CHILDHOOD IMMUNIZATION IN AN ALBERTA FIRST NATIONS COMMUNITY: AN INSTITUTIONAL ETHNOGRAPHY OF NURSE IMMUNIZERS

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FINCH | First Nations Childhood Immunization Project

DISCLOSURE STATEMENT

We have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

LAND ACKNOWLEDGEMENT

OBJECTIVES OF TODAY'S PRESENTATION

1. Provide context/setting for the project
2. Describe institutional ethnography approach
3. Present preliminary findings of the study

Health Canada / Santé Canada

The Alberta First Nations Information Governance Centre

Alberta Health

Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

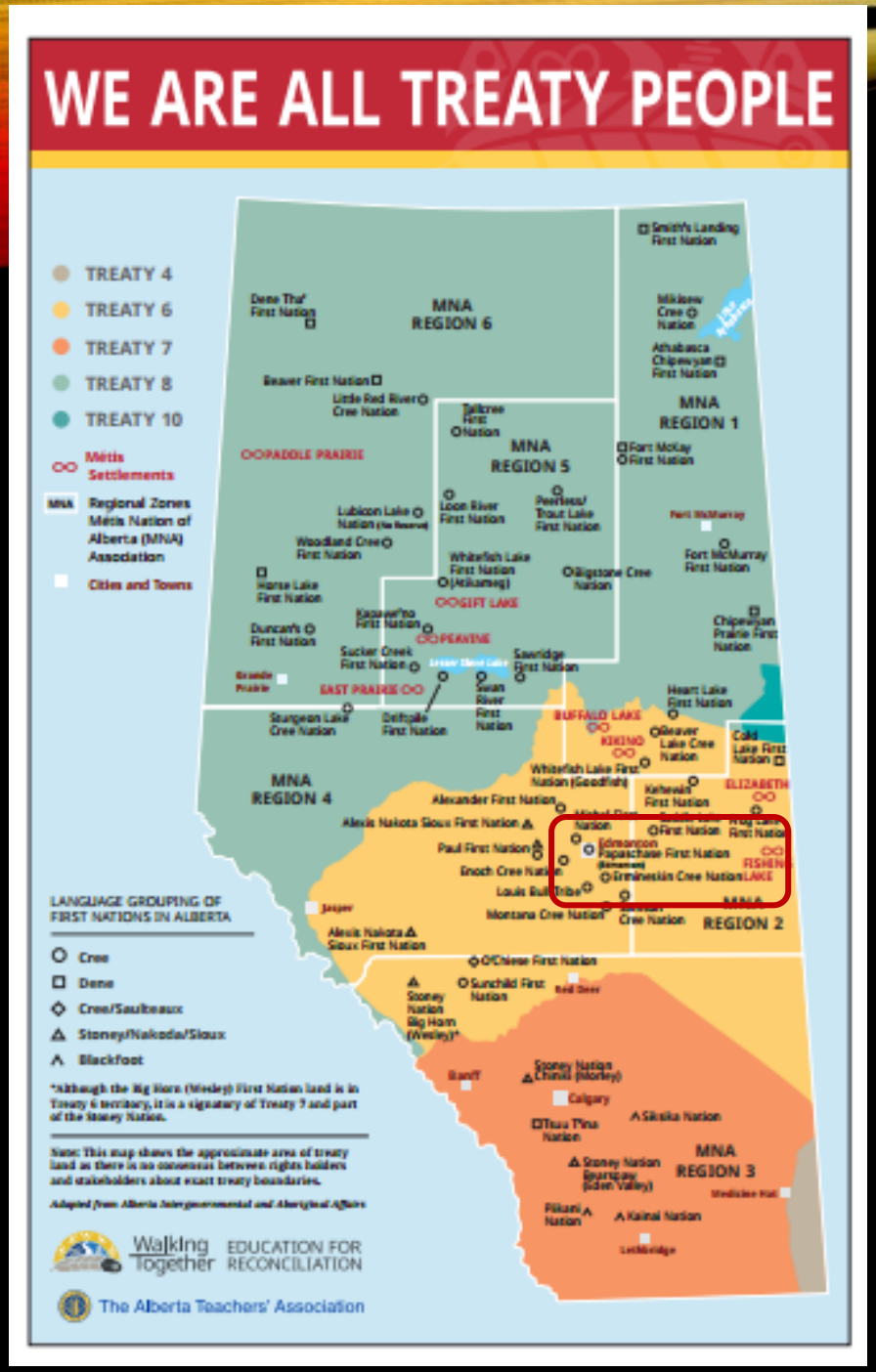
MASKWACIS HEALTH SERVICES

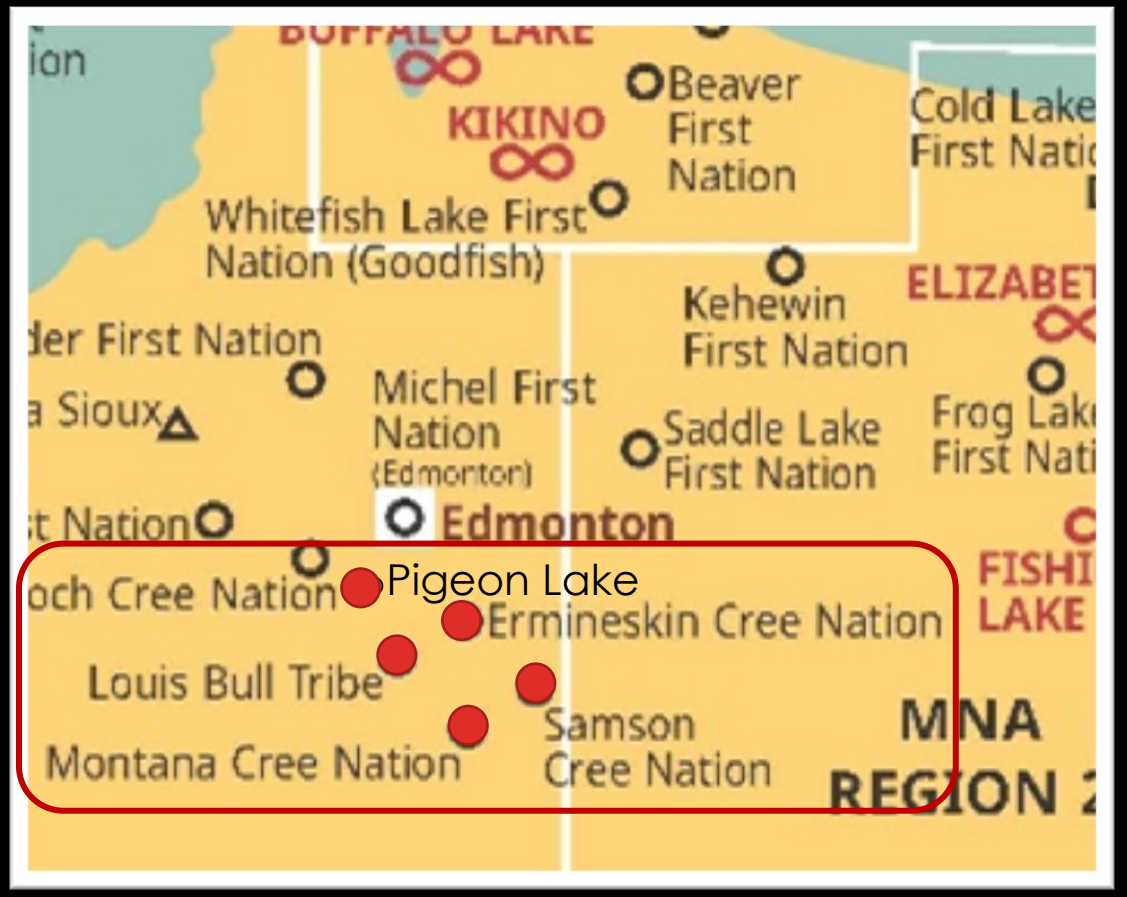
UNIVERSITY OF ALBERTA

UNIVERSITY OF CALGARY

Alberta Health Services

THE SETTING


WE ARE ALL TREATY PEOPLE
TREATY 4
TREATY 6
TREATY 7
TREATY 8
TREATY 10
Métis Settlements
MNA Regional Zones Métis Nation of Alberta (MNA) Association
Cities and Towns
MNA REGION 6
MNA REGION 1
MNA REGION 5
MNA REGION 4
MNA REGION 2
MNA REGION 3
PADDLE PRAIRIE
GIFT LAKE
PEAVINE
EAST PRAIRIE
BUFFALO LAKE
KIKINO
ELIZABETH
FISHING LAKE
LANGUAGE GROUPING OF FIRST NATIONS IN ALBERTA
Cree
Dene
Cree/Saulteaux
Stoney/Nakoda/Sioux
Blackfoot
Walking Together EDUCATION FOR RECONCILIATION
The Alberta Teachers' Association


KIKINO
Beaver First Nation
Cold Lake First Nation
Whitefish Lake First Nation (Goodfish)
Kehewin First Nation
Michel First Nation
(Edmonton)
Saddle Lake First Nation
Edmonton
Frog Lake First Nation
Pigeon Lake
Ermineskin Cree Nation
Louis Bull Tribe
Samson Cree Nation
Montana Cree Nation
MNA REGION 2

TREATY 6: MEDICINE CHEST CLAUSE

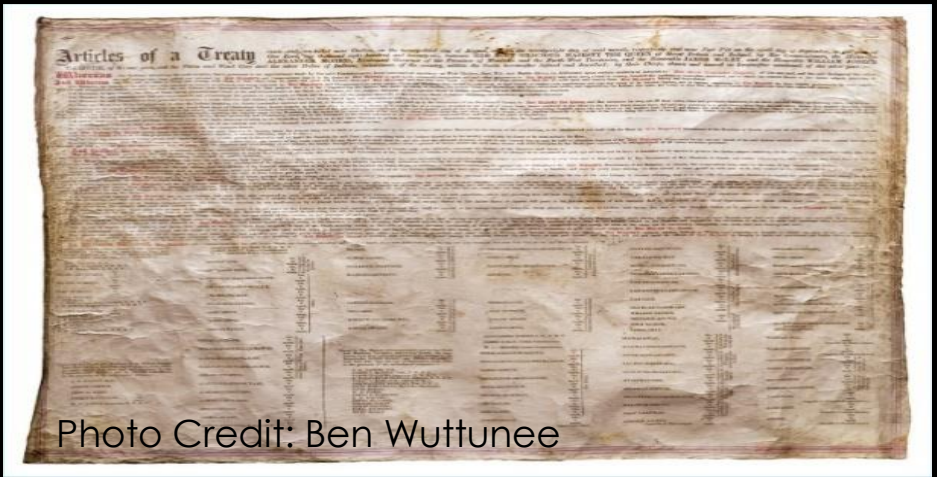


Photo Credit: Ben Wuttunee

– Copy of Treaty No. 6 between Her Majesty the Queen and the Plain and Wood Cree and other Tribes of Indians at Fort Carlton, Fort Pitt and Battle Rive with Adhesions

Source: https://www.aadnc-aandc.gc.ca/eng/1100100028710/1100100028878

"It is further agreed between Her Majesty and the said Indians.... That a medicine chest shall be kept at the house of each Indian Agent for the use and benefit of the Indians at the direction of such agent."

HISTORICAL CONTEXT

- Ermineskin Indian Residential School, operated between 1916 - 1973

East view of Ermineskin Indian Residential School, Hobbema, Alberta, Nov 1, 1938

Source: http://collectionscanada.gc.ca/pam_archives/index.php?fuseaction= genitem.displayItem&lang=eng&rec_nbr=4621148

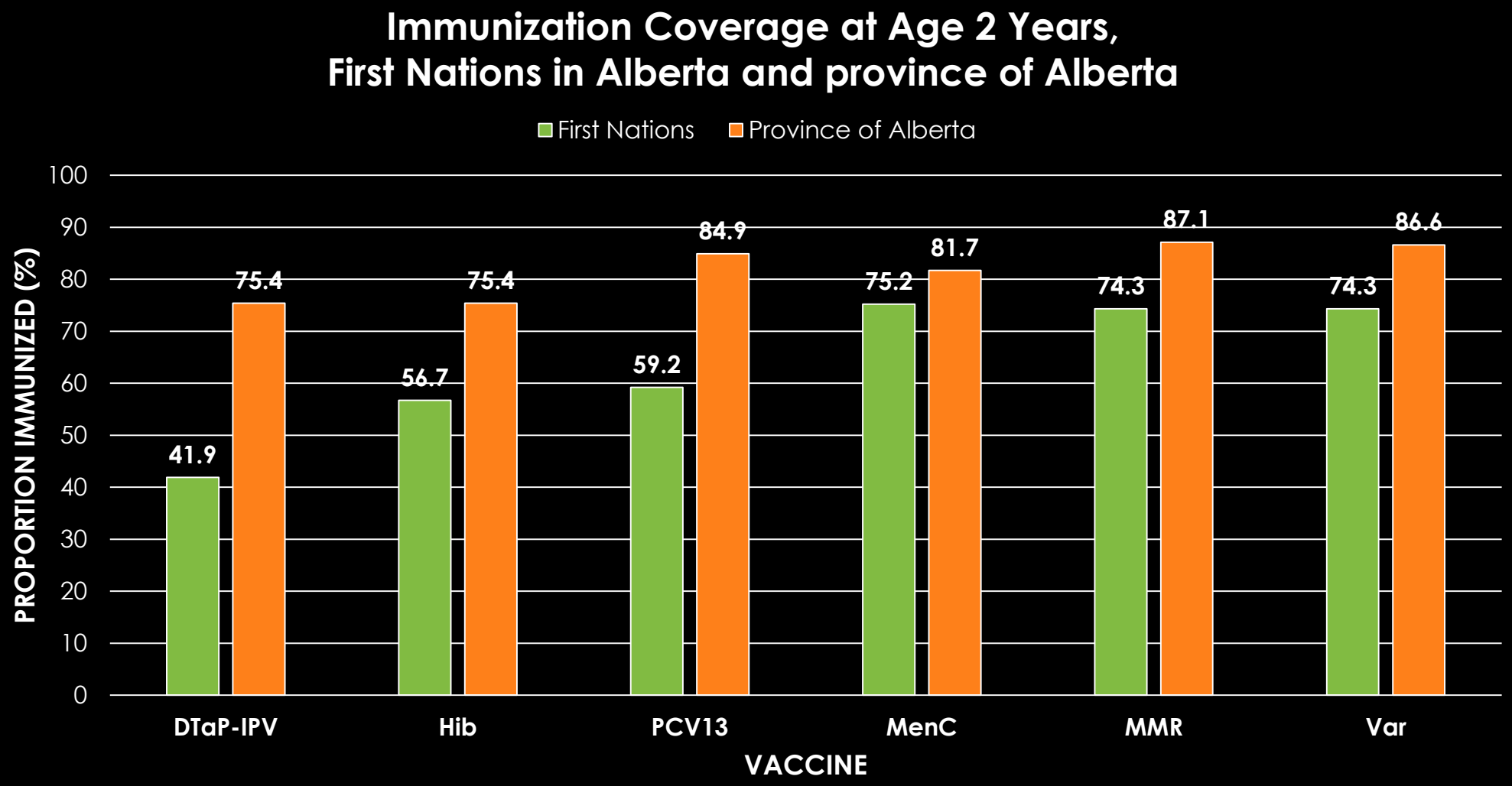
MASKWACIS HEALTH SERVICES

- Maskwacis Health provides comprehensive service to all 4 Nations
- Main Health Centre in Ermineskin + 3 satellites including Pigeon Lake

Main health centre

Satellite health centres

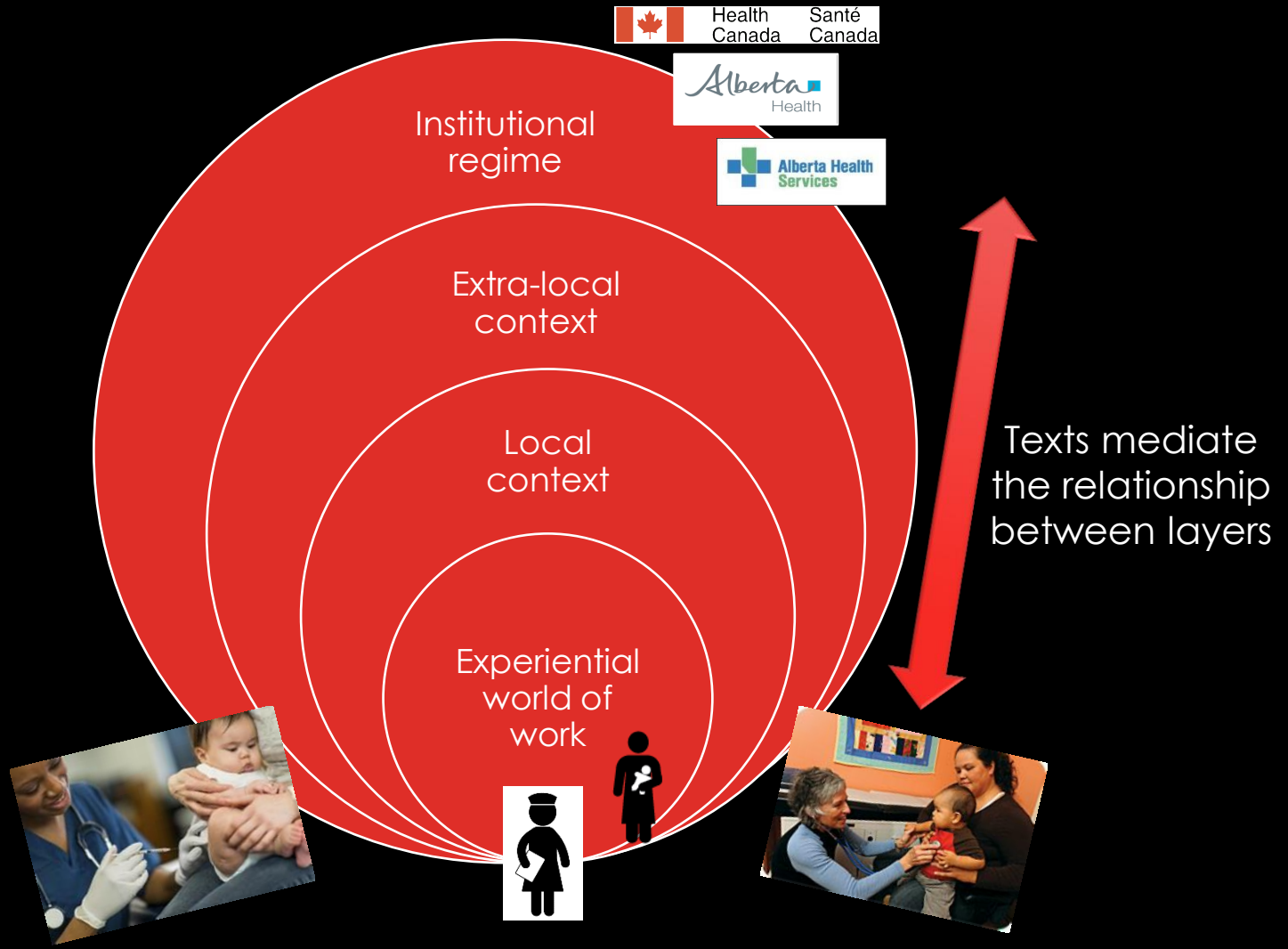
IMPETUS FOR THE PROJECT



METHODS: INSTITUTIONAL ETHNOGRAPHY

"IE seeks to empower participants, rather than just understand them, as a lack of understanding about how one is socially organized is considered a form of domination. In essence, people's experiences reveal something about whose interests are being served and therefore reveal issues of power".

(Campbell & Gregor, 2002)" (in Sarter Huel, 2018)



- **Began with the everyday work of nurses**
- **Data collection was an iterative process**

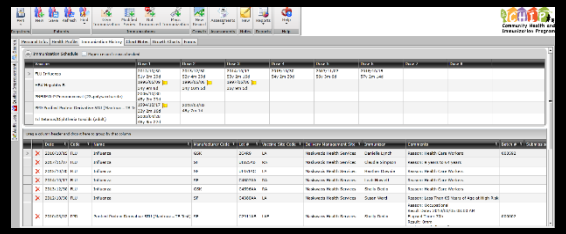
Nurse interviews (n=5)

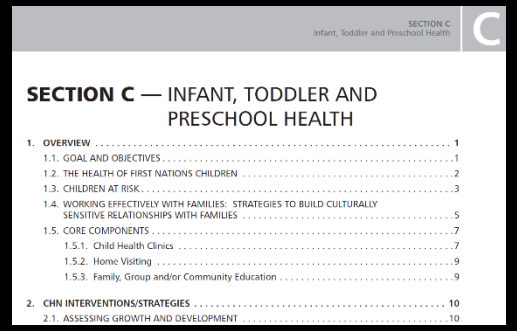
Observation of immunization appointments (n=7)

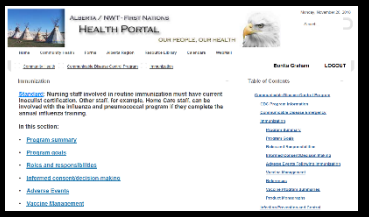
Parent interviews (n=33)

Administrators (n=2)

Regulatory Texts







FINDINGS

Institutionally Authorized Version of Events

- Before Booked Appointment
- During Appointment
- After Appointment

VISIBLE VERSUS INVISIBLE WORK

Visible Work

(text implicated in process)

- Routine work
- What is used to hold nurses accountable
- What ends up in documents

Invisible Work

(text not implicated in process)

- Unexpected work
- What is not part of the 'authorized' work – good nursing, but not recognized
- What gets done but does not get recorded

BEFORE BOOKED APPOINTMENTS

Visible Work

- Nurse receives appointment sheet with name, DOB, PHN
- Nurse accesses immunization records

Invisible Work

- Checking for incorrect DOB/PHN, children have similar names, checking off-reserve records
- Work that happens when Internet is disrupted

DURING APPOINTMENT: PART 1

Visible Work

- Child who is scheduled, arrives with parent(s) and appointment proceeds

Invisible Work

- 'No show'
- Late arrival
- Multiple children come to appointment and nurse must decide whether to vaccinate them all and/or how to manage them

DURING APPOINTMENT: PART 1

Multiple children come to appointment and nurse must decide whether to vaccinate them all and/or how to manage them..

"When there's more than one child, I usually ask if there is a partner or somebody that had come with them to decrease the risk of making mistakes. We really shouldn't have more than three people in the room – unless that extra person is there, caregiving for other children. Otherwise, it gets pretty chaotic when you have several busy kids in the room….But it's the window of opportunity to immunize those other kids."

- Nurse

DURING APPOINTMENT: PART 2

Visible Work

- Consent received from parent

Invisible Work

- A child in care: Figuring out if person in front of you has the authority to provide consent and if not, calling the parent and/or Children's Services to see if you can get delegation of authority

AFTER APPOINTMENT

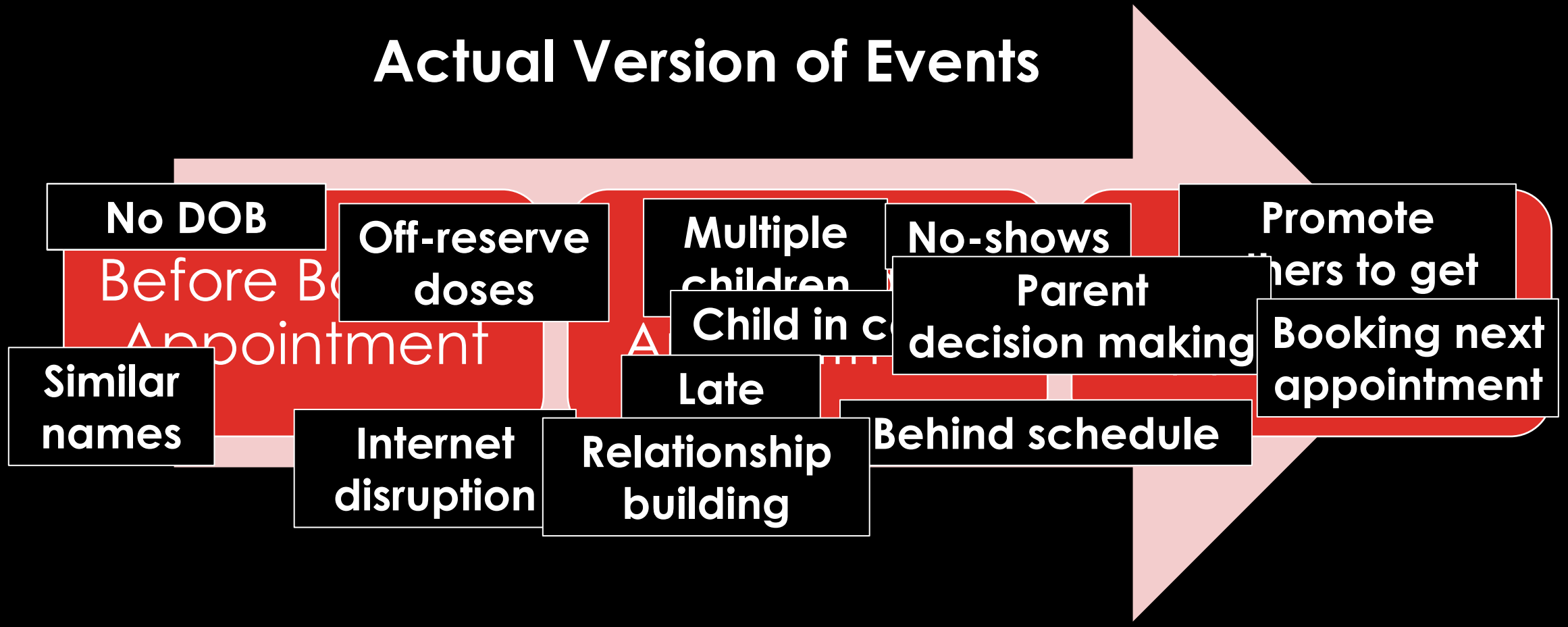
Visible Work

- Charting

Invisible Work

- Walk family out and make sure they book in for their next appointment
- Encourage other family members to come in for their vaccinations

SUMMARY


Actual Version of Events
No DOB
Off-reserve doses
Multiple
No-shows
Promote
Parent decision making
Booking next appointment
Similar names
Internet disruption
Relationship building
Late
Behind schedule

CONCLUSION

THE POPULAR DISCOURSE IS THAT:

This project challenges that narrative by starting at the everyday work of nurses and showing the complexities of providing, and accessing, immunizations

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Alberta Health

Alberta Health Services

Health Canada | Santé Canada

University of Calgary

QUESTIONS?

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