells patients, is an organ just like any other in the body. And like other organs, it can malfunction.

Wood has established partnerships with community agencies and shelters in an effort to reach out to those on the street. She admits, however, that more can be done to help this population. She would eventually like to see mental health clinics attached to primary care centres in downtown areas. She believes more accessible primary health-care services would give the homeless a place to go besides the emergency room. **RN**

RN OFFERS MENTAL HEALTH CARE BEHIND PRISON WALLS

RN Carolyn Kirkup makes house calls every day, checking up on her patients' mental health. But she doesn't find her patients behind the doors of their homes on suburban streets, in high rises, or in rural community farm houses. Kirkup's patients are behind the maximum-security bars of the Kingston Penitentiary.

In the view of this corrections nurse, the prison population has just as great a need for a team approach to mental health care as patients being cared for in the community. In fact, in some respects, the needs of this population are much greater.

Kirkup says research shows there are two to three times as many people with mental illness living inside Canada's prison walls as there are in the general population. Although she doesn't have hard data to link the number of prisoners with cuts to community mental health services, she feels there is a connection. Kirkup says without community support, people with a mental illness may stop taking medications and commit a crime. Once these individuals arrive in the system, it's not just nurses they rely on for help. Kirkup says she always collaborates with other health-care professionals and the correctional officers.

"We'll be going from one cell to another and (correctional officers) watch how we relate to the inmate," she says. She often helps officers understand how to deal with a mental illness, and how to watch for signs that an inmate may commit suicide. "Many offenders have actually been saved by officers, just being alert to changes in behaviours."

Kirkup works for the psychiatric facility at Kingston Penitentiary that has a team of psychologists, psychiatrists, nurses and corrections staff. The most severely ill patients are referred to that facility, but there are still as many as 300 inmates who require care from Kirkup and her colleagues, including a psychiatrist who runs a weekly clinic.

Kirkup has built relationships with a variety of health-care providers over the three years she's worked at the prison, but she says it's her relationship with inmates that requires constant nurturing.

"You have to be very fair and honest because these people have learned who they can trust and who they can't," she says, adding it's that trust that allows her to truly make a difference for the people society has otherwise given up on. **RN**

shared by many people who have been hospitalized for long periods of time – of leaving the hospital because it's the only support system they have ever known.

"If losing the connection with staff they trusted was what was required to leave, they'd rather stay," Forchuk says. "They didn't have any similar connections in the community, but they also didn't have any friends. Their friends were often other patients on the ward."

By providing these Hamilton patients with the support of both the community and hospital health-care providers, every one of them was discharged. With the results of the pilot in hand, Forchuk and her team developed the *Transitional Discharge Model*, an approach to care that allows patients to maintain relationships with hospital staff until they're linked with community care providers. The model also matches patients with a peer supporter. Forchuk and her team then went on to test the research in other psychiatric wards across Ontario. The results, she says, are as good for the health-care system's bottom line as they are for patients. Transitional discharge decreased the length of stay on the test units by 116 days per patient, saving the health-care system more than $12 million.

Beyond the numbers, Forchuk believes the human impact is more powerful.

She says her best discovery is just how valuable these connections are for patients, especially in terms of the relationships they're able to form with peers who have battled their own mental illnesses. She says these friendships have also given mental illness survivors the confidence they need to improve their own lives.

Forchuk's research – and her innovative approach to partnerships – has not only had an impact in Hamilton. It's also influenced mental health practice in places like London, Whitby and Ottawa. At the Royal Ottawa Health Care Group, a mental health facility, RN Doreen Parker says the connections nurses can help patients make in the community are just as important to their recovery process as the working relationship between their health-care providers.

Parker is part of the hospital's Wellness Project, an initiative that pairs Forchuk's research into peer support with a program called the *Wellness Recovery Action Plan*, or WRAP. Developed by a psychiatric survivor, the plan emphasizes the need to help mental illness survivors take control of their lives while identifying and coping with stresses that can trigger crisis.

In 2006, with funding from The Change Foundation, Royal Ottawa partnered with Psychiatric Survivors of Ottawa and the CMHA of Ottawa to link in-patients on the psychiatric unit with illness survivors. ROHCG trains these survivors so they can lend an ear over coffee when in-patients need someone to talk to. Parker is part of a team that has been monitoring the success of the program since its inception, and has found both groups are better able to recover from their illnesses. Setbacks are also less devastating. She says it's not just patients who are benefiting from the program either. Parker believes one of the most remarkable successes is that staff members are recognizing that people can move beyond their illnesses.

"The nursing staff has really shifted," she says of the new-found hope that patients can recover. "They've noticed a change in the people who are involved in the program. Patients are more positive, more hopeful."

The Wellness Project has shown that mental health patients can emerge from years of hospitalization. They can shed the stigma, find a job, live on their own, and participate in the activities of daily living most people take for granted.

But they can't do it alone.

Partnerships in Ottawa and all across Ontario, whether they're in a primary care setting, a hospital, or the community, give patients the blocks they can stand on to reach for better care and take the first steps toward independence. As long as partnerships like these can continue to grow, mental illness patients will have a better chance of becoming mental illness survivors. **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

Helping the Homeless FIND THEIR VOICE

BY CATHY CROWE

Despite encouragement from colleagues and friends, RNAO member Cathy Crowe never felt compelled to write a book about her work as a street nurse. In fact, she dismissed the idea more than once. What she was never able to dismiss, however, was her strong belief that the heroes and heroines of Toronto's homeless population deserve the same kind of attention frequently focused on her. That's why she was finally convinced in the summer of 2004 to put pen to paper and tell their stories. Dying for a Home, *released earlier this year, features the stories of ten homeless people. James Kagoshima is one of them. He died before Crowe began working on the book, but she says he is the reason behind it.*

James Kagoshima (left) attempts to explain why people squeegee to Jim Brown, former Conservative MPP and Chair of Mike Harris' *Crime Control Commission* in the late 1990s.

I first laid eyes on James Kagoshima at a National Housing Day rally on November 22, 2001, outside Toronto's City Hall. He was in the front row, fully appreciating the live music and speeches coming from the stage. To say James was charismatic is an understatement. I remember being on stage trying to speak to the crowd and he just kept heckling me about housing, but in a fun and silly way, laughing and chanting slogans the entire time. He demanded my attention and pretty much continued to do so in the years to come.

He never let me forget that we met on National Housing Day. It was the beginning of a relationship based on our mutual interest – ending homelessness by making politicians accountable – and a seemingly sixth-sense way of understanding and knowing each other.

James firmly held the politicians accountable. In the fall of 2000, James spoke at the conclusion of a City Council committee meeting where homeless advocates had come forward to press the politicians to respond to homelessness as an emergency. He startled the councillors by pointing out that while they were debating the issue inside a warm building, he had come inside to talk to them from outside at Nathan Phillips Square, where he had slept the night before.

There are so many reasons someone like James would still sleep outside: no shelter beds available; a growing intolerance of the conditions inside; and simply being an adult and not wanting rules like curfews. I'm reminded of a phrase in one of his favourite books, *Runaway*, by Evelyn Lau: "I'd rather be living on the streets, standing in puddles of glistening black and neon. At least I'd be free."

I was never James's nurse. We were more like colleagues. This was his decision. But I still worried about his health. I knew he had many serious health problems including a tumour in his brain. Several years later, when he was incapacitated by health problems and confined to a wheelchair in the Seaton House Annex – a harm reduction program in a men's homeless shelter – James agreed that I could discuss his medical care with his physician, Dr. Tomislav Svoboda. Tomislav told me he had decided to treat James aggressively, to do everything he could to get him out of the wheelchair. This worked because James had exceptional stamina and was determined to fight his health problems so he could, in turn, fight homelessness. Before long, he was walking again and speaking out.

In early January 2004, James, still a bit weak, and I took a taxi to a Toronto Disaster Relief Committee (TDRC) press conference outside of the Fort York Armoury. James had written a speech and it was clear that although TDRC had not asked him to be a speaker, he would be speaking. The Fort York Armoury, a federal building, was being used that winter as an emergency shelter, but the federal government was terminating the arrangement

Photography: Mark O'Neill, Sun Media Corp.

with the City and was planning to force homeless people out.

At the press conference, James made his disgust with the federal government clear in his remarks: "Can I say I am proud to have been an ex-soldier of 3PPCLI (Princess Patricia's Canadian Light Infantry)? The airborne has disgraced the uniform, myself – James Leo Jacobs (his birth name) – and everybody else. Peacekeepers around the world? It's another international disgrace. Thanks (Paul) Martin."

As if the action had been scripted, James impatiently threw his hat down on the ground, stomped on it, and walked away. I later learned from his speaking notes that this drama was indeed scripted. This event led to a big victory. The feds backed down and postponed the eviction date, buying time for the City to negotiate a deal with the owner of an empty building, once used as a nursing student residence, for it to be used for emergency shelter during the remainder of the winter. As an even sweeter victory, that same building has now been turned into affordable housing.

James reached out to many of his brothers and sisters on the street – people I could never have reached. He brought them sleeping bags, food, and friendship. At the same time he did what I call 'upstream' advocacy. He was thrilled when David Miller was elected Mayor (of Toronto) and, at a TDRC press conference, declared Miller good enough to be prime minister. On January 9, 2004, James sent a typed letter to the mayor: "Welcome to office, Mayor Miller. It's very nice to have a person of your concern for our City, economy, and people, in office. Congratulations."

James was always a sophisticated advocate and his political follow-through was impeccable. Several months later, he attached a copy of over 100 signatures to a letter to the mayor: "This letter is coming from the many at the Seaton House Annex program that voted for you after your visit. We are asking you if you could see to the opening of more Out of the Cold programs and/or beds/harm reduction spaces to help our friends and others. We are especially concerned about teens, women's, and children's shelters."

Again showing the kind of follow-through many advocates could learn from, he ended with: "Could your office arrange a meeting with Annex clientele at a place and time of your convenience?…P.S. Enclosed is the invitation to a memorial, as well as a vigil, for those that have passed away in shelters as well as on the street. Many thanks come from the signatures that are attached."

Ironically, James himself would be remembered at the same vigil only two months later.

James almost got his wish to spend time with Mayor Miller. On Friday, February 13, 2004, just days before he died, James was to join me on a nighttime walkabout with the mayor. James would introduce the mayor to homeless people sleeping outside, and outline his own solutions to homelessness. James didn't show up. I felt a twinge of worry but suppressed it. There were many reasons he might not have made it. Little did I know…

Cathy Crowe at her book launch

On Tuesday February 17, I woke, and for reasons not clear to me and which I still can't explain, I called my colleague Michael Shapcott to cancel a morning meeting with him. I had a nagging feeling that I was supposed to go to St. Michael's Hospital, although I wasn't sure why. I couldn't think of anyone I knew in hospital at the time.

Then, around 11:00 a.m., Art Manuel, from Seaton House, called me. "Cathy, I've got bad news." He told me James was in ICU, not doing well. It didn't look good. Did I know how to reach family? Well, I knew what those words meant. I grabbed a cab and headed to St. Mike's.

James was in ICU. He wasn't conscious, but I spoke to him and told him how brave he was and how much we loved him. I felt quite out of place in the high-tech space. There were lots of tubes, whose purpose I didn't even know, going into James. Nurses were looking at me with curiosity. My memories of what happens to homeless people once they're in hospital flooded into my mind. How could I explain to the ICU nurses that the man lying there was an activist; a great man?

I learned that family had been contacted and had visited James. Other friends and Seaton House staff visited him too. The difficult decision of removing life supports was made by family. James was 41.

I later learned that the day after our scheduled walk with the mayor, James had walked himself into the St. Mike's emergency department, and then rapidly deteriorated. He died one week before Mayor Miller's Summit on Housing and Homelessness, where, without doubt, James would have made an impression.

James knew how tenuous life was. In 2003, he organized a large memorial for his friend Leo Cyrenne, who had died homeless. On that day, 10 names of homeless people were added to the memorial board at the Church of the Holy Trinity. Immediately following that service, James rushed back to Seaton House for yet another memorial for another man. James often said that he would be next.

James was born James Moreau Jacobs. He was taken from his native mother when he was very little and was bounced around a number of foster homes until he was about eight. When he was adopted as a young boy he became Jim Buchanan, and later when he moved in with the son of one of his foster parents, he became Jim Mahon.

A memorial celebrating his life was held at the Church of the Holy Trinity, the place where James himself had often remembered fallen comrades. Members of his family, homeless people, Seaton House staff, leaders from faith communities, housing activists, non-profit housing builders and university students attended. To quote Catherine Dunphy from the *Toronto Star*, "He fought homelessness from the front lines for another reason: He lived it."

James honoured homeless people: men, women, and children. He honoured the Seaton House shelter staff that cared for him deeply. He honoured Mother Earth.

Mostly, he honoured the right for every person in Canada to have a home. **RN**

FROM *DYING FOR A HOME: HOMELESS ACTIVISTS SPEAK OUT*, BY CATHY CROWE ET AL., PUBLISHED BY BETWEEN THE LINES, TORONTO, 2007.

by Clinton Baretto

RNs have role to play in reducing gang violence

Nursing graduate Clinton Baretto believes a better understanding of social justice issues will inspire young RNs to see how they can make a difference for youth.

Throughout my education, I learned many theories and philosophies about 'how' to practice nursing. Social justice, however, is the only philosophy I have adopted to guide 'where' and 'why' I practise. I believe that teaching nursing students about social justice issues will inspire a whole new generation of RNs in much the same way it has inspired me.

When I graduated from McMaster University in 2006, I left the comforts of home in an urban setting to work at Grassy Narrows First Nation reserve, north of Kenora. This reserve struggles with many of the social justice issues facing society today.

One such issue is youth violence. Although the reserve itself does not have any gangs, it is close to Winnipeg and Thunder Bay, two cities with known chapters of violent gangs. Youth from the reserve can develop gang affiliations when they visit these centres. The resulting violence on the reserve can have a devastating effect on the health and emotional well-being of the community.

Across Ontario, gang violence is receiving a great deal of media attention and is a growing concern no longer confined to major cities. This issue is an ideal example to use to teach new nurses about social justice, to help them develop an awareness of socioeconomic and political issues that impact health, and to prepare them to be advocates for change.

Gangs have a negative impact on the health of individuals in the community, both acutely through physical violence, and chronically through its psychological and social impact. Growing up in poor neighbourhoods increases the likelihood that youth will become hostile. This contributes to a negative outlook on the future, one of several traits associated with a higher risk of mental and physical illness.

Youth who join street gangs generally come from lower income families who live in neighbourhoods known for gang activity. Poor mental health and minimal parental and community supports present additional risk factors.

A fable was once written about a health-care worker on a fishing trip. He sees a body floating down the river, wades out, pulls the body in, resuscitates the victim, and sends them on their way. Soon after, another body appears, and then another, and another and so on. The health-care worker is so focused on resuscitating the victims that he dismisses the idea of going upstream to find out where they are coming from, and fixing the underlying cause.

Grassy Narrows RN Clinton Baretto and teacher Paul Clugston (standing, left and right, respectively) talk to high school students about health and leadership.

In the case of gang violence, these bodies may be victims of gunshots, stabbings, or other sources of physical, mental, or emotional harm, that pass through various clinical settings. Nurses are often so busy dealing with the acute issues that we don't go looking for the root cause. It saddens me when politicians argue back and forth about greater gun control and policing solutions but miss the real issue of economic disparity. This is where nurses can come in, believing that holistic care and health promotion make a difference.

Nursing students who decide to pursue a career in public health and other specialties can engage in social justice advocacy by lobbying politicians, creating public support, speaking from experience, and promoting involvement in advocacy of those directly affected. Pediatric nurses can also play a role by advocating for the child they cared for who was hit by a stray bullet. Obstetrical nurses can become more vocal about the stress on mom and baby caused by living in a dangerous neighbourhood. And the list goes on.

In order to prepare young nurses to be advocates for change, social justice must become an integral part of nursing education. In my final year of university, I had a professor who encouraged students to think beyond conventional nursing. When I delivered a seminar on youth gangs, some of my classmates struggled to accept the role social justice advocacy plays in nursing. Responses such as 'the nurse's job is at the bedside' and 'advocacy is someone else's job' showed an ingrained narrow focus of nursing.

Given these attitudes, I believe it's vital to specifically address the role of the nurse when discussing social issues. Developing this awareness throughout the education process allows students to openly critique social attitudes that contribute to poor health and encourages advocacy for social justice, both as professionals and citizens of the world.

We've all cared for patients who made us think: "If only they lived in a better area, they had more money, or a better lot in life." For these patients, we have an obligation to take on this great challenge, despite the notion that it might be a utopian dream. No single organization, agency, community group or discipline can successfully address a complex problem such as gang violence alone. But for the sake of future generations of youth in our communities, it's a challenge we must all take on. **RN**

CLINTON M. BARETTO, RN, BScN, IS A COMMUNITY HEALTH NURSE AT GRASSY NARROWS FIRST NATION.

by Jill Scarrow

Keeping poverty on the political agenda

Ontario voters chose the Liberal party to lead the province again for the next four years, but that doesn't mean other parties do not have a role to play in ensuring the poverty issue gets the attention it deserves.

TEN days before Ontario voters headed to polling stations for the fall election, Premier Dalton McGuinty made a campaign stop at a food bank in Toronto, announcing that his government would commit to setting poverty reduction targets within the first year of a new mandate. The commitment was one of the few occasions poverty was addressed during the campaign. As the Liberals begin their second mandate, RNAO will be looking to ensure the Premier keeps his promise.

For most of the 2007 election campaign, RNAO pushed for more than just sound bites about how political parties planned to help people who are struggling. The association, in partnership with the Income Security Advocacy Centre and Health Providers Against Poverty, made it the central issue at an *All-Party Debate on Poverty and Health* at the University of Toronto on Sept. 25.

According to Statistics Canada, more than one in seven people in Ontario live in poverty. That includes more than 230,000 with a disability, and 345,000 children and teens. It has long been known that meeting basic needs forms the foundation for good health. For example, according to an article published in the *Journal of Nutrition*, a lack of healthy food is linked to chronic illness, depression and heart disease. And there is plenty of evidence to suggest that as a family's income falls, the likelihood goes up that children will suffer from poorer mental and physical health for their entire lives.

"Nurses see so many people who have difficulty making ends meet," said RNAO President Mary Ferguson-Paré. "That's why we sponsored this debate. We wanted voters in this province to know where each of the parties stands on this issue and their plans to help the hundreds of thousands who are hungry, can't afford to pay the rent, or are working several low-paying jobs."

Former cabinet minister Marie Bountrogianni, who represented the Liberals at the forum in September, said programs like the Ontario Child Benefit will help to ease the effects of poverty, but years of cuts to programs in the 1990s made the job difficult for the Liberals during their first mandate. "We've done a lot to address poverty, but we're starting from behind," she told the crowd of more than 200.

The *All-Party Debate on Poverty and Health* on Sept. 25 featured panelists (L to R) Marie Bountrogianni, Sheila White, Carol Goar (moderator), Angela Kennedy and Sanjeev Goel.

Green Party candidate Sanjeev Goel, PC candidate and RNAO member Angela Kennedy, and NDP candidate Sheila White also participated in the event, which was moderated by *Toronto Star* columnist Carol Goar. The panelists answered questions focusing on social assistance rates, the minimum wage, child care, affordable housing, and help for new immigrants and individuals with disabilities.

Raising the minimum wage was a hot topic throughout the evening. "The minimum wage is probably the most meaningful thing we can do, right now, to address poverty levels in this province," White said. "We need $10 an hour right now."

Beyond the need to ensure everyone earns a living wage, RNAO will also watch to see that politicians address the desperate need to improve conditions for the homeless. Studies published in the *Journal of the American Medical Association* have shown that those who live on the street are much more likely to die compared to those who have an adequate, healthy place to call home.

"Our party will invest in more affordable housing, co-op housing and work with all sectors, private, public, and all levels of government, to make a long-term strategy," Kennedy said of the Conservative stance on homelessness.

Goel went a step further by announcing that the Green Party would eliminate homelessness within a decade by building rent-to-own housing.

"We want to get people out the cycle of poverty," he said. "We're going to allow people to take charge of their own destiny. And that's something that's radically different."

Although the votes have been counted and the campaigning is done, Ferguson-Paré says RNAO and groups such as Health Providers Against Poverty and the Income Security Advocacy Centre will continue to hold all politicians accountable to what they said during the election. "We need to stand up for those in our communities who seldom have a voice," she says. "Only then can we end the devastating poverty that affects the health of so many people."

For more information, and to watch segments of the debate, visit www.rnao.org.

by Kimberley Kearsey

PASS THE POPCORN

RNAO members take politicians to see SiCKO, a film that exposes the tough realities of for-profit health care in the U.S.

Members of RNAO's Middlesex-Elgin chapter invited London-Fanshawe NDP MP Irene Mathyssen (fourth from left, front) and Liberal MPP Khalil Ramal (third from right) to a screening of SiCKO on Aug. 9. Fourteen nurses participated in the outing, including (L to R) Karen Thompson, Anna Wilson, Aric Rankin, Barbara Watson and Josline Steele Manguen.

RNAO's Essex chapter president Lynda Monik (right) and member Marcia Bear were thrilled to hear SiCKO distributor Alliance Atlantis was offering free tickets for all health-care professionals to see the film in July. They were among 6,000 Canadian nurses to take advantage of the offer.

WHEN Liberal MPP Peter Fonseca emerged from a Mississauga movie theatre after seeing Michael Moore's new film SiCKO, he said it was "…a real eye-opener for me in terms of where we don't want to go." The documentary, which opened June 29, profiles Americans who have faced challenges accessing health care despite having private health insurance.

Fonseca – who was participating in RNAO's *Pass the Popcorn* initiative – saw the film with members Julie Curitti and Norma Nicholson. "It was interesting to see it with two nurses and hear their perspective," he told a local reporter. "I think it has strengthened my conviction."

That was the idea, Curitti says. "I think it's very important to have our government see the film and realize the tremendous investment we all have in (health care)."

The July 23 screening in Mississauga was one of several to take place across the province this summer. MPs and MPPs of all political stripes were invited by RNAO members to see the movie, including party leaders at both the provincial and federal levels, and the health ministers at Queen's Park and on Parliament Hill.

The goal: provide politicians with the same 'aha' moment Fonseca describes.

RNAO's support for SiCKO is linked to the association's ongoing advocacy to protect publicly funded, not-for-profit health care. For Canadians and Americans alike, the message Moore's trying to convey in the documentary isn't new. In fact, some RNs and physicians who left Canada to practice south of the border have returned, in part, because they don't feel comfortable working in a system that often favours profits over patient care.

The *Pass the Popcorn* initiative was launched in response to several attacks on Canada's publicly funded system in the early summer months (see pg. 7 for more on these). It has received tremendous support from RNs. "Congratulations on this proactive approach,"

Stéphane Dion, Leader of the Liberal Party of Canada, saw SiCKO with RNs on Aug. 16. He then participated in a roundtable discussion to hear the group's views about two-tier health care. (L to R) Valerie Glasgow, Simcoe North Liberal candidate John Waite, Hilda Swirsky, Cathy Kitely, Ruth Schofield, Liberal MP Carolyn Bennett, Sue Matthews, Mary Ferguson-Paré, Haldimand Norfolk candidate Eric Hoskins, Dion, Liberal MP Bonnie Brown, Liberal MP Susan Kadis, Doris Grinspun, Keith King, Jennifer Yoon, and Kim Meighan.

RNAO President-Elect Wendy Fucile presents Peterborough's Liberal MPP Jeff Leal with a copy of the association's election document, *Creating a Healthier Society*, outside the theatres where they saw SiCKO on July 23.

On July 19, ten RNAO members joined *Toronto Star* reporter Ashifa Kassam for a screening of SiCKO in downtown Toronto. The group then headed to home office for a roundtable discussion. From L to R: RNAO senior policy analyst Lynn Anne Mulrooney, board member Hilda Swirsky, Karen Gayman, Tilda Shalof, Executive Director Doris Grinspun, Gurgit Sangha, Allie Starr, Ann Chang, Munira Nanji, and Stacey Stenson.

Ontario's Health Minister George Smitherman chats with nurses outside an Aug. 16 screening of SiCKO in Toronto. From L to R: RNAO board member Hilda Swirsky, Jennifer Yoon, Smitherman, and Keith King.

Hampton RN Gail Brimbecom wrote to RNAO. "I've seen (the movie) and thank God there are people like Michael Moore who are appropriately outraged about health care in the U.S.."

In addition to arranging screenings with politicians in Toronto, Mississauga, London and Peterborough, RNAO organized two roundtable discussions, one with the leader of the Liberal Party of Canada, Stéphane Dion, and another with *Toronto Star* reporter Ashifa Kassam. The 10 nurses who participated in the latter agreed that the movie was well done, but were somewhat troubled by Moore's rosy view of health care in Canada, and his decision not to expand on the troubling wait times we face. The nurses also discussed the role their U.S. counterparts can play in advocating for vulnerable populations like those featured in the film.

According to RNAO President Mary Ferguson-Paré, Dion was attentive to nurses' concerns during the roundtable at home office on Aug. 16. He thanked members for their convincing arguments opposing two-tier health care, and reiterated what he had told reporters outside the theatres that same afternoon: "There are strong lobbies that would like to take us there (two-tier health care), but they won't have the ear of the Liberal party."

"While the weight of evidence and research proves that our Medicare system offers a higher quality of care, at a much lower cost to taxpayers than the U.S. model, SiCKO uses the stories of real patients to effectively drive the point home," Ferguson-Paré said.

Thanks to members' involvement in the *Pass the Popcorn* initiative, these stories have reached decision makers at both the provincial and federal levels. Hopefully, they will ignite a similar passion for Medicare in politicians that so clearly exists among nurses across the province. **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR / COMMUNICATION PROJECT MANAGER AT RNAO.

CMA attack on Medicare generates passionate response from RNs

Nurses weigh in on CMA's plans to privatize Canada's health-care system.

ON July 30, outgoing Canadian Medical Association (CMA) President Colin McMillan unveiled his vision for "an expanded and modernized" health-care system. He released a document entitled *Medicare Plus*, calling on Canadians to embrace a system in which physicians would be allowed to practice in both the public and private sectors simultaneously. Less than a month later, incoming CMA President Brian Day took that vision a step further by advocating the introduction of private insurance and a market model for hospital funding. The CMA argued these measures were necessary in order to ensure 'timely access' for Canadians, and to keep Medicare 'sustainable.'

In RNAO's view, CMA is once again pushing a privatization agenda. President Mary Ferguson-Paré argued that the proposal "would lead to larger and longer public wait lists as it has in other countries where parallel, private hospital systems exist." RNAO is also troubled by CMA's recommendation that Canadians be allowed to purchase private insurance. Executive Director Doris Grinspun said "the minute you introduce private insurance into the system, you create two lines of patients. Those in line who can afford it pull out their VISA card, while others, the majority of Canadians, wait in the second line. This is two-tier pure and simple."

RNAO issued an open letter to Prime Minister Stephen Harper, reminding him that physicians have a choice to work privately by opting out of the *Canada Health Act*, and that it's telling a great majority have chosen not to do so.

An action alert was also sent to members, urging them to write their own letters to the prime minister, reiterating why nurses believe CMA's position is a threat to our Medicare system.

More than 400 nurses responded. Here's a taste of what they had to say…

"My pre-Medicare memories go back to 1967…when I graduated from the Royal Victoria Hospital in Montreal. During my three years as a student nurse, Medicare was just developing in Canada. My memories of private versus public care are quite vivid. I remember, for example, a student rotation at…the private wing of the hospital where the floors were carpeted, the private rooms and the private nurses plentiful, and the private doctors very much in control and driving really nice cars. I also remember a rotation in the public clinics that were scheduled in the basement of the hospital, where no light entered and overworked interns and student nurses managed the hundreds of patients who waited for hours. Very few non-student doctors graced those corridors or cared much about what happened there. Let's be sure to pay attention to the direction we are headed, and be sure we know the consequences of our decisions before we make them."
***Beverley Simpson**, RN*
Toronto, Ontario

"When profit enters the health-care system, quality goes out the door in order for the shareholders to make a profit. I strongly urge you to not allow the further proliferation of a two-tiered system. We all deserve the right to have access to the same health care, whether we're wealthy, middle class, or poor."
***Brenda Hallihan**, RN*
Peterborough, Ontario

"I invite you to come and visit our hospital, and I will show you what national Medicare does. Let me introduce you to nurses, physicians, dietitians, physiotherapists, recreation therapists, respiratory therapists, occupational therapists, speech language pathologists, and all the supportive services. We are not simply driven by medicine, but a collaborative arrangement. Instead of looking for more dollars to contract out, look within and let us show you how we make it work with what we have."
***Rose-Marie Dolinar**, RN*
Ottawa, Ontario

"I grew up in Florida in the 1950s. My grandfather lived with us, became critically ill, and ended up in hospital. My family's health insurance would not cover the cost of the proposed treatment and so he died. Years later, when I went into nursing and learned about Tommy Douglas' universal health-care system…I felt great sorrow about our experience. Had my grandfather been in Canada, he might have survived."
***Nancy Bikaunieks**, RN*
Newmarket, Ontario

"As a nurse who has previously worked in the U.S…I was proud to tell my colleagues how, in Canada, we have an amazing health-care system that allows people equal access. Adopting a private system will only place greater strains on the health-care system, further reduce available practitioners, and will not enable equitable access that all citizens of Canada should have available to them."
***Carrie Heer**, RN(EC)*
Kitchener, Ontario

"I describe this as a quicksand system…the rich and mighty can anchor themselves while the weak and unknown will just fall and be forgotten."
***Charito Rabi**, RN*
London, Ontario

by Nicholus Nurse

Camaraderie, humour helped soldiers and nurses survive horrors of Second World War

As Remembrance Day nears, one RN reflects on her wartime experience caring for soldiers.

Pauline Lamont Flynn remembers the day she set sail for England to serve as a military nurse during the Second World War. A modest cargo ship known as The Araguade carried the 23-year-old and her fellow nursing sisters towards a massive luxury vessel in the distant Atlantic. Flynn grew excited at the thought of journeying to Europe in style. As they sailed up to – and then past – the fancy ocean liner, she realized she was already aboard the ship that would transport her to the battlefields. Somewhat disappointed, she tucked the episode away in her mind and made the best of the situation. She now realizes the modest cargo ship was probably the best preparation she could have for the journey that lay ahead.

Flynn was born 87 years ago in the small village of Denfield in southwestern Ontario. As a child, she remembers listening to riveting stories of care and humanity from a nurse who served in the First World War. Mrs. Fraser was her name, and she was a close friend of Flynn's mother. "She impressed upon me the horror of all the wounded young boys," she recalls. "They (the nursing sisters) needed more help than they had."

Fraser's captivating vignettes stirred a sense of compassion within Flynn and created a lasting impact. When it came time to choose a direction in life, Flynn's decision to train as a nurse was obvious. She graduated in 1941 from the Toronto Western School of Nursing and immediately looked to contribute her new skills to the war effort overseas.

Flynn arrived on the shores of Scotland in May, 1944. She was immediately taken to her assignment at a military hospital, just south of London. After witnessing the devastation of warfare on the city, and coming face-to-face with wounded soldiers – many still 'boys' – who were looking to her for care, Flynn realized she needed to develop a specific mindset in order to stay sane. "All the unpleasant things that you had to do were put in the back of your mind," she says, adding

NAME: Pauline Lamont Flynn
OCCUPATION: Retired Nursing Sister
HOME TOWN: Ottawa, Ontario

"…one day you might be in their position and you'd want someone to do the same for you." It was this compassion and Flynn's strong work ethic that buoyed her for the two years she was abroad.

The number of injured soldiers who arrived daily at the military hospital was overwhelming, Flynn recalls. All of the ward beds and the three operating rooms were perpetually full. "There were too many men and not enough staff. You wondered how you were going to do what you were supposed to do."

The frenetic pace at which the nurses worked – often with limited resources – meant they had to be secure enough in their nursing expertise to make decisions quickly and efficiently. "Doctors were often busy in surgery or attending to a patient. So, if a soldier fainted and required a blood transfusion, I had to make that call," she recounts with pride. "It made me feel self-confident."

Flynn paints a picture of life on the frontlines not with specific individuals, but with faceless representations of 'soldier' or 'nurse.' Decades have passed since the war but Flynn still remembers the soldiers' attempts at humour to keep spirits up, even at the worst of times. Some would volunteer their help once they were stable and out of the beds. Others would offer cigarettes to those without arms. The camaraderie between staff and patient was born out of necessity and became a factor in their morale.

It's not just her memories of the men in her care that fills Flynn with pride; it is also the blue uniform she donned during the war. For Flynn, the nursing uniform was a powerful emblem that signified a duty to care and a responsibility in the war effort. The uniform was also a symbol of compassion and aid, which seemed to evoke a sense of reverence in soldiers and other staff.

"You knew you were going to be respected," she says.

That same uniform is now one of the items that Flynn showcases every Remembrance Day during the *Meet a Veteran* initiative, sponsored by Veterans Affairs Canada. The event takes place in Ottawa at the war museum and provides veterans with the opportunity to interact with civilians and talk openly about their experiences. Flynn plans to take part again this year, and is eager to educate the public about the vital role nursing sisters played during the war.

Those compelling stories precede an equally rich chapter in her long life. She returned from Europe in 1946 and accepted a position as an RN at Toronto's Sunnybrook Hospital, a post she held until 1951. Flynn left nursing when she left Sunnybrook, choosing instead to marry, raise a family and volunteer in emergency rooms as much as she could. She admits that although she decided to leave the profession, there will always reside within her the heart and soul of a caregiver.

In a gentle tone, as if it were an eternal truth, she confidently declares: "Once a nurse, always a nurse. You never lose that connection." **RN**

NICHOLUS NURSE IS A FREELANCE WRITER IN OAKVILLE.

NEWS to You to Use

Ginette Lemire Rodger, Senior Vice-President of Professional Practice and Chief Nursing Executive at The Ottawa Hospital, has been named an Officer of the Order of Canada. "I'm delighted," the honourary life member of RNAO said of her investiture. The Order, she explains, recognizes people who have made a difference in nation building. "This identifies nursing as an important contributor to Canadian society," she says. Lemire Rodger is no stranger to the awards stage. She's received a Commemorative Medal for the Queen's Golden Jubilee from the Government of Canada (2003), a proclamation as *Nurse Leader of Care, Knowledge and Innovation* by the City of Ottawa (2004), and a Jeanne Mance Award, the highest honour handed out by the Canadian Nurses Association (2004). She will accept her Order of Canada from Governor General Michaëlle Jean in February.


Lemire Rodger

More than 1,300 RNAO members expressed their outrage this fall with a Dentyne gum commercial in which a 'nurse' climbs onto a patient's bed and participates in a level of nurse-patient contact that is insulting and inaccurate. The ad suggests nurses are sexually available to their patients, and disparages the knowledge, skills and commitment of RNs. As a result of the overwhelmingly negative feedback from RNAO members, Cadbury Adams Canada Inc., the organization behind the offensive campaign, announced it would pull the ad in early October. It's not the first time this company has been contacted by angry RNAO members concerned about the misrepresentation of the profession. In 2005, another division of Cadbury produced a Motts Clamato ad using similar exploitive tactics.


Dupont

It's been almost two years since the tragic murder of Windsor RN Lori Dupont, who was killed by anaesthesiologist and former boyfriend Marc Daniel at Hotel-Dieu Grace Hospital in November 2005. An inquest into the circumstances surrounding both Dupont's and Daniel's deaths (he committed suicide) began on Sept. 24 and is expected to last eight weeks. The coroner's jury will examine issues around domestic violence and harassment in the workplace, and will hear from approximately 50 witnesses testifying on the actions of the hospital and the criminal justice system. Watch this feature for news of the inquest outcomes, and jury recommendations, in early 2008.

The Canadian Federation of Nurses' Unions has published *Conversations with Champions of Medicare*, a book that examines public health care in Canada through interviews with high profile advocates, including: Monique Bégin, former Minister of National Health and Welfare; Allan Blakeney, part of Saskatchewan's inner cabinet when the province's Medicare act was introduced; Kathleen Connors, President of the Canadian Federation of Nurses' Unions; Shirley Douglas, daughter of Tommy Douglas; Tom Kent, former policy secretary to Prime Minister Lester Pearson; Roy Romanow, former Saskatchewan Premier; Hugh Scully, a member of the Ontario Premier's Council on Health; Evelyn Shapiro, champion for community-based care and prevention of illness; and Sharon Sholzberg-Gray, former co-chair of the Health Action Lobby. For more information about the book, visit www.nursesunions.ca.

On Sept. 15, Canada Health Infoway launched *Clinician eHealth Support Network*, an initiative that allows nurses, physicians and pharmacists from across Canada to support one another as they navigate the world of e-health. RNAO member Lynn Nagle, Senior Nursing Advisor for Canada Health Infoway, says: "The network will support the exchange of best practices and lessons learned." She adds that it is also a vital step to achieving the goal of pan-Canadian electronic health records. For more information, contact clinicianp2p@infoway-inforoute.ca.


Nagle

High school students in Hamilton are getting a head start on training for a career in health care thanks to a pilot program called *Specialized High Skills Major.* The project, which is being offered through both the public and separate school boards, is being led by nurse-turned-teacher Gail Cipriani. It allows teens to bundle their courses and gain an advantage before heading to college or university to study one of three majors: health and wellness, hospitality and tourism, or manufacturing. The students focusing on a health major are the only ones participating in placements, some of which take place at a skills lab in Hamilton's Chedoke Hospital.

Free memberships for new nursing grads

RNAO launches sponsorship program with HUB, easing the financial burden on Ontario's new RNs.

By Jill Scarrow

When Khrisette Linay finished her nursing exam last June, she was surprised to find RNAO members and staff waiting at the end of a granola bar, eager to explain all the reasons why she should join the professional association. The recruiters were passing out the crunchy goodies to let novice RNs know about an exciting initiative that allows new nursing graduates to join the association for free.

Linay, a graduate of the Humber College/University of New Brunswick collaborative nursing program, joined RNAO less than a month later. She's eager to take advantage of programs like the best practice guidelines (BPG), attend conferences at a reduced rate, and receive insurance discounts. She says it's nice to know she's part of an organization that will stick by her, no matter what happens during her career.

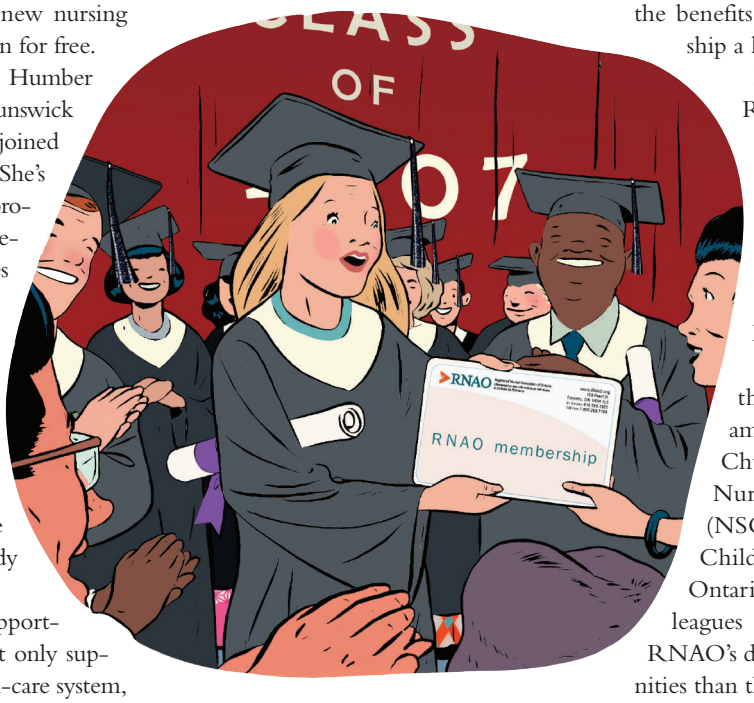
"As a student, you have your school for support," she says. "Now (I) have a larger body to back (me) up."

RNAO believes that by supporting new graduates, you are not only supporting the future of the health-care system, you are building the profession. The association does this by offering BPGs to improve nurses' workplaces, local chapter structures that give new grads a chance to connect with experienced nurses, and legal assistance programs that provide resources to members who may have challenges at work.

Welcoming Linay and her peers into RNAO is a priority because their knowledge and talent will add to the expertise of more senior nurses, giving the profession greater strength.

But inspiring new grads to become members right at the beginning of their careers can be a challenge given competing financial obligations coming out of school. According to the Canadian Federation of Students, the average university grad has about $25,000 in debt when they graduate.

Fortunately, new nurses need not add to that red ink. The free new grad membership – a $133 value – exists thanks to a $100,000 sponsorship program by Hub International Ontario Ltd., RNAO's home and auto insurance provider. "It can't get better than that," says Executive Director Doris Grinspun. "So please encourage every new grad you know to rush to the phone or website and sign up as a member now."



The sponsorship program was first announced in 2006, offering partial funding for new grads. It has since been expanded to cover the entire cost for hundreds of new nurses. "They are at a crucial period in their lives when they're eager to learn more about their chosen profession and are in need of a welcoming hand," Grinspun says. "They have so many fresh ideas to contribute, and we are enriched by embracing them. New grads gain from the expertise of more seasoned nurses, and we gain from their new knowledge and idealism.

"These new nurses bring the kind of knowledge, passion and courage that RNAO must build on to continue our success into the future," she adds. "But we also recognize that it's a time when they may be struggling to get by as they make the transition from the classroom to the working world. We all must be there for them with open arms and sound advice."

According to Daniel Lau, RNAO's director of membership and services, the program is working. Since the introduction of the new grad guarantee, the number of new RNs joining the association has almost tripled, from 583 in 2005 to 1,556 in 2007.

"Our work with Hub has provided a great opportunity for us to reach out to new graduates," says Lau. "By connecting with this group early, we can show them the benefits of making life-long membership a habit."

Linay says being able to join RNAO for free was a big reason for becoming a member so quickly. Rather than waiting until she can afford it, Linay is now looking forward to participating in RNAO activities that allow her to put the theory she learned in school into practice.

RN James Chu says he hears that same sentiment echoed among his colleagues in Ottawa. Chu, past-president of RNAO's Nursing Students of Ontario (NSO), and an RN at the Children's Hospital of Eastern Ontario, says he notices that colleagues are much more interested in RNAO's different programs and opportunities than they were as students.

"I'm starting to hear more people say, 'did you hear about this conference,' because they're receiving the mailings," he says. "It allows them to be able to access a new foundation of knowledge and resources to mold their professional career."

That's something Linay says she's eager to do.

And, while a granola bar back in June may have helped ease her hunger after the RN exam, it's this new connection to RNAO, and learning how to advocate and influence, that she believes will give her the sustenance to last the duration of her career.

Illustration: Jason Schneider

JILL SCARROW IS STAFF WRITER AT RNAO.

AGM 2008

Notice of 2008 AGM

Hilton Suites Toronto/Markham Conference Centre on Friday, April 11, 2008

Take notice that an annual general meeting of the Registered Nurses' Association of Ontario (hereinafter referred to as 'association') will be held at the Hilton Suites Toronto/Markham Conference Centre commencing the evening of April 10, for the following purposes:

- To hold such elections as provided for in the bylaws of the association.
- To appoint auditors.
- To present and consider the financial statements of the association (including the balance sheet as of October 31, 2007, a statement of income and expenditures for the period ending October 31, 2007, and the report of the auditors of the association thereon) for the fiscal year of the association ended October 31, 2007.
- To consider such further and other business as may properly come before annual and general meetings or any adjournment or adjournments thereof.

By the order of the Board of Directors,
Mary Ferguson-Paré, RN, PhD,
CHE President

Call for Resolutions

DEADLINE: Friday, December 14, 2007 at 1700 hours (5:00 p.m.)

Do you want to shape nursing and health care? As a member of your professional association you can put forward resolutions for ratification at RNAO's annual general meeting, which takes place on Friday, April 11, 2008. By submitting resolutions, you are giving RNAO a mandate to speak on behalf of all its members. It is important to bring forward the many pressing nursing, health and social issues that affect nurses' daily lives and the public we serve. RNAO members represent the many facets of nursing within the health system. You play a vital role in ensuring nurses' voices are heard, and in advancing healthy public policy across the province and elsewhere. RNAO encourages chapters, regions without chapters, interest groups and individual members to submit resolutions for ratification at the 2008 Annual General Meeting. Please send materials to plamanna@rnao.org

Important to note:

- a maximum one-page backgrounder must accompany each resolution (one page INCLUDES references)
- the resolution must bear the signature(s) of RNAO member(s) in good standing
- all resolutions will be reviewed by the Provincial Resolutions Committee

For clarity of purpose and precision in the wording of your resolution, we recommend that each resolution include no more than three 'whereas,' and preferably only one, but never more than two 'therefore, be it resolved.'

Please refer to the following successful 2007 resolution for guidance:

WHEREAS morbid obesity is becoming an increasing health care risk to treat and manage due to improperly constructed work environment, lack of appropriate equipment and limited emergency evacuation preparations plans resulting in unsafe workplace environments, and
WHEREAS there is a great lack of public awareness regarding the impact and discrimination faced by the morbidly obese population which ultimately leaves them feeling isolated, embarrassed and depressed thereby exacerbating further comorbidities resulting in potentially negative health outcomes, and
WHEREAS there is a lack of government funding to support very badly needed resources to develop appropriate bariatric care units and to develop expertise in healthcare professionals to work with this population both on a psychological and physical level,
THEREFORE BE IT RESOLVED that RNAO lobby the Minister of Health and Long-Term Care, the Minister of Health Promotion and the Minister of Finance for major funding to support the development and implementation of bariatric care along with appropriate equipment and diagnostic equipment/tools needed to meet the holistic health care needs of this population across Ontario.

Call for Nominations 2008-2010

RNAO Board of Directors (BOD)
DEADLINE: Friday, December 14, 2007 at 1700 hours (5:00 p.m.)

As your professional association, RNAO is committed to speaking out for health, speaking out for nursing. **YOUR** talent, expertise and activism are vital to our success. This year, RNAO is seeking nominees for Members-At-Large (nursing administration / nursing education / nursing practice / nursing research / socio-political affairs), Provincial Bylaws, Provincial Resolutions and Provincial Nominations Committees, and Interest Group Representative (IG rep)*

Being a member of RNAO provides you with opportunities to influence provincial, national and international nursing and health-care policy, to discuss and share common challenges related to nursing, nurses, health care, social and environmental issues, and to network with numerous health professionals dedicated to improving the health and well-being of all Ontarians. Becoming a member of the RNAO **Board of Directors** will provide you with an extremely rewarding and energizing experience. You will contribute to shaping the present and future of RNAO. You will also act as a professional resource to your constituency. Please access the nomination form on RNAO's website. If you require further information, please contact Penny Lamanna, RNAO Board Affairs Coordinator, at plamanna@rnao.org

*** Interest Group Representative**

Important note: We are also seeking nominations for IG rep. to the BOD. Please note that in accordance with RNAO Bylaws this individual will also be elected at the AGM by a vote of IGs Chairs only:

Bylaw 3.18(1), "*[ONLY]* the **Chairpersons of each Provincial Interest Group** shall elect an Interest Group Representative, who shall be a current or immediate past Provincial Interest Group Chairperson, to the Board of Directors in even numbered years."

Calendar

November

November 15
Ethics for Nurses:
Regional Workshop
Video Conference
RNAO Home Office
Toronto, Ontario

January

January 7-9
South Florida Winter Evidence-Based Nursing Institute
University of Miami
Miami, Florida

January 10-11
Nursing Excellence: Bringing Best Evidence to the Point of Care
Miami Beach Resort and Spa
Miami, Florida

January 17
Critical Incident Debriefing for Nurses Workshop
RNAO Home Office
Toronto, Ontario

January 27 – February 1
Best Practices in Wound Care: Minding the Gap Institute
Fern Resort
Orillia, Ontario

February

February 21
Fight or Flight: New Solutions and Strategies to Workplace Conflict
Regional Workshop
(Roadshow Series)
Arcadian Court
Toronto, Ontario

February 22
Ontario Association of Rehabilitation Nurses Conference
Westin Prince Hotel
Toronto, Ontario

March

March 26
Best Practice Guidelines Healthy Work Environments Workshop: Focusing on Developing and Sustaining Effective Staffing and Workload Practices
RNAO Home Office
Toronto, Ontario

April

April 7-11
Designing and Delivering Effective Education Programs
RNAO/OHA Joint Program
OHA Office
Toronto, Ontario

April 22
Preceptorship for Nurses
Regional Workshop
Video Conference
RNAO Home Office
Toronto, Ontario

May

May 22
Sharing Visions of Practice and Possibility: Esprit, Excellence and Evolution
PNEIG Spring Symposium
Arcadian Court
Toronto, Ontario

Unless otherwise noted, please contact Becky Bays at RNAO's Centre for Professional Nursing Excellence at bbays@rnao.org or 416-599-1925 / 1-800-268-7199, ext. 227 for further information.

WANTED:

WORKPLACE LIAISONS

RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Workplace Liaisons are leaders who choose to speak out for health and speak out for nursing by representing RNAO within their organization. Do you have what it takes to share the wealth of professional resources that RNAO offers? Contact Jody Smith at RNAO home office, jsmith@rnao.org or by calling 1-800-268-7199 ext. 220.

Classifieds

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Recognition Awards now open

Nominations for Chapter of the Year, Interest Group of the Year, and the RNAO Leadership Award in Political Action are due by Friday November 23.

Submit a nomination to celebrate your colleagues' contributions to *Speaking out for Health and Speaking out for Nursing*.

For more details or a nomination form, visit www.rnao.org/awards or contact Home Office at 1-800-268-7199.

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October 4, 2007

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e-mail: lori.richey@peterboroughfht.com
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Ontario

www.health.gov.on.ca/transformation

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For the most current information about the Nursing Education Initiative, please contact:

RNAO's Frequently Asked Questions line
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OR
educationfunding@rnao.org.

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Toni Sammut, R.N.

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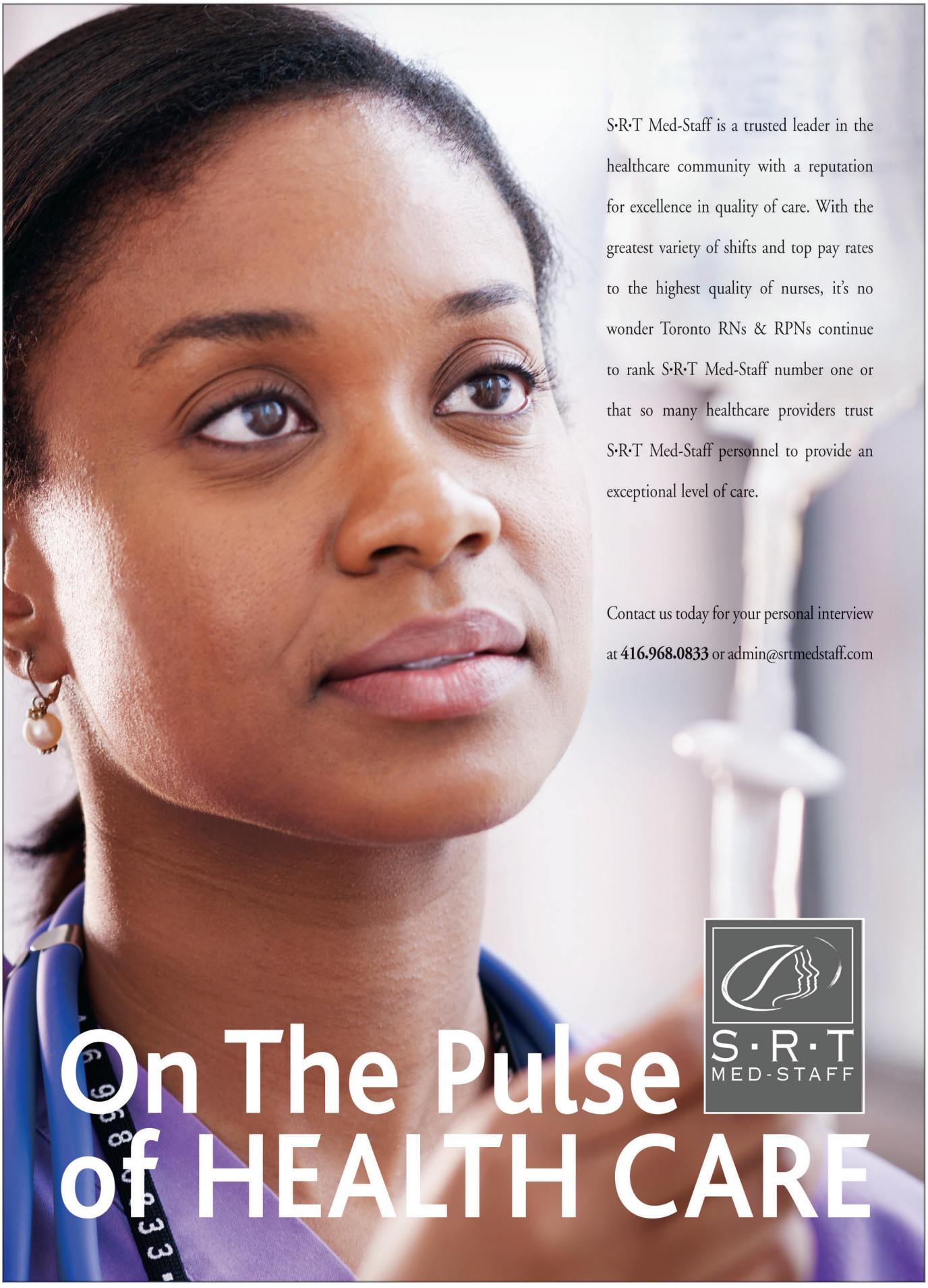
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