

creation of this safe place allows students to gather to support one another and to feel welcomed and able to express their stories, histories and cultures²⁸.

Strategy 7 Academic institutions need to be flexible, culturally-responsive and innovative in their approaches to recruiting and then retaining their Aboriginal student body.

There could be the development of additional programs that would ensure a 'critical mass' of Aboriginal students in a program through the allocation of designated program seats for Aboriginal students. The experience to date is that Aboriginal students are more successful in this type of situation. This approach would facilitate more effective peer support networks, cultural values and practices and support from family and community – Participant, Aboriginal Expert Roundtable on Aboriginal Health Careers

Access and support programs for undergraduates will assist them to prepare for their post-secondary studies by focusing on improving reading, writing & skills development related to abstract thinking. These programs also need to be supplemented by tutorial programs that would provide on-going academic support.

Research indicates that a mix of academic and non-academic support is more effective than a strict focus on academic support. Aboriginal students can face social and cultural isolation that can significantly impede their ability to focus on academics. Informal support networks among Aboriginal students have been identified as an important factor in giving these students a higher sense of comfort in their surroundings.

An example of a preparatory program for Inuit students is Nunavut Sivuniksavut. For Inuit students from Nunavut the program offers a one-year preparation program to help students develop the research, writing and study skills needed in post-secondary education. Additional instruction and guidance encourages students to learn life-skills that will better prepare them for living away from home while attending post-secondary courses.

A number of innovative models have been developed to improve access by Aboriginal students to post-secondary programs for health careers. The most successful of these programs have a range of characteristics in common. These include:

- Establishment of designated seats for Aboriginal students
- Innovative, pro-active approaches to recruitment of First Nations, Inuit and Métis students into post-secondary health career programs
- Pre-enrolment orientation programs to assist First Nations, Inuit and Métis students in making the transition to the post-secondary institutional environment

²⁸ Ibid

- Support programs including peer support networks and Aboriginal centres which assist with maintaining linkages to traditional culture and support
- On-going academic support and tutoring programs including mentoring arrangements
- Teaching modules and practicum which allow students to work from home communities and/or other Aboriginal communities, often employing distance education technology
- Assistance with summer work and co-op placements in First Nations, Inuit and Métis communities
- Formal partnerships between post-secondary institutions and First Nations, Inuit and Métis communities in program design, strategies to increase access by Aboriginal students and provision of culturally appropriate health care services and skills (i.e. as represented by principles of cultural safety/cultural competency)

There are universities and colleges across Canada offering post-secondary degrees and diplomas in health careers. There are literally hundreds of health careers that students can pursue. They range from midwifery to pharmacy technician, from hospital unit coordinator to fitness and exercise trainer, from substance abuse worker to respiratory therapist. For a more complete listing of health careers, see NAHO's *A Listing of Aboriginal Health Careers: Education and Training Opportunities*. You can download this document from the NAHO Web site: <http://www.naho.ca/english/>.

Having said this, due to the recognized shortage of Aboriginal medical doctors and nurses, access programs have been initiated so as to recruit and retain more students within these fields.

There are 17 medical schools across Canada. Several of these schools have developed innovative and successful approaches to recruiting and supporting Aboriginal students in advanced educational programs, including the creation of designated seats for Aboriginal students, access programs and student support services.

In response to the acknowledged need to increase the number of Aboriginal physicians in the province of British Columbia, the University Of British Columbia Faculty Of Medicine developed an admissions policy that would enable Aboriginal applicants a greater opportunity to be accepted into the school. It should be mentioned that both Aboriginal and non-Aboriginal medical students emphasized the importance of not lowering academic standards to facilitate more Aboriginal students entering the programs, but rather to let potential students know exactly what was required to be accepted. To that end, the faculty developed an admissions process that took into account the need to be more culturally sensitive and aware of Aboriginal students while maintaining academic rigor.

An Aboriginal Admissions Sub-Committee operates as a sub-committee to the Faculty's Admissions Selection Committee. This sub-committee includes an Aboriginal Elder, a community member, a UBC Aboriginal medical student, an Aboriginal physician and a

number of other members. The admissions process for Aboriginal students includes an additional interview with an Aboriginal Interviewing Panel as well as an essay on the applicant's background and interest. This information is passed to the sub-committee for review. Those applicants selected are brought in for another interview process. Recommendations are then passed to the Associate Dean of Admissions.

Since this Aboriginal admissions process was initiated, the numbers of Aboriginal applicants has been increasing (7 applications in 2002, 12 in 2003 and 18 in 2004). For more information, see: <http://www.health-sciences.ubc.ca/iah/proposal.html>

As well, the Faculty of Medicine and Dentistry at the University of Alberta has had an Office of Aboriginal Health Care Career Programs to assist Aboriginal students gain admission and graduate from the Faculty since 1988. As of 2001, 28 Aboriginal physicians from Inuit, Métis, and ten First Nations backgrounds have graduated. Two spaces are set aside for Aboriginal students per year. These seats are created above those established for other applicants rather than being taken from that pool. If the seats reserved for Aboriginal students are not filled in a particular year, they are carried over to the next year. Applicants can come from any part of Canada, although preference may be given to Alberta residents. Applicants must meet all the regular admission requirements to the faculty. Thus far, the University of Alberta School of Medicine and Dentistry's Aboriginal Health Care Careers Program, has graduated 23 Aboriginal physicians, five dentists, 11 dental hygienists and three students with a B.Sc. in Medical Laboratory Science. The Web site for the faculty can be viewed at: <http://www.med.ualberta.ca/education/aboriginal.cfm>.

Do you want to go to medical school?

For a full listing of medical faculties and programs available across Canada, you can visit the following site:
<http://www.afmc.ca/pages/faculties.html>

A priority for public governments responsible for health and education in the Inuit regions has been to provide more post-secondary health career programs in northern locations. These programs offered through northern colleges are generally provided through partnerships with southern-based universities. The Arctic College nursing program in Iqaluit and the recently announced nursing program in Labrador are examples of this approach.

Innovation and strong partnerships between Aboriginal communities and post-secondary programs are reflected in a new program at the College of the North Atlantic in Labrador which aims to reduce the high turnover of nurses by training local Inuit nurses who want to work and live in the region. The program was developed with support from the Newfoundland and Labrador government, the Labrador Institute and the Labrador Inuit Association, in cooperation with the College of the North Atlantic, the province's public college.

The program, to start in January 2005, will allow 16 Inuit to complete their high school studies and take first-year university courses together in modules at the College of the North Atlantic's site in Happy Valley/Goose Bay. The students will stay in Labrador for a second year of nursing studies before heading off to Cornerbrook, Newfoundland for the final two years of the program. The College of the North Atlantic can be viewed at: <http://www.cna.nl.ca/>

Do you want to become a nurse?

For a full listing of nursing programs available across Canada, you can visit the following site:

<http://www.canadianrn.com/directory/educate.htm>

Inuit will continue to have to travel to southern locations for a range of health career related post-secondary educational opportunities and need access programs, which provide both academic, cultural, and financial support.

Key post-secondary institutions with experience in providing post-secondary programs to Inuit include the following:

College/ University	Web site	Aboriginal Student Advisor
Aurora College	http://www.nac.nu.ca/	Dorothy Tootoo dtotoo@nac.nu.ca
Arctic College	http://www.auroracollege.nt.ca	Aurora Campus: Liz Dietrich ldietrich@auroracollege.nt.ca Thebacha Campus: Chris Wanamaker cwanamaker@auroracollege.nt.ca Yellowknife Campus: Joanne Erasmus: jerasmus@auroracollege.nt.ca No specific advisor
College of the North Atlantic	http://www.cna.nl.ca/	
McGill University	http://www.mcgill.ca/	See other Aboriginal services: http://www.mcgill.ca/fph/
Dalhousie University	http://www.dal.ca/	Florestine Bird Florestine.Bird@dal.ca
University of Victoria	http://www.uvic.ca/	Roger John rogerj@uvic.ca

These academic institutions should work with regional Inuit training organizations and territorial/provincial departments of education in the development of access programs targeted at Inuit post-secondary students pursuing health career programs.

For Métis, the Gabriel Dumont Institute (GDI) is the post-secondary institution in Canada responsible for research and education related to Métis culture, history and heritage. As such it is responsible for research activities, material development and the collection and distribution of these materials. The Gabriel Dumont Institute of Métis Studies and Applied Research is the educational arm of the Métis Nation – Saskatchewan. The Institute is the only Métis owned educational institution of its kind in Canada. At its inception, GDI focused on education through cultural research as a means to renew and strengthen the heritage and achievements of Saskatchewan's Métis.

As it became apparent that the Institute needed to become more directly involved in education to fully serve the multifaceted needs (including the employment needs) of Saskatchewan's Métis community, it began developing Métis-specific curriculum and historical publications. It also began to train Aboriginal teachers to deliver programming contracted from the province's universities, colleges and technical institutes. The Gabriel Dumont College delivers the first two years of a Bachelor of Arts and Science degree to both Métis and non-Métis and is offered in Saskatoon and in Prince Albert. The Dumont Technical Institute offers high school equivalency programs as well as various vocational programs such as licensed practical nursing and addictions counselling in various locations across the province. Further information on the programs offered by the GDI can be viewed online at:

<http://www.gdins.org/home.html> or

<http://www.usask.ca/calendar/affiliated/gabrieldumont>

Although the Gabriel Dumont Institute in Saskatchewan is the only Métis-controlled institute in the country that offers university-level programs and accredited health-related training, other Métis organizations offer adult education programs and a variety of skills training opportunities. These include the Métis Nation of Ontario and the Métis Provincial Council of British Columbia.

The Métis of Ontario Training Initiative offers a variety of funding opportunities for skill training, including the Métis Training Purchase Program that “purchases appropriate training” for Métis individuals or groups from eligible institutions. It also offers a Métis Training Strategy “to develop the capacity of the Métis community in Ontario to develop and delivery quality training programs that will contribute to planning and strategies for training”. For more information please see:

<http://www.metisnation.org/programs/MNOTI/home.html>

The Métis Provincial Council Training Centre Corp. of the Métis Provincial Council of British Columbia creates customized training programs, including high school equivalency and employment and business skills training, in partnership with a variety of accredited educational institutes and community organizations. There is no physical

training centre, however programs are offered as need arises and are held within the community. For more information on these training programs please see:

<http://www.mpcbc.bc.ca/education/education.html>

Both of these two Métis initiatives are offshoots of the Aboriginal Human Resources Development Agreements (AHRDA) that were created in collaboration with Human Resources Development Canada (HRDC). AHRDA holders offer funding for job training, skill enhancement and assistance in employment search. Métis organizations in the Northwest Territories, British Columbia, Alberta (including the Métis Settlements), Saskatchewan, Manitoba, Ontario and Labrador have such agreements. In the absence of other funding sources, including universities, AHRDA holders, who have a number of restrictions on the type of training that can be funded, have become a fairly important resource. Further information can be found at:

http://www17.hrdc-drhc.gc.ca/ARO-BRA/ARO.cfm?Menu=strategymenu_e.cfm &File=strategy/strategy_intro_e.cfm

The Aboriginal Human Resources Development Strategy (AHRDS) is important for First Nations and Inuit as well. The Web site offers links to Aboriginal Skills and Employment Partnerships (ASEP), Aboriginal Human Resources Development Agreement Holders (AHRDAs), Urban Aboriginal Strategy (UAS), and specific information on programs for youth and people with disabilities. This is a site created to help match Aboriginal people with training opportunities, skills upgrading and job placement. AHRDS is unique in that it offers access market programming, training and job opportunities designed by Aboriginal organizations in over 400 locations across Canada. For more information, visit:

<http://www17.hrdc-drhc.gc.ca/ARO-BRA/ARO.cfm>

Strategy 8	Promote the development of post-secondary education programs and access programs for Aboriginal students entering health-related fields
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Adequate financial support is important at both the institutional and personal levels. For institutions, resources are required to develop and implement new and innovative programs and approaches. This includes program design, support for designated seats and infrastructure and technology costs associated with innovative teaching methods such as community-based practicum and distance education. To increase the long-term success of these programs and encourage other institutions to develop similar initiatives, it is important that this funding be sustained over time.

In the longer term, key stakeholders including government funding agencies and First Nation, Inuit and Métis²⁹ training and education organizations need to develop a plan to:

- Eliminate existing funding disparities

²⁹ It must be remembered that Métis do not have the same access to educational assistance available to First Nations and Inuit

- Identify and fill critical gaps in the range of funding support
- Increase the number and support levels for health career education support programs based on individual student merit
- Develop strategies to ensure uniform awareness of and access to available support programs

For individuals, there is a need to increase the range of financial support available to assist with the high costs of advanced education in the health professions. These financial supports could take the form of scholarships or bursaries. Other models to support access to post-secondary health career education include:

- Funding education costs in exchange for a commitment to work in Aboriginal communities for a period of time upon graduation; and
- Expanding co-op programs which mix formal education modules with paid job placements.

A successful law school program in Nunavut encourages employers to send Inuit students to law school. During their education, the students receive with a comfortable wage and a commitment by employers to hire them back upon completion of their studies.

A range of education support programs exist for First Nations and Inuit students pursuing post-secondary education. A number of scholarships and assistance programs also exist for First Nations and Inuit students engaged in health career education. Awareness of the full range of assistance programs is not always widespread.

While these programs generally provide adequate assistance to cover tuition and books, student surveys have shown that they generally do not provide assistance in areas that are often key to student success. One example includes child care. As a significant number of Inuit post-secondary students have children, the lack of support for child care can often lead to lower school performance or withdrawal from a program. The need for child care for Inuit students is intensified because they often attend school in southern Canada where they are removed from family support mechanisms.

Métis students do not have access to the same education assistance available to First Nations and Inuit post-secondary students. Recognizing this, the Métis Centre at NAHO offers three \$5,000.00 fellowships to graduate students of Métis ancestry with an interest in contributing to the health and wellness of Métis in Canada.

Strategy 9 Promote financial support for post-secondary health career education for Aboriginal students
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Funding Opportunities – Bursaries, Scholarships	
Métis Provincial Council of British Columbia Health Career opportunities with financial support are being offered to students by the Métis	The First Nations SchoolNet, supported by Industry Canada offers funding and regional management

<p>Provincial Council of British Columbia (MPCBC) in partnership with Human Resources Skills Development Canada (HRSD) to administer the Aboriginal Human Resource Development Agreement (AHRDA). The Métis Provincial Council Training Centre Corp. is building partnerships with other professional institutions to create and deliver quality training programs. See: http://www.mpcbc.bc.ca/health/health_careers.html</p>	<p>organizations to assist communities in connecting their schools to the Internet. The site also offers a listing of participating schools by province, their activities, teacher resources and sharing of school activities that could focus on health careers and culturally relevant science and math programs that can be shared on a regional/national level.</p> <p>http://www.schoolnet.ca/aboriginal/e/help_desk_e.asp</p>
<p>The National Aboriginal Achievement Foundation in partnership with Health provides scholarships for First Nations, Inuit and Métis students in Health Careers. For more information, see http://www.naaf.ca/health.html</p>	<p>Also, the Federal Treaty Negotiation Office published a Canadian Catalogue of Aboriginal Programs, including health programs, in June 2002 that can be downloaded from http://www.bcfm.org/altfunding/CCAP%20JUNE%202002.pdf</p>
<p>Visit NAHO's Information Centre on Aboriginal Health under scholarships and bursaries at http://www.ica.h.ca and see the new Qaigitsi Database of funding created by the Ajunnginiq Centre at http://www.naho.ca/qaigitsi/english/funding.php</p>	<p>INAC has a Web site dedicated to bursaries and scholarships at: http://sdiprod1.inac.gc.ca/abs/main.asp?lang=E</p>

For First Nations communities, there are a number of key community resources that can be tapped to begin working at the community level. These local resource people and organizations can collaboratively design and implement programs that meet the needs and reflect the traditions of the community. Contact can be made with:

- Band education and health authorities
- Teachers
- Parents group
- Community Elders
- Traditional healers
- Community health care providers

Funding arrangements for these collaborative programs would be determined at a community level but could include a combination of local health and education funding supplemented by support from the Department of Indian and Northern Affairs Canada (INAC) and Health Canada.

For your reference...

A full list of First Nations communities and Tribal Councils can be found on the INAC - First Nations Profiles Web site.

http://sdiprod2.inac.gc.ca/FNProfiles/FNProfiles_home.htm

For a listing of the various directorates, regional offices and Northern Secretariat of the First Nations and Inuit Health Branch (FNIHB) of Health Canada, see the following Web site:

<http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/branch.htm>

The Aboriginal Human Resource Development Council of Canada (AHRDCC) is another good resource. The main page of their Web site introduces the mission of AHRDCC in developing strategic public and private sector partnerships and employment solutions for Aboriginal peoples.

<http://www.ahrdcc.com/en/view.php?page=home>

Within the Inuit settlement areas the education system is a responsibility of the public government. As a result, the work required to establish school programs are more appropriately approached at a regional or territorial level. However Inuit land claims organizations and their community development affiliates also have a role to play in developing and supporting these school-based initiatives.

Some key resources that you may want to consider are the following:

- Territorial/Regional Boards of Education
- Territorial/ Regional Health authorities
- Local school Principals and teachers
- Local health care providers
- Cultural organizations/agencies (i.e. Avataq Cultural Institute, Government of Nunavut's Department of Culture, Language, Education and Youth, etc.)
- Community Elders
- Regional Inuit organizations and land claims organizations
- Regional Inuit Community Economic Development Organizations.

The specific approaches used to develop these plans will have to be adjusted to reflect the organizational and public government arrangements in each of the land claims areas (Labrador, Nunavik, Nunavut and the Inuvialuit regions). They must also build upon partnerships between public government departments of education, health, Inuit organizations and other community resources.

There are a total of 63 schools across the Arctic along with a number of territorial and regional boards of education. Below is a table, that includes a full listing of the contact information for the territorial and regional boards of education:

Territorial/Regional Boards of Education	
Labrador School Board http://www.k12.nf.ca/labrador/index.htm	Kativik School Board (Nunavik) http://www.kativik.qc.ca/indexflash.php
Beaufort-Delta Education Council http://www.beaufortdeltaedu.nt.ca/	Qikiqtani School Operations (Pond Inlet, Nunavut) ph: 867-899-7350 f: 867-899-7334

Kitikmeot School Operations
Kugluktuk, Nunavut
ph: 867-982-7420 f: 867-982-3054

Kivalliq School Operations
Baker Lake, Nunavut
ph: 867-793-2803 f: 867-793-2996

As well, the territorial and regional health authorities are listed below for your information:

Territorial/Regional Health Authorities

Labrador Inuit Health Commission
<http://www.nunatsiavut.com/en/lihc.php>

Nunavik Regional Board of Health and Social Services
<http://www.rrsss17.gouv.qc.ca/en/main.aspx>

Inuvik Regional Health and Social Services Authority
ph: 867-777-8146 f: 867-777-8062

Due to the extensive listing of all of the local health centers and contacts for the Arctic, a table has been included in Appendix A of this Strategic Framework for your reference.

There are three cultural organizations and agencies within the regions of Nunavik, Nunavut and Labrador. These include:

Inuit Cultural Organizations and Agencies

Avataq Cultural Institute (Nunavik)
<http://www.avataq.qc.ca>

Government of Nunavut's Department of Culture, Language, Education and Youth
<http://www.gov.nu.ca/Nunavut/English/phone/cley.shtml>

Torngasok Cultural Centre (Labrador)
<http://www.nunatsiavut.com/en/tcc.php>

Finally, the two following tables provide reference information for the regional Inuit organizations and land claim organizations in addition to the regional Inuit community economic development organizations:

Regional Inuit organizations and land claims organizations

Labrador Inuit Association
<http://www.nunatsiavut.com/en/overview.php>

Kativik Regional Government (Nunavik)
<http://www.krg.ca/>

Makivik Corporation (Nunavik)
<http://www.makivik.org>

Nunavut Tunngavik Incorporation
<http://www.tunngavik.com/>

Kivalliq Inuit Association

Kitikmeot Inuit Association

<http://www.kivalliq.org/eng/index2.html>

<http://www.polarnet.ca/polarnet/kia.htm>

Qikiqtani Inuit Association
<http://www.qikiqtani.nu.ca/>

Inuvialuit Regional Corporation
<http://www.irc.inuvialuit.com/>

Regional Inuit Community Economic Development Organizations

Kativik Regional Government - Economic Development Department http://www.krg.ca/en/departments/ecodev/index.htm	Kitikmeot Economic Development Commission http://www.polarnet.ca/polarnet/kedc.htm
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Métis communities do not receive direct education and health care funding and as a result, they must work within the public government (provincial/territorial) systems within which they reside. These funding issues are important to highlight as they present additional and unique challenges to Métis, as well as non-Status Indians, who also fall between the cracks. Key resources for Métis include:

- Métis associations at the local, regional, provincial and national level (see table below)
- Métis Locals and Métis settlements
- Provincial and territorial education authorities
- Local school principals and teachers
- Local health care providers
- Métis Youth programs
Métis National Youth Advisory Council
Web site: <http://www.metisyouth.com>
- Métis Aboriginal Human Resource Development Agreement (AHRDA) holders

Below is full listing and contact information for the Métis Associations at the provincial and national levels:

Métis associations at the provincial and national level

Métis National Council (MNC) http://www.metisnation.ca	Métis Nation of Ontario (MNO) http://www.metisnation.org
Métis Nation of Alberta (MNA) http://www.albertametis.ca	Métis Nation of Alberta- Region III http://www.metisregionIII.org
Métis Nation of Alberta-Zone IV http://www.metiszoneIV.com	Métis Nation of Alberta-Zone V (780) 849-4654
Métis Nation – Saskatchewan (MNS) http://www.metisnation-sask.com	Manitoba Métis Federation http://www.mmf.mb.ca

As stated, there are no elementary or secondary schools or boards of education specific to Métis. However, an extensive listing of Canada-wide schools and educational resources can be found on the Web site Canadian Education on the Web at:

<http://www.oise.utoronto.ca/canedweb/eduweb.html>.

SECTION IV

Goal I Retaining our Aboriginal and non-Aboriginal Health Workforce

The maternity project of the Inuulitsivik Health Centre in Povungnituk, northern Quebec, has been cited as an excellent example of a program designed to restore legitimacy to the role of elders and the successful incorporation of traditional knowledge and cultural values into modern health care delivery³⁰. Created in 1986 in response to a proposal from the local Aboriginal women's association and with the help of a supportive physician, the project involves Aboriginal and non-Aboriginal midwives working in collaboration with other health professionals. They provide a full range of health services to pregnant women in the region. Program results to date indicate that midwifery practice in the North can be effective and beneficial to the health of mothers and babies and to the family unit as a whole. (http://www.inuulitsivik.ca/aa_sages_femmes_e.htm.)

Research has shown that traditional healing practices and concepts of wellness play an important role in providing appropriate health services to Aboriginal communities. While some Aboriginal community health centres have integrated traditional healing and midwifery practices with western health care services, this is not yet widespread.

Changes to legislation and regulations are required to recognize traditional healers and midwives as an accepted part of the eligible range of health care services. This would not only provide a formal recognition for current practice but it would also provide a supportive environment for the training/apprenticing of a new generation of traditional healers.

The Tsi Non''we Ionnakeratsha Ona:grahsta' (Maternal and Child Centre), located on Six Nations Reserve in Ontario, offers a three year full-time diploma degree called the Aboriginal Midwifery Training Programme. This unique programme is offered exclusively to students of Aboriginal ancestry. Courses are a balance between practical midwifery clinical experience, academic courses and traditional teachings. In addition, the clinical practicum takes place at the Maternal and Child Centre on Six Nations. For further information on this programme, contact Julie Wilson, the training centre coordinator at juliewilson@sixnations.com.

³⁰ See http://www.ainc-inac.gc.ca/ch/rcap/sg/sj9_e.html

Do you know someone who wants to become a Midwife?

Visit the Canadian Midwifery Association for a complete listing of all universities in Canada that have midwifery education programs. This site also includes other interesting links.

<http://members.rogers.com/canadianmidwives/home.html>

There is the need for First Nations, Inuit and Métis health care providers, Elders and traditional healers, and government health care regulatory agencies to initiate discussions on an approach and strategy for formally recognizing and remunerating traditional healing practices in the provisions of health care services to Aboriginal communities.

Strategy 10 Traditional healing practices and midwifery need to be recognized, valued and integrated within Aboriginal community health care delivery

We are all aware of the nursing shortage and the problems we have in filling these positions. Once you have the nurse in place, the trick is to keep that nurse. Retention, to me, is as important as recruitment for reasons such as cost effectiveness, continuity of care, progress in preventative programs, a good base for orientation and training, and a climate to facilitate changes – Jean Ahenakew³¹.

A large number of Aboriginal and non-Aboriginal health professionals working with Aboriginal communities work in rural, remote, isolated and northern locations without the back-up and support available to health care providers in urban centres. These working conditions combined with generally lower health status seen with the Aboriginal population have challenged the retention of the health care workforce within these communities. The proportion of physicians per population, for example, in northern regions is equivalent to that experienced in developing countries³². In some First Nations communities, there can be between a 15-53% vacancy rate for nursing positions. In other communities, the shortage of health care professionals has resulted in communities that have been threatened with suspended health care services³³.

Certainly the high turn over rate for health care workers, particularly in remote and isolated communities, can be linked to a high degree of stress, job dissatisfaction and over work. As well, the Canadian Medical Association (CMA) has identified “the breadth of physician’s practice, long working hours, geographic isolation, and lack of professional backup, and lack of access to specialist services as factors contributing to

³¹ Nursing Recruitment and Retention Workshop: Summary Report. Aboriginal Nurses Association of Canada, 2001.

³² Aboriginal Health Human Resources “A Pillar for the Future”, NAHO, 2003. See http://www.naho.ca/english/research_discussion.php

³³ Nursing Recruitment and Retention Workshop: Summary Report. Aboriginal Nurses Association of Canada, 2001.

low levels of recruitment and retention³⁴ of health practitioners in many Aboriginal communities.

Community orientation, communication, and value shown to health care professionals are some steps that can be taken to create a supportive environment for these workers. Giving adequate time off and providing competitive salaries, as well as education leave and career advancement opportunities all lend to better retention practices. Additionally, as part of an inter-professional and collaborative effort at patient care, and in light of the fact that many Aboriginal communities are serviced by non-Aboriginal health professionals, training in cultural competency is of great value as are technological advances that provide professional support.

Opportunities for professional development and remaining current with occupational trends and opportunities for career advancement are critical to the retention of employees in all occupational categories. This is particularly true in health care professions, where remaining up-to-date with the current state of knowledge and having regular opportunities to exchange experiences and challenges with colleagues are central to job performance and job satisfaction. It is not surprising, therefore, that the opportunity for on-going professional development was a priority for Aboriginal nurses in a survey conducted by the Aboriginal Nurses Association of Canada. This need is much more critical for health care providers working in rural or remote Aboriginal communities as these opportunities are not as available as for nurses working in urban centers.

Regardless of the specific discipline, health care providers working in the context of First Nation, Inuit or Métis communities also have the added challenges associated with poorer population health characteristics and the need to develop culturally appropriate and therefore culturally safe health care delivery models.

Professional associations, Aboriginal health care employer groups, government, and educational institutions are working in partnership to develop discipline-specific professional development courses and seminars to meet the needs of Aboriginal health care workers. These programs are funded by federal, provincial and territorial governments and employers. A listings document entitled “Who’s Doing What: An Environmental Scan of Select Provincial, National, and International Health-related Organization/Initiatives that may influence Aboriginal Health Policy” provides a comprehensive listing of organizations across Canada which can be tapped into for continuing education workshops, seminars and conferences. This document is on the NAHO Web site or can be viewed directly at <http://www.naho.ca/english/pdf/WhosDoingWhat2002.pdf>.

There are many health professional organizations across Canada. These are good places to begin research around continuing education opportunities. The following table provides a few of the organizations related to medicine, midwifery, nutrition and nursing.

³⁴ Aboriginal Health Human Resources “A Pillar for the Future”, NAHO, 2003. See http://www.naho.ca/english/research_discussion.php

National Health Professional Organizations	Web sites
Association of Faculties of Medicine in Canada	http://www.afmc.ca/index.php
Association of Canadian Academic Healthcare Organizations	http://www.acao.org/main.html
Canadian Association of Medical Education	http://www.came-acem.ca/
Canadian Post M.D. Education Registry	http://www.caper.ca/Main.html
Canadian Association of Internes and Residents	http://www.cair.ca/
Canadian Federation of Medical Students	http://www.cfms.org/
College of Family Physicians of Canada	http://www.cfpc.ca/English/cfpc/home/default.asp?s=1
Canadian Medical Association	http://www.cma.ca/index.cfm/ci_id/221/la_id/1.htm
Medical Council of Canada	http://www.mcc.ca/english/news/index.html
Royal College of Physicians and Surgeons of Canada	http://rcpsc.medical.org/index.php?pass=1
Indigenous Physicians Association of Canada (IPAC)	No Web site President Dr. Rose Lenser
Canadian Midwifery Association	http://members.rogers.com/canadianmidwives/home.html
Dietitians of Canada	http://www.dietitians.ca/
Centre for Indigenous Nutrition and Environment	http://www.cine.mcgill.ca/
Aboriginal Nurses Association of Canada	http://www.anac.on.ca/
Canadian Nurses Foundation	http://www.canadiannursesfoundation.com/recipients.htm
Canadian Nurses Association	http://www.cna-nurses.ca/default.htm
Canadian Practical Nurses Association	http://www.cpna.ca/
Canadian Federation of Mental Health Nurses	http://cfmhn.org/

In addition, there are many distance-learning opportunities for health professionals that are provided through different learning institutions, colleges and universities. Depending on interests and field of work, health professionals will need to look into programs, diplomas and courses available on-line. For nurses, the Office of Nursing Service within the First Nations and Inuit Health Branch at Health Canada is a good starting place. For more information, please see: <http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/ons/nursing/index.htm>.

The Ajunnginiq Centre at NAHO has posted links to a variety of Canadian post-secondary schools that offer online education. See:

http://www.naho.ca/qaigitsi/english/online_learning.php

Technological advances offer some remedies to retention rates and are being used to provide real-time professional support to health care providers working in remote locations. Government health agencies and the private sector must also work together to ensure that new technology is adapted to support remote health care staff where and when possible. In support of this, Aboriginal health care staff must receive training and support in the use of these technologies.

This use of technology itself will not solve the problem. A renewed focus on establishing proper support and management practices for health care workers must be adopted with the health care system.

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.

The development and accreditation of Aboriginal health delivery curriculum that incorporates traditional healing and wellness principles as well as cultural competency and cultural safety in the delivery of health care services to Aboriginal Peoples and communities is needed – Participant, Aboriginal Expert Roundtable on Aboriginal Health Careers, 2003

The first step to achieving cultural safety in health care provision to Aboriginal communities is to develop curriculum in academic institutions geared toward the creation of mandatory full-year courses dedicated to educating both Aboriginal and non-Aboriginal students to be culturally safe. In so doing, collaboration amongst practicing health professionals and curriculum coordinators from the post-secondary level is necessary.

Example of Culturally Safe Care

A health worker presents a course of action. The patient/client says she can't move forward without discussing it with her husband first. In the health worker's view this is a personal decision that shouldn't require discussion with a partner. However, the client's life context and values are different. The health worker must understand this: "Good, you discuss it with him ...can you come by again tomorrow and let me know? Then we can discuss the details."

Development of affirmative action programs to increase the number of Aboriginal students entering post-secondary health education programs like that adopted at UBC would be a step forward. Cultural safety refers to the delivery of health services in such a way that people receiving care feel that their beliefs, behaviours, and values, are respected and paid attention to. In trying to understand this concept, it can be helpful to learn what culturally unsafe practice is. According to the Nursing Council of New Zealand, unsafe care

involves "Any actions which diminish demean or disempower the cultural well-being of an individual."

There is a growing recognition of the importance of culturally safe care in improving the health outcomes of First Nations, Inuit and Métis peoples in Canada. The health status of Canadian Aboriginal peoples is well below the national standard and that of non-Aboriginal people³⁵. The experience of many Aboriginal People with the mainstream health care system has been negative. Cultural differences and the inability of health practitioners to appropriately address these differences have contributed toward high rates of non-compliance, reluctance to visit mainstream health facilities even when service is needed, feelings of disrespect and alienation³⁶. When culturally appropriate or safe care is provided, patients respond better to the care and this can have a significant impact on the health of the individual.

Cultural safety involves the recognition of the health practitioner as the bearer of his/her own culture and attitudes. Every health encounter involves the meeting of two distinct cultures- that of the health professional and that of the client.

It also involves the recognition that health practitioners consciously/unconsciously exercise power over patients. Thus, culturally safe care involves recognition of the power imbalances that exist between the health provider and client.

The development of respect toward others is vital for the development of cultural safety³⁷. The need for respect is nurtured in education and required in practice when practitioners encounter differences in beliefs, rituals, speech, symbols, power status, gender, ethnicity, or sexual orientation. While the health practitioner does not need to approve of differences that are present, respect is essential if cultural competency is to be demonstrated in practice. Safe care is defined by those receiving the service. This can happen when trust is established between health care provider and client.

Handbook for Culturally Responsive Science Curriculum

This handbook was developed by Sidney Stephens and was published by the Science Consortium and the Rural Systemic Initiative. The Alaska Department of Education developed a standards-based, culturally relevant curriculum that effectively integrated Indigenous and Western knowledge around science topics and involved Elders, teachers, community leaders and others.

<http://www.ankn.uaf.edu/handbook/front.html>

Surveys conducted by NAHO of Aboriginal health curriculum content in Canadian medical and nursing schools reveal that there is an absence of Aboriginal health curriculum.

Cultural safety curriculum involves a focus on teaching

³⁵ Shah, C.P., Svoboda, T. and Goel, S. The Visiting Lectureship on Aboriginal Health: An Educational Initiative at the University of Toronto. Canadian Journal of Public Health, July-August 1996, Vol 87(4).

³⁶ NAHO. "Analysis of Aboriginal Health Careers Education and Training Opportunities", January 2003, pp. 39-41.

³⁷ Dienemann, J. (1997b). Cultural diversity in nursing: Issues, strategies and outcomes. In N. Chrisman, & P. Schultz (Eds.), *Transforming health care through cultural competence training*. Washington, DC: American Academy of Nursing.

students in health careers about the history of colonization and its impact on the current health conditions of Aboriginal peoples. All students should learn about the determinants of health- social, economic, historical, and political. What makes cultural safety unique from other types of cultural competency training is the emphasis placed on “self-exploration.” Students are required to evaluate what they are bringing to the health encounter in terms of their own “invisible baggage”- i.e. metaphors, beliefs, assumptions and values.

It is important to note that cultural safety education is a necessary component of the training of both Aboriginal and non-Aboriginal students, regardless of the region they wish to practice. The reality is that increasing numbers of Aboriginal peoples are moving to urban centers and as a result, an understanding by all members of the health community of the unique health situation facing this population is crucial.

In developing appropriate cultural safety curriculum, there is a need for curriculum coordinators and interested parties to collaborate with each other in creating curriculum that both fits into the existing program and that meets the objective of educating students to be culturally safe health care practitioners.

There are a number of universities who are leaders in the area of promoting cultural safety curriculum. In the area of undergraduate medical schools, McMaster Universities’ “Aboriginal Health Elective” credit introduced by Dr. Todd Young can serve as an excellent model of what is important to include about Aboriginal health and how to teach students about these issues. In addition, the University of Toronto offers a course entitled “The Politics of Aboriginal Health,” instructed by Dr. Rebecca Hagey that uses a variety of media including readings, videos, personal reflection and class discussion with the aim that students gain a greater understanding of the legacy of colonialism and its effect on the current socio-economic, environmental and health issues facing Aboriginal people in Canada.

In terms of nursing curriculum, the University of Saskatchewan offers a course called “NURS 483.3 Cultural Diversity and Aboriginal Health” that includes many of the important elements in teaching about cultural safety. Overall, the University of Victoria is a leader in promoting the ideas of cultural safety and is continuing to develop curriculum to respond to the needs of diverse populations in Canada. One upper level nursing elective, for example, reflects this and is aptly called “Culture and Health.” This course teaches about culturally safe nursing practice. The University of Victoria has recognized the need for the creation of cultural safe learning environments as an important part of the retention efforts geared toward Aboriginal students.

The delivery of culturally competent curriculum and training to health professionals has a number of positive consequences. Firstly, it can improve chances of retention of the health professional in the community. If a professional serves a community in a culturally safe way, he or she will be better received by the community and more than likely, will be more comfortable working there.

NAHO has engaged in the early development phase of a Summer Institute on Aboriginal Health to serve as a training workshop for physicians, nurses, and other health care providers in the field to develop skills in providing culturally safe care. Additionally, partnerships with other health professional organizations such as the Royal College of Physicians and Surgeons of Canada have explored the need for cultural competency and safety within the accreditation process. It was found that such changes to the accreditation process would lead to the development of standards of care specific to Aboriginal health, and health needs.

Strategy 12 Cultural Safety must be promoted in health care provision to Aboriginal peoples through the training and utilization of culturally competent health professionals

Concluding Remarks

In sum, systemic and strategic changes must be made from the ground level up to the national level in order to increase the numbers of First Nation, Métis, and Inuit in the health professions. These strategies need to include the participation of parents, families and communities, local health care role models, as well as early childhood exposure and preparation to pursue health career options. Federal, provincial, and territorial governments must also make the financial commitment to recruit and retain Aboriginal peoples within health professions. Making choices relevant to students can be accomplished through career information and counseling, tutoring, summer camps and the incorporation of traditional knowledge into science-based learning. School based programs which increase awareness of the range of health careers that are possible, promote goal setting and provide direction and counselling on the choice of courses are required to prepare for admission into these post-secondary programs. Post-secondary institutions need to be prepared and flexible through access programs, support services, and financial accommodations if they are to recruit and retain their Aboriginal health career student body. Similarly, once the Aboriginal health professionals enter the workforce, they also need support systems in place to value and retain them.

The Strategic Framework identified twelve strategies to recruit and retain First Nations, Inuit and Métis within health careers. They 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, Aboriginal languages, and traditional teaching approaches need to be incorporated within school programming. These changes would help to improve 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 can 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 professional support environments, networks, resources and support services for Aboriginal and non-Aboriginal health care workers in rural, remote, isolate and northern Aboriginal communities
- Strategy 12** Cultural safety must be promoted in health care provision to Aboriginal peoples through the training and utilization of cultural competent health professionals

The next steps:

The goals set out in this strategic framework require discussion, debate and additional planning in order to determine the best process for moving forward on a range of fronts. As part of NAHO's commitment to increasing of First Nations, Inuit and Métis within health careers and to retaining those already working within health careers, a Summer Institute on Aboriginal Health is in development phase which would look to:

- Community capacity building on piloting sections of the Strategic Framework
 - School based career awareness/orientation programs
 - Community-based health career promotional programs

- Science camps with a health focus
 - Nursing summer camps – for existing nurses and students
- Training health professionals in cultural competency and safety
- Research roundtables on goals related to education, recruitment and retention
 - Research is required to determine legislative changes required to fully integrate traditional healing practices into local health care delivery for First Nations, Inuit and Métis communities
 - Research is required to identify funding sources to support the planning activities required to undertake the detailed planning required implementing the goals outlined in this strategic framework.
- Professionals and community-based health promotion activities

Quick Glance Reference Page

ORGANIZATIONS

Aboriginal Human Resource Development Council of Canada
<http://www.ahrdcc.com/en/view.php?page=home>

Aboriginal Nutrition Network
<http://www.nutritioncareerinfo.ca>

Association of Canadian Medical Colleges
<http://www.acmc.ca>

Association of Faculties of Medicine in Canada
<http://www.afmc.ca/pages/faculties.html>

Building Environmental Aboriginal Resources
<http://www.beahr.com>

Canadian Midwifery Association
<http://members.rogers.com/canadianmidwives/home.html>

First Nations and Inuit Health Branch
<http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/branch.htm>

Information Centre on Aboriginal Peoples Health
<http://www.ica.hk>

Institute on Aboriginal Peoples Health
<http://www.cihr-irsc.gc.ca/e/8668.html>

Métis National Youth Advisory Council
<http://www.metisyouth.com>

Métis Provincial Council of British Columbia
http://www.mpcbc.bc.ca/health/health_careers.html

National Aboriginal Health Organization
<http://www.naho.ca>

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

NAHO First Nations Centre
http://www.naho.ca/firstnations/english/welcome_page.php

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