

Report title: Strategic Framework to Increase the Participation of First Nations, Inuit and Métis in Health Careers

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ISBN # 0-9780785-4-3

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Translator: N/A

Date Published: October 2006

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This report should be cited as:

National Aboriginal Health Organization. *Strategic Framework to Increase the Participation of First Nations, Inuit and Métis in Health Careers*. Ottawa. 2006.

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Under the *Canadian Constitution Act, 1982*, the term Aboriginal Peoples refers to First Nations, Inuit and Métis people living in Canada. However, common use of the term is not always inclusive of all three distinct people and much of the available research only focuses on particular segments of the Aboriginal population. NAHO makes every effort to ensure the term is used appropriately.

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Acronyms

AC	Ajunnginiq (Inuit) Centre
AHRDCC	Aboriginal Human Resource Development Council of Canada
AHRDA	Aboriginal Human Resource Development Agreement
AHRDS	Aboriginal Human Resource Development Strategy
ASEP	Aboriginal Skills and Employment Partnerships
BEAR	Building Environmental Aboriginal Resources
CMA	Canadian Medical Association
FNC	First Nations Centre
FNIHB	First Nations and Inuit Health Branch
FNUC	First Nations University of Canada
GDI	Gabriel Dumont Institute
HRDC	Human Resources Development Canada
HRSD	Human Resources Skills Development Canada
INAC	Indian and Northern Affairs Canada
IPAC	Indigenous Physicians Association of Canada
MC	Métis Centre
METSI	Métis Employment and Training of Saskatchewan, Inc.
MNA	Métis Nation of Alberta
MNC	Métis National Council
MNO	Métis Nation of Ontario
MNS	Métis Nation of Saskatchewan
MPCBC	Métis Provincial Council of British Columbia
NAHO	National Aboriginal Health Organization
NAEP	Native Access to Engineering Program
NFH	National Forum on Health
RCAP	Royal Commission on Aboriginal Peoples
SIAS	Saskatchewan Institute of Applied Science and Technology
SIFC	Saskatchewan Indian Federated College
SIIT	Saskatchewan Indian Institute of Technology
UAS	Urban Aboriginal Strategy
UBC	University of British Columbia

Executive Summary

The following *Strategic Framework to Increase the Participation of Aboriginal Peoples in Health Careers* provides of NAHO's key health career activities and an overview of Aboriginal health human resources in Canada. Twelve strategies have been identified as stepping stones to the recruitment and retention of Aboriginal students within health careers as well as Aboriginal health professionals. The strategies are as follows:

- Strategy 1** Facilitate the move towards greater Aboriginal control over education
- Strategy 2** Promote the active and ongoing parental, family and community participation in the education process of aboriginal students
- Strategy 3** Promote improved teaching of math, sciences and literacy amongst Aboriginal students
- Strategy 4** Culturally specific and responsive curriculum in math and sciences, traditional teaching approaches and Aboriginal languages should be incorporated within school programming to lend to the overall interest in and improvement of educational environments for Aboriginal students.
- Strategy 5** Building awareness around and exposure to health career options must take place throughout K-12 schooling to create interest in and preparation for health-related studies
- Strategy 6** Communities need to undertake pro-active, innovative strategies and partnerships to increase First Nations, Inuit and Métis awareness and preparedness for entrance into health careers
- Strategy 7** Academic institutions need to be flexible, culturally-responsive and innovative in their approaches to recruiting and then retaining their Aboriginal student body.
- Strategy 8** Promote the development of post-secondary education programs and access programs for Aboriginal students entering health-related fields
- Strategy 9** Promote financial support for post-secondary health career education for Aboriginal students
- Strategy 10** Traditional healing practices and midwifery need to be recognized, valued and integrated within Aboriginal community health care delivery
- Strategy 11** Promote the provision of supportive professional environments, networks, resources and support services for Aboriginal and non-Aboriginal health care workers in rural, remote, isolated and northern Aboriginal communities
- Strategy 12** Cultural safety must be promoted in health care provision to Aboriginal peoples through the training and utilization of culturally competent health professionals

SECTION I

Background – Why a Strategic Framework?

In March 2000, the National Aboriginal Health Organization (NAHO) was created in response to calls from the Royal Commission on Aboriginal Peoples (RCAP) and the National Forum on Health (NFH) for a national Aboriginal-designed and controlled organization directed at improving the health of all Aboriginal peoples¹. These calls came from Aboriginal peoples who saw the need for an independent organization that could provide credible information to contribute to their unique health and wellness issues and priorities.

The mandate of NAHO is to improve and promote through knowledge-based activities the health of Aboriginal communities and peoples. NAHO has five areas of focus, called Objects:

- Object 1** Improve and promote health through knowledge-based activities
- Object 2** Promote understanding of health issues affecting Aboriginal peoples
- Object 3** Facilitate and promote research and develop research partnerships
- Object 4** Foster the participation of Aboriginal peoples in delivery of health care
- Object 5** Affirm and protect Aboriginal traditional healing practices

Given the recognized shortage of Aboriginal health human resources and how this continues to negatively impact the health outcomes of First Nations, Inuit and Métis peoples, NAHO is undertaking the following Strategic Framework to Increase First Nations, Inuit and Métis peoples in Health Careers. This Strategic Framework will address NAHO's Object 4. It will touch on the issues of health career opportunities, health human resources, barriers and better approaches to learning experiences at the elementary, secondary and post-secondary levels, and recruitment and retention activities within health studies for First Nations, Inuit and Métis students. The strategy is meant to be a tool to help Aboriginal peoples and communities become familiar with the diversity of health professions and careers choices. By highlighting examples of activities ongoing across Canada, the strategy will provide practical templates that can be used by other Aboriginal communities.

The framework will hold true to the vision, goals and principles as defined by the *Aboriginal Expert Roundtable on Aboriginal Health Careers* who met in Ottawa on May 26, 2003².

¹ Aboriginal peoples will be used throughout the document to refer to First Nations, Inuit and Métis as defined by the Canadian Constitution.

² For fuller discussion of the Expert Roundtable, see Appendix A

Vision

The strategic framework will promote health careers in Aboriginal communities and advance the reform of existing approaches to health care for Aboriginal people. It will do this by drawing on knowledge-based strategies, by supporting Aboriginal best practices and by collaborating with key stakeholders.

Goals

To strengthen and build the capacity of the Aboriginal health workforce by fostering the recruitment, retention, training and utilization of Aboriginal peoples in the delivery of health care.

Principles

Self-determination

An important umbrella principle in the planning, development, implementation and evaluation of the Strategic Framework is the principle of self-determination. It has been acknowledged that in Canada, Aboriginal peoples recognize that self-determination is linked to the health of their families, community members and nations.

Population Health Approach

A population health approach recognizes the urgent need to improve the health of First Nations, Inuit and Métis populations by addressing the inequities in the health and socio-economic status of Aboriginal peoples, and is also consistent with the proposed vision and principles of an Aboriginal Health Careers strategy.

Multi-discipline Focus

The Strategic Framework will encompass a broad multi-discipline focus which will interface at the national, provincial/territorial and community levels via intersection with various government, academic institutions, health worker professional groups and experts in the area of health human resource planning and recruitment.

The Strategic Framework will identify activities, which will serve to advance:

- The promotion of cultural competency and safety in the delivery of health care to Aboriginal peoples. There is a need for non-Aboriginal health care workers to be aware and proficient in cultural competencies specific to their area of expertise.
- The development of culturally supportive education environments for Aboriginal health career students.
- The promotion of Aboriginal leadership in existing educational institutions.
- Strategies that foster institutional system support for health career opportunities in First Nations, Inuit and Métis communities.
- The protection, promotion and transmission of Traditional Knowledge as an option for Aboriginal peoples seeking health care.

- Eliminating barriers and promoting inclusiveness for First Nations, Inuit and Métis seeking education and employment opportunities in the health care field.

The Strategic Framework will identify activities that reflect a commitment to:

- Exploring new opportunities for collaboration with other stakeholders in raising awareness of the need to increase the number of Aboriginal health care workers in Aboriginal communities.
- Exploring Aboriginal health human resource planning which encompass both innovative and practical approaches.
- Achieving practical, measurable performance outcomes, this can be evaluated within an accountability framework.

How will the Strategic Framework be organized?

The Strategic Framework will be divided into four sections. This initial background section will be followed by an overview of NAHO's key health career activities. It will describe the shortage of Aboriginal health human resources in Canada. The initial two sections will affirm the need for a Strategic Framework while the last two sections will attempt to assemble concrete strategies, examples and best practices that could be used as templates. These strategies, best practices and templates can be applied within and by other communities so as to increase awareness of health careers and training options, build the interest and recruitment of First Nations, Inuit and Métis in pursuing health professions. Finally, the strategy will conclude by looking at strategies to retaining our Aboriginal and non-Aboriginal health workforce.

SECTION II

Overview of Key Health Career Activities

As NAHO is preparing this Strategic Framework, it is important to provide an overview of the past and present activities that are ongoing related to Object 4, which is “to foster the recruitment, retention, training and utilization of Aboriginal peoples in delivery of health care”. Several key activities have been undertaken by NAHO towards this end, which include:

- An Aboriginal Expert Roundtable on Aboriginal Health Careers
- Foundational document development and dissemination
- Creation of an internal Health Careers Working Group
- Inter-Professional partnership building and networking
- NAHO Centre Specific Activities – First Nations Centre, Ajunnginiq Centre and Métis Centre

Aboriginal Expert Roundtable on Aboriginal Health Careers

Recognizing the existing wealth of expertise among First Nation, Inuit and Métis people working in the health sector, NAHO convened an Experts Roundtable on Aboriginal Health Careers on May 26, 2003. A total of thirty participants attended the roundtable. They represented all regions of Canada. The roundtable included the perspectives of youth and Elders along with those of Aboriginal professionals working in the areas of recruitment, retention, and education. Their work at this meeting has informed and guided the development of this Strategic Framework. The expert group also identified the vision, goals, and principles of this Framework.

Foundational Documents on Aboriginal Health Human Resources

A series of foundational documents have been developed by NAHO to inform the need for increasing the numbers of First Nation, Inuit and Métis people in health professions. These include:

- A Listing of Aboriginal Health Careers, Education and Training Opportunities
- Analysis of Aboriginal Health Careers, Education and Training Opportunities
- Aboriginal Health Human Resources “A Pillar for the Future”
- Midwifery and Aboriginal Midwifery in Canada
- What Sculpture is to Soapstone, Education is to the Soul: Building the capacity of Inuit in the health field
- Dental Therapy discussion paper

These foundational papers highlight the diversity of issues related to Aboriginal health and human resources. They describe workforce shortages, available educational opportunities and contain comparative analysis between Aboriginal peoples and the general Canadian population in health professions. All of these documents can be found on the NAHO Web site at www.naho.ca/english/.

Health Careers Working Group

The Health Careers Working Group was established to provide guidance and advice in relation to Object 4 activities. The working group is internal to NAHO and includes the First Nations, Inuit and Métis perspectives. This group also provides a vehicle for developing collaborative approaches to health human resource issues and activities.

Inter-Professional Partnerships and Networking

Information gathering, networking and partnering with health professionals and professional organizations, government and education institutes and communities are key activities to furthering the agenda on the recruitment and retention of Aboriginal peoples into health careers. Knowing who is doing what and disseminating that information is crucial to identifying programs and best practices. This knowledge helps to fill the gaps and tackle the barriers that are currently preventing Aboriginal peoples from pursuing health professions. Additionally, NAHO has established informal networks and list serves on Aboriginal midwifery and international Indigenous nursing.

Centre Specific Activities

Within NAHO there are three distinct Centres. They are the First Nations Centre, the Ajunnginiq Centre (Inuit), and the Métis Centre. Each of the centres is driven by the specific needs and priorities of their constituencies. The table below outlines each Centres' activities related to health careers.

First Nations Centre - FNC http://www.naho.ca/firstnations/english/welcome_page.php
<p>First Nations Skills Enhancement (community-based approach)</p> <ul style="list-style-type: none">• Mentorship program• Workshops with community health providers on data management• Joint proposal development on nursing workforce• Literature reviews undertaken to identify gaps and to develop a comprehensive strategy regarding nursing leadership• Development of a toolkit for First Nations high school students on Health Careers

Ajunnginiq Centre - AC
http://www.naho.ca/inuit/english/about_us.php

- Discussion paper “What Sculpture is to Soapstone: Education is to the Soul: Building the capacity of Inuit in the health field”, 2004
- Poster entitled “Inuit Health Education: Gaps and Recommendations”
- On-line database of institutions and financial assistance completed (<http://www.naho.ca/qaigitsi/>) to be accompanied by a CD ROM promoting health careers and include voices of Inuit youth on challenges and successes
- Development of options for guidelines and provision of options regarding health
- Inuktitut/English medical terminology and patients’ rights handbook
- Culturally relevant health promotion and service efforts in Inuit communities
- Promotion of literacy/reading as tools for health, health careers and health capacity-building
- Facilitate and promote Inuit-related research and Inuit research-capacity initiatives
- Network and provide information on Inuit and Inuit-specific interests in health

Métis Centre - MC
<http://www.naho.ca/metiscentre/english/whatweaimfor.php>

- Development of Métis Centre Fellowship Program (awards three \$5,000.00 scholarships to graduate students conducting health related research)
- Work around traditional health knowledge and healing practices
- Information dissemination through Web site, reports, discussion papers, information sessions/workshops, and health and wellness promotion materials
- Capacity building on “train the trainers” workshops
- Pursuing opportunities for the development of training programs for Métis in health
- Identifying health programs/services available to Métis
- Facilitating the gathering, analysis and dissemination of Métis -specific health information
- Undertaking of culturally-specific health research
- Database development of Métis health workers in progress

Aboriginal Health Human Resources

The lack of comprehensive information on the number of First Nations, Inuit and Métis health care providers in general and by discipline is a major gap in the knowledge required to continue to advance planning and implementation of Aboriginal health human resource strategies.

To address this critical information gap, NAHO is currently pursuing various venues. The Métis Centre is developing an inventory of Métis health professionals. The First Nations Centre is considering a similar initiative to respond to the lack of knowledge in this area. The Ajunnginiq Centre is a partner organization in the Nasivvik Centre for Inuit Health and Changing Environments at McGill University, which is developing an inventory of Inuit that have studied; those are currently studying, or are planning to do research in health or environmental sciences. While Statistics Canada does collect information on First Nations, Inuit and Métis working in various health care occupations, there are concerns regarding the accuracy of this information since respondents must self-identify.

A similar lack of information exists surrounding the number of First Nations, Inuit and Métis traditional healers and midwives. It is important to have this type of information because it will assist and support the training and apprenticeship of Aboriginal people in these traditional skills. In doing so, it will facilitate the integration of these practices into the delivery of health care to First Nations, Inuit and Métis.

There is a general lack of information on the numbers of First Nations, Inuit and Métis health professionals. NAHO's *Aboriginal Health Human Resources: a Pillar for the Future* discussion paper highlights this shortage of health care providers currently being experienced, in a variety of fields, in Canada. The Canadian nursing profession as a whole, for example, is considered to be in crisis. By 2011, there will be the need for an additional 78,000 Registered Nurses and 113,000 by 2016 in Canada. Although the overall number of physicians has increased in the period from 1996 to 2000, some specialties continue to experience shortages and the number of family physicians has only increased by 3.2 per cent. The situation for rural, isolated or remote regions of the country is more acute and the number of physicians serving these populations is proportionally under half of that serving urban centres. Major health care studies report that over 20 health care disciplines are reporting human resource shortages.³

As noted in the *Pillar for the Future* discussion paper, the proportion of Aboriginal health care workers to the Aboriginal population falls well below the levels seen for the Canadian population as a whole. National ratios of practitioners to population for many specialties, such as nursing, are reflecting critical shortages of human resource capacity in the health care system. In general however, there is consensus among major stakeholders and interest groups that there is a substantial shortfall in the number of Aboriginal peoples working in health care fields.

The 2001 Census of Canada provides some information on the number of Aboriginal peoples, by constituency group, employed according to national occupational categories⁴. Of note, according to the table, there are a total of 858,655 health care workers in Canada. The total for Aboriginal health care workers is 13,975 or 1% of the total

³ *ibid.* pg. 4

⁴ While the reliability of Canadian Census data is an issue since individual respondents must self-identify by Aboriginal identity, in the absence of other information it provides a general indication of the number of Aboriginal health care workers by occupational category groupings.

Canadian workforce. This increased to 1.67 percent for those working in skilled or technical health occupations and 2.85 per cent for individuals employed in assisting occupations in the provision of health care services. In light of the fact that Aboriginal peoples were reported as making up 4.4% of the total Canadian population in this census, it is clear that they are significantly under-represented in these occupations, particularly in the professional occupational categories. This information is summarized in Table 1 below.

Table 1
Total and Aboriginal Employment in Health Care Occupations in Canada

Population	Professional Occupations in Health	Technical and Skilled Occupations in Health	Assisting occupations in the delivery of Health care	Total Employed in all Health Employment Groups
Total Population	432,745	201,350	224,560	858,655
Total Aboriginal Population	4,220	3,355	6,400	13,975
North American Indian: single response	2,170	1,665	3,210	7,045
Métis: single response	1,720	1,445	2,745	5,910
Inuit: single response	140	85	235	460
Multiple Aboriginal responses	30	20	45	95
Other Aboriginal responses	170	140	160	470
Non-Aboriginal Population	428,525	197,995	218,155	844,675

Source: Statistics Canada, 2001 Census

Shortages both in the overall number of health care providers and particularly in the number of First Nations, Inuit and Métis working in these areas is having a profound affect on the quality of health care available to Aboriginal peoples. More than half of Canada's total Aboriginal population live in rural, remote, isolated or northern areas of the country and it is these regions that experience the greatest difficulty in the recruitment and retention of health care providers, particularly health care specialists.

Hand in hand with these overall shortages, traditional healing and midwifery human resources are also not being effectively utilized and integrated into the overall approach to health care services in Aboriginal communities. Issues surrounding traditional healing are complex and a great deal of diversity exists in the beliefs and practices, within and between, First Nations, Métis and Inuit. At the same time, the re-integration of traditional healing and midwifery into the provision of current health care services is seen as critical to the improved health outcomes for Aboriginal peoples. In a 2002 public opinion poll on Aboriginal peoples' views on health and health care, the majority of First Nations and Métis respondents (who were polled separately) used traditional medicines and healing

practices. A majority also indicated they would be more likely to use traditional approaches if they were locally available and covered by the health care system.⁵

The number of Aboriginal traditional healers, midwives and Elder advisors is not known. However, it is unlikely that their number can increase quickly enough to meet the demand for services, "...in light of the resurgence of interest for Aboriginal peoples to access this option of health care." As the *Pillar for the Future* points out, strategies to address Aboriginal health human resource needs must also address the need for traditional health and healing practices. These efforts must also reflect the diversity and complexity inherent in the cultural traditions of individual First Nations, Inuit and Métis communities in addition to each community's ability to identify and decide who healers are and what purpose they serve in the provision of health care.

As the primary providers of health services to Aboriginal peoples continue to be non-Aboriginal health care providers, it is critical that priority be given to increasing their levels of cultural competency. In many cases, non-Aboriginal health care providers have had little interest in or lack awareness of the cultural practices or values of their Aboriginal clients. Although it is acknowledged that improvements to the provision of health care not only requires the integration of traditional healing practices and bio-medical approaches but also ensuring that, "... a set of behaviours, attitudes and policies [are in place that] enable a system, agency or group of professionals to work effectively in cross-cultural situations."⁶

In sum, while studies indicate that there has been some improvement in the health status of Aboriginal peoples in Canada, there is a cycle of pervasive poverty, persistent racism and a legacy of colonialism, "...that has been perpetuated across generations."⁷ If the comparatively dismal health status of Aboriginal peoples in Canada is to change, the system must reflect the unique circumstances of individual First Nations, Métis and Inuit populations. More Aboriginal health care providers from these communities need to be trained and employed in the provision of these services within the lens of cultural competency. In so doing, traditional healing practices and practitioners must be valued and integrated within health delivery.

⁵ *ibid.* pg 6

⁶ *ibid.* p.7

⁷ *op.cit.* pg 212

SECTION III

Aboriginal Health Careers Strategic Framework

Goal I Breaking Down the Barriers - Better Approaches to Education for Elementary, Secondary and Post-Secondary Aboriginal Students

...Education must develop children and youth as Aboriginal citizens, linguistically and culturally competent to assume the responsibilities of their nations. Youth that emerge from school must be grounded in a strong, positive Aboriginal identity. Consistent with Aboriginal traditions, education must develop the whole child, intellectually, spiritually, emotionally and physically⁸...

If this Strategic Framework is to have any effect within our communities, we must start by addressing the barriers, educational needs and aspirations of both our young as well as students who are returning to school at a later age.

In 2002, the Department of Indian and Northern Affairs Canada (INAC) established the Education Advisory Working Group. The Minister of INAC appointed a 15-member body comprised of Aboriginal experts in education. The purpose of the working group was to gain guidance and insight into how a more effective First Nation educational system could be developed to reduce the disparity in educational levels between them and other Canadians⁹. The members undertook research and consultations in an effort to review what existed in both the First Nations and mainstream educational stream. They paid particular attention to what was working well in the current education system. While the focus of the working group was primary and secondary education, certain post-secondary education issues were also considered.

The final report contains 27 recommendations. These recommendations reflect the holistic First Nation philosophy of lifelong learning from primary to post-secondary school. They will be referred to throughout this section of the strategic framework¹⁰. It should be noted that the recommendations addressed issues related to jurisdiction, funding and infrastructure. They emphasize the importance of incorporating traditional knowledge, culture and language into the school system. The report supports the

⁸ Our Children: Keepers of the Sacred Knowledge, Final Report of the Ministers' National Working Group on Education, December 2002. See http://www.ainc-inac.gc.ca/ps/edu/finre/bac_e.html

⁹ Although the report focused on the needs and priorities of First Nations, it appears that many of the issues cross-cut Métis and Inuit students. This NAH Strategic Framework recognizes that each of the Aboriginal groups in Canada has a different and sometimes non-existent relationship with the Government of Canada related to education and health.

¹⁰ The full report can be viewed at http://www.ainc-inac.gc.ca/ps/edu/finre/ouchi_e.pdf

recommendations of the RCAP final report referring to the expanded teacher education programs (Aboriginal Secondary School Teacher Program, Teacher Education Accessible in Communities: Career Paths, Aboriginal Component in All Teacher Education Programs). In addition, recommendations were made to improve First Nations access to post-secondary schools and for the development of First Nations post-secondary institutions.

The report calls for the establishment of a high-quality education system for First Nations. This system would be grounded in Indigenous knowledge, it would be characterized by high academic achievement, and students who gain the skills and knowledge required becoming full and active participants in their own First Nation communities and in Canadian society.

Aboriginal peoples' successful completion in elementary, secondary and post-secondary education is critical to increasing their participation in the health care workforce¹¹. As it stands, the Aboriginal population in Canada has much lower education levels than the general population¹². The drop out rate amongst Aboriginal high school students in some communities has reached 70%¹³. Forty-two percent of Aboriginal peoples 25 and over in Canada have less than a high school graduation certificate. In contrast only 19.2 percent of the total Canadian population, aged 35-44, is in the same education category. At the other end of the attainment scale, 5.6 percent of Aboriginal peoples 25 years and older, have a university degree at a Bachelor's level or higher. Among the total Canadian population 35-44 years of age, 21.9 percent have a university certificate, diploma or degree.

The following section provides an overview of some of the primary issues impacting upon Aboriginal students at these three levels.

A strategy for increasing the number of Aboriginal health professions begins with a range of pro-active measures that will encourage and support Aboriginal children to set and achieve goals throughout the elementary and secondary school levels. At the most basic level, keeping students in school is a challenge. Recent studies have found that, "...a relatively high proportion of Aboriginal children do not successfully make the transition from middle or elementary school to high school. Over 90% of Aboriginal students in grade 9 or under are age-appropriate but this number declines to 55.4% for grade 9 and over."¹⁴

A number of strategies have been identified as supporting the success of Aboriginal students in elementary and secondary schools and preparing them for post-secondary studies in health careers. These include:

¹¹ Refer to the Against the Odds: Aboriginal Nursing, National Task Force on Recruitment and Retention, June 2004, see http://www.umanitoba.ca/nursing/research/aboriginal_nursing.pdf

¹² See Statistics Canada Aboriginal Population Profiles, 2001 Census

¹³ See the National Aboriginal Achievement Foundation 2002 – 2003 Annual Report at: <http://www.naaf.ca/Publications/naaf2002-2003annual.pdf>

¹⁴ NAHO. "Analysis of Aboriginal Health Careers Education and Training Opportunities", January 2003, p 13

- Aboriginal control over education
- Community and family engagement, involvement and support
- Academic attainment in literacy, math and sciences
 - Extra-curricular math and science tutoring programs
- Incorporation of culturally-relevant learning, including the participation of Elders and traditional healers in school activities
- Awareness building programs and camps to build interest in health careers
 - Math, science and health career awareness camps
 - Hands-on, experiential teaching methods, i.e. field trips to health care facilities, nature walks/teachings on traditional medicines
 - Promotion of Aboriginal role models in health professions
 - Career fairs/career awareness and counselling
 - Mentoring programs
 - Summer job placements and co-op education programs

Few elementary and secondary schools are under the active control of Aboriginal communities. In the Final Report of the Minister's National Working Group on Education, Aboriginal control over education was seen as integral to the inherent right of First Nations to govern themselves and that "without jurisdiction, First Nations cannot legally determine basic requirements for their learners' education such as curricula, language of instruction, education standards, ... teacher qualifications, the school calendar and pedagogical methods, or the creation of more First Nations schools and education facilities"¹⁵.

Schooling founded solely on western-based teaching pedagogies raises serious issues regarding its ability to reflect the needs and priorities of the Aboriginal communities and students served.

Strategy 1	Facilitate the move towards greater Aboriginal control over education
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<i>Models of Better Practice</i>	
Division No. 112 In partnership with the Île-à-la Crosse School Division No. 112, Gabriel Dumont Institute/Dumont Technical Institute, Northlands College, and Northern Region Three Métis Employment and Training/Métis Local #21, the Île-à-la Crosse Métis Alternate Education Program was created in 1997. Geared to a largely Métis student	Amiskwaciy Academy Using the Alberta Program of Studies as a base, the Amiskwaciy Academy enriches the curriculum by offering options courses that reflect Aboriginal traditions and values. The Academy also structures the school year into four terms that reflect the four seasons; an approach that echoes the

¹⁵ Our Children: Keepers of the Sacred Knowledge, Final Report of the Ministers' National Working Group on Education, December 2002, p. 10. See http://www.ainc-inac.gc.ca/ps/edu/finre/bac_e.html

<p>population, the Ile-a-la Crosse Métis Alternate Education Program is designed to retain Métis students within school while providing them with culturally appropriate programming and activities, including the teaching of the Michif language. For further information see:</p> <p>http://www.saskschools.ca/~rossigno/schooldiv/community</p>	<p>Aboriginal tradition that certain things are best learned at certain times of the year. Schooling is based on Aboriginal teachings which enrich the physical, spiritual and social development of each student, incorporating Aboriginal ceremonies, traditions and prayer into each school day. Students also benefit from the wisdom and teachings of Aboriginal Elders through our Elder-in-Residence program and the advice of business leaders through our Mentorship Program</p> <p>See:</p> <p>http://amiskwacyy.epsb.net/non-flash/index.html</p>
<p>Other references:</p> <p>Sharing our Stories: Ten Case Studies in Aboriginal Schooling, produced by the Society for the Advancement of Excellence in Education, 2004</p>	

In the *Aboriginal Expert Roundtable on Aboriginal Health Careers*, family was identified as a determining factor in Aboriginal students' success in school. It was stated by one of the participants that "Aboriginal students need family support and connection". Indeed, schools need to validate cultural-based education received from the family and within the home, from parents, grandparents, aunts and uncles and extended family. In many cases, cultural pride is learned from the family and assists student to balance studies with their worldviews. A healthy home environment positively influences education and development. Factoring into this environment are economic and social conditions including health, nutrition, adequate housing, employment, safety, and a strong sense of cultural pride and identity.

A recent paper produced by the Ajunnginiq Centre of NAHO analyzed the high drop-out rate of Inuit students in relation to motivation. It concluded that parents, amongst others, play an integral role in motivating youth to pursue educational attainment and achievement. Their findings showed that the lack of motivation of students was a barrier to Inuit furthering their education. Lack of family support and household stability, including financial problems was seen to have a direct affect on motivation. The report states "Teachers, educators, and parents must find ways to develop students' interest in education and motivate them to stay in school. The whole community may need to be involved in promoting education and enhancing student motivation¹⁶."

The community, as a whole, needs to be actively promoting education, building awareness of health career opportunities, supporting and encouraging youth to set goals and recognizing the value of health professions to their community.

¹⁶ What sculpture is to Soapstone, Education is to the Soul: Building Capacity of Inuit in the Health Field", NAHO, 2004. See http://www.naho.ca/inuit/english/capacity_building.php

Strategy 2 Promote the active and ongoing parental, family and community participation in the education process of Aboriginal students

Although there have been positive strides over the past two decades regarding Aboriginal peoples' enrolment and completion in secondary and post-secondary education, their numbers remain far below the general Canadian population¹⁷. A small percentage will go on to enter health professions.

For students wishing to pursue health studies, a solid education, particularly in math and sciences, along with a high proficiency in English, are necessary prerequisites. Solid literacy skills form the basis for success in the formal educational system and professional workplace, and should be well developed in elementary and secondary school. Interestingly, parents as primary educators, have a great influence on mathematical skills, literacy and vocabulary development of children¹⁸. This being said, studies indicate that many Aboriginal students who do go on to receive secondary certificates do not have adequate competencies in the material and test below their grade level. In addition to the lack of consistent advanced level courses in some northern schools for example, which are required for entry health-related studies, many Inuit graduates need up grading even prior to commencing post-secondary studies¹⁹.

Strategy 3 Promote improved teaching of math, sciences and literacy amongst Aboriginal students

Model of a Better Education Practice

Making math and sciences fun and relevant for Aboriginal Students...

The Native Access to Engineering Program (NAEP) is based out of Concordia University. NAEP is committed to creating culturally-appropriate curriculum that incorporates both traditional and western knowledge and science. They have posted game books, interactive role models, fun links, and series of learning protocol on their Web site at: <http://www.nativeaccess.com/>. In addition, NAEP holds their Dreamcatching: Professional Development Math and Sciences Workshops for Teachers and Aboriginal Students. See the Web site for upcoming dates and location.

In their recommendations to the Minister of Indian and Northern Affairs, the Minister's National Working Group on Education called for "Canada to affirm Indigenous

¹⁷ For more information see Aboriginal Peoples and Post-Secondary Education: What Educators have Learned (2004)

¹⁸ Our Children: Keepers of the Sacred Knowledge, Final Report of the Ministers' National Working Group on Education, December 2002, p. 10. See http://www.ainc-inac.gc.ca/ps/edu/finre/bac_e.html

¹⁹ "What sculpture is to Soapstone, Education is to the Soul: Building Capacity of Inuit in the Health Field", NAHO, 2004. See http://www.naho.ca/inuit/english/capacity_building.php

knowledge as an integral and essential part of the national heritage of Canada that must be preserved and enhanced for the benefit of current and future generations²⁰.

Part of teaching math and sciences, and making them relevant for Aboriginal students, includes increasing cultural content within curriculum and teaching methods. Culturally responsive curriculum incorporates both traditional knowledge and western-based perspectives²¹. For example, for Aboriginal communities culturally appropriate curriculum might involve teaching about weather patterns by studying animal migrations or learning about nutrition through berry gathering and preparation. It could include teachings from Elders in conjunction with science texts.

Teaching on Winter Winds²²

The west winds are always cold this time of year. If there's a storm from the west, it's cold. People say the west wind is a "poor artist". It piles up snowdrifts here and there, messy, rough and uneven. We don't dread the cold; it's just an everyday thing. We just dress for it. We have no concerns about it. Before we learned to say "good morning" in English, our greetings might have to do with observations of the day. You might say "I see tracks" meaning that you are going hunting or trapping... You might also greet saying "even though it's cold, you were able to wake up." We don't really have terms for different amounts of cold.

There are numerous studies that affirm the need to promote Indigenous knowledge in Aboriginal classrooms, as this knowledge presents valid and important information, while making biology, ecology, chemistry, physics etc. grounded in everyday Aboriginal worldviews and teachings. Indeed, Aboriginal students come from societies and communities who are renowned architects of homes made of hides, snow and ice, astronomers, meteorologists, and engineers of river and ocean-based transportation. The incorporation of Aboriginal languages, in addition to cultural components, has been shown to increase students' self-esteem, lower drop-out rates, and to foster improved attendance and academic achievement²³.

Strategy 4 Culturally specific and responsive curriculum in math and sciences, traditional teaching approaches and Aboriginal languages should be incorporated within school programming to lend to the overall interest in and improvement of educational environments for Aboriginal students.

²⁰ Our Children: Keepers of the Sacred Knowledge, Final Report of the Ministers' National Working Group on Education, December 2002, p. 10. See http://www.ainc-inac.gc.ca/ps/edu/finre/bac_e.html

²¹ Culturally Responsive Science Curriculum, published by the Alaska Science Consortium and the Alaska Rural Systemic Initiative. See <http://www.ankn.uaf.edu/handbook/whatis.html>

²² Ibid, p. 22

²³ Sharing our Success: Ten Case Studies in Aboriginal Schooling, Society for the Advancement of Excellence in Education, 2004.

Exposure to the incredible diversity of health careers options at a young age allows Aboriginal children to broaden their scope beyond nursing and medicine. Preparing students at an early age, from kindergarten onward, will assist them to pursue their dreams of becoming a naturopath, a forensic specialist, a midwife, an expert in sports medicine, or a speech and language pathologist.

Increased awareness of health career opportunities should be supported within the school system, and promoted by families and the community at large. It is important to promote increased awareness and career counseling among First Nations, Inuit and Métis. Many activities are already happening across Canada. Examples of these activities include summer camps geared towards school aged children as young as five years old. There are also camps targeted at high school students.

Strategy 5 Building awareness around and exposure to health career options must take place throughout K-12 schooling to create interest in and preparation for health-related studies

Model Camps for Building Awareness of Health Careers

Health Careers Camp for Elementary Students

Kwantlen Capacity Development Camp for Aboriginal Children is a camp for child between the ages of five and seven. The camp runs for a two week period over the summer. The goal of the camp is to expose children to health and wellness. It also aims to get youth to become interested in pursuing careers in these fields. The camp increases awareness around health careers and promotes health and wellness as fun. The students are exposed to labs and clinics, role models, Elders and traditional healers and cultural site visits. For more information, see:

http://www.healthservices.gov.bc.ca/ndirect/pdf/KCD_Report_Mar04.pdf

Summer Camp for Secondary School Students

The Institute of Aboriginal Health Summer Science Program, run out of the University of British Columbia (UBC) is designed for secondary school students between grades 8-11. This summer science program has been running since 1988. The goals of the camp are to raise awareness on science and health-related careers by way of mainstream and holistic teachings and exposure to role models. By hosting the program on campus, students are exposed to the university settings, thus lowering their apprehension to post-secondary studies. This also raises awareness in how to plan accordingly to enter the science and health-related fields. More information can be found at:

<http://www.health-sciences.ubc.ca/iah/summerscience.html>

First Nations University of Canada (FNUC)

The FNUC promotes holistic, balanced and healthy lifestyles while hosting their annual SIFC Health Careers, Math and Science Camp. Students are taught through experiential learning activities and the curriculum involves traditional and cultural components, applied math and sciences, health career planning, community involvement and exposure to role models. Elders and scholars provide students with learning opportunities on “how science and Native traditions actively compliment each other.” FNUC’s major objective is to include two First Nations students

from each province and territory, with the remainder coming from Saskatchewan, for a total of ninety students attending three four-day camps. There are thirty students per camp. For further information see: <http://www.firstnationsuniversity.ca/science/CampInformation.htm>

The community at large also has an important role to play in promoting and building awareness of possible health care career opportunities for Aboriginal students. There are a number of community initiatives across the country that offer insight into innovative steps and partnership that communities and organizations have taken to address the challenges facing Aboriginal peoples in their efforts to attain a higher level of participation in the health care field.

Six Nations is leading the way with 2020 Vision

In June 2002, the 2020 Vision: A Strategy for Graduating More Aboriginal Physicians was launched by Chief Roberta Jamieson of Six Nations. In the spirit of partnership, this strategy aims to have 60 more First Nations, Inuit and Métis physicians in Canada by the year 2020. The vision is a call to action for governments, educational institutions, the private sector and Aboriginal communities and organizations to work together to address many of the challenges that limit the inclusion of Aboriginal peoples within the medical field. Key elements of the strategy are recruitment, access, instruction, internships and placements, and student support within the academic setting. For more information, see: <http://www.grpseo.org/2020VisionRoundTableReport.htm>

There are many community-based health career promotional activities that can be developed by and within communities. Partnerships are important and can include community education and health resource people, community Elders and traditional healers, government agencies, local leadership, parents and families. Also, promotional activities will vary for children, youth and adults and there may be the need to consider transportation, childcare and accommodating community members with disabilities. Here is a list of possible activities that can be used in communities to promote health careers:

- Develop local programs that bring together community Elders and youth to pass on information on traditional views on health and wellness and to promote healthy living
- Establish linkages with existing community youth programs to incorporate the input of youth into the process while encouraging them to become more aware of health career possibilities
- Highlight health career opportunities in all local job fair initiatives, establish job shadowing or mentoring programs with children and youth

- Recognize and promote local Aboriginal health care provider role models. By way of role models, Aboriginal students will feel that their goals are more attainable²⁴
- Ensure community-based employment and training agencies or career counselors have current information on health career opportunities, education programs and scholarships, etc.
- Ensure that health care human resource needs are fully integrated into all community labour force and economic development plans.
- Establish innovative funding models to support post-secondary education or training for local students (i.e. education support in return for employment commitment upon graduation)
- Establish community supported scholarships and bursaries to assist promising local youth in pursuing health career education
- Build partnerships with post-secondary institutions in order to promote, prepare, and recruit local youth into health career programs.

Each community will have their own approaches to promoting health careers and the resources they are able to access. For example many First Nations communities are currently responsible for the delivery of a range of programs and services at the Band level. In some places, these programs and services include health care. For these communities, the key partners for the development of the type of program described in the above bullets can be found at the community level. Inuit communities may need to approach government and Inuit organizations at the regional level for assistance in supporting the development of many of these programs. Different strategies will be required to establish effective promotional programs for Aboriginal peoples living in urban areas and for Métis through partnerships with existing youth groups, Friendship Centres and employment and training programs.

This process must be approached on a constituency basis given the wide range of educational arrangements in place. The dialogue and planning phase of these activities will strive to build upon existing partnerships and initiatives and develop additional partnerships with a view to raising the awareness and level of support to students.

An excellent range of best practices and community-based activities can also be found on the *SchoolNet Network of Innovative Schools* Web site:

http://www.schoolnet.ca/aboriginal/e/schools_e.asp. Schools are listed by province, then by community. Here are three examples from the link:

Ahkwasasne Mohawk Board of Education: A Science Fairs Manual

This is a step-by-step guide for First Nations teachers and students on how to organize and participate in a Science Fair. This is free to download at:

<http://www.cnwl.igs.net/~ams/science.htm>

²⁴ "Consortium...Working Together to Improve Aboriginal Health Education: A Summary Report", Institute for Aboriginal Health, UBC, 2001. See: http://www.ainc-inac.gc.ca/ps/finre/ouchi_e.pdf

First Nations Education Centre in British Columbia

This site offers a *Role Model Handbook* to assist staff in arranging First Nations Role Models in the schools. This can be ordered in a binder format for \$52.00 at:

<http://www.cmsd.bc.ca/Schools/FNEC/rm.html>

Joamie School in Iqaluit, Nunavut

This is an excellent site for educator and student Web links. It can also encourage participation in the *Canadian Space Agency Project* for children in Grades 3 to 5. Students can learn about robotics and Canada's role in space. The Iqaluit Millennium database (Knowledge Forum) can be accessed at this site and students can become experts and mentors for other students. This multi-school unit on space exploration will continue with Harry Camsell School in Hay River, Northwest Territories, and one class at Nakasuk School in Iqaluit, with results to be shared on the Canadian Space Agency's Kidspace Web page. This can be viewed at:

http://www.space.gc.ca/asc/eng/youth_educators/kidspace/kidspace.asp

Strategy 6	Communities can undertake pro-active, innovative strategies and partnerships to increase First Nations, Inuit and Métis awareness and preparedness for entrance into health careers
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Models of Community-based Partnerships to Promote Health Careers

Aboriginal Nutrition Network

The creating of promotion materials is the work of the Aboriginal Nutrition Network, in partnership with the Dietitians of Canada. Their promotional materials, are posted at: <http://www.nutritioncareerinfo.ca/>. Included are practical links on how to become a dietitian/nutritionist, details about the necessary requirements needed to study to be a dietitian, where Aboriginal dietitians can work and what the expected salary range upon completion of one's studies would be. Additionally, the Web site includes a poster of Aboriginal Dietitians who are role models for future students.

Nasivvik Centre for Inuit Health and Changing Environments

The Nasivvik Centre for Inuit Health and Changing Environment in partnership with Laval University, based in Quebec, are planning a wide range of proposed training and education initiatives including Student—Scientist mentorship program, training modules for basic research on Arctic environment and health, community workshops, a field course on Arctic environmental health for Inuit students (with ArcticNet research program) and a training manual for young Arctic environmental health researchers. The online link is: <http://www.nasivvik.ulaval.ca/>

"There is the need to address barriers for Aboriginal students wishing to pursue post-secondary health career education programs and there are several very practical initiatives that can be done" – Participant, Aboriginal Expert Roundtable on Aboriginal Health Careers, 2003

The Royal Commission on Aboriginal Peoples found that if Aboriginal peoples are to succeed in post-secondary education programs, the following need to be in place:

- Institutional flexibility
- Academic support
- Personal and family support
- Professional support from a core group of Aboriginal students²⁵
- Access support programs
- Adequate financial support

To support the recruitment and retention of post-secondary Aboriginal students, there will be a need for greater institutional flexibility. This means that more Aboriginal people are needed in positions of authority as teachers and decision-makers at academic institutions. Otherwise, it will be difficult for these institutions to adapt to meet the needs of Aboriginal applicants²⁶. An example of the unique experience of many Aboriginal people planning to study, or currently studying is that many of them are mature or returning students. They may have families, or they may be single parents. If academic institutions recognize these differences, and accommodate them, Aboriginal students will have greater chances for success. An example of an accommodation might be programs that allow returning students to upgrade their credits.

Dumont Technical Institute

The Dumont Technical Institute delivers a wide variety of adult upgrading opportunities and technical training programs with other educational partners such as the Métis Employment and Training of Saskatchewan, Inc. (METSI), the Saskatchewan Institute of Applied Science and Technology (SIAST), the Saskatchewan Indian Institute of Technology (SIIT) and provincial regional colleges. Qualifying Métis students can be sponsored for courses and seats reserved for Métis students at SIAST and Saskatchewan's regional colleges. See the following Web site: <http://www.gdins.org/DTI.shtml>

In addition to academic upgrading support, flexible approaches to program timelines are required to better meet the needs of Aboriginal students. For instance, students may need to be in their home communities for cultural and ceremonial events that would otherwise interfere with the academic year. Furthermore, educational institutions must become more flexible in their approach and undergo a shift in focus from entrance requirements to exit requirements.²⁷

The development of Aboriginal support services and centers within academic settings has proven beneficial to the learning environment experienced by Aboriginal students. The

²⁵ NAHO. Analysis of Health Careers Education and Training Opportunities, p 50

²⁶ Consortium... Working Together to Improve Aboriginal Health Education: A Summary Report" Institute for Aboriginal Health, UBC, 2001. See <http://www.health-sciences.ubc.ca/presentations/consortiumreport.pdf>

²⁷ *ibid.*