



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

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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
SIAST	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 peoples<sup>1</sup>. 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, 2003<sup>2</sup>.

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

<sup>2</sup> 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/](http://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.

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

**Ajunnginiq Centre - AC**  
**[http://www.naho.ca/inuit/english/about\\_us.php](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.<sup>3</sup>

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 categories<sup>4</sup>. 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

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<sup>3</sup> *ibid.* pg. 4

<sup>4</sup> 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**

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

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."<sup>6</sup>

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."<sup>7</sup> 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.

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<sup>5</sup> *ibid.* pg 6

<sup>6</sup> *ibid.* p.7

<sup>7</sup> *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 physically<sup>8</sup>...*

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 Canadians<sup>9</sup>. 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 framework<sup>10</sup>. 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

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<sup>8</sup> 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](http://www.ainc-inac.gc.ca/ps/edu/finre/bac_e.html)

<sup>9</sup> 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.

<sup>10</sup> The full report can be viewed at [http://www.ainc-inac.gc.ca/ps/edu/finre/ouchi\\_e.pdf](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 workforce<sup>11</sup>. As it stands, the Aboriginal population in Canada has much lower education levels than the general population<sup>12</sup>. The drop out rate amongst Aboriginal high school students in some communities has reached 70%<sup>13</sup>. 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."<sup>14</sup>

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:

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<sup>11</sup> 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](http://www.umanitoba.ca/nursing/research/aboriginal_nursing.pdf)

<sup>12</sup> See Statistics Canada Aboriginal Population Profiles, 2001 Census

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

<sup>14</sup> 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<sup>15</sup>,”

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**

<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

<sup>15</sup> 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](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><a href="http://www.saskschools.ca/~rossigno/schooldiv/community">http://www.saskschools.ca/~rossigno/schooldiv/community</a></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><a href="http://amiskwaciy.epsb.net/non-flash/index.html">http://amiskwaciy.epsb.net/non-flash/index.html</a></p>
<p><b>Other references:</b>          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 Ajungniniq 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 motivation<sup>16</sup>."

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.

<sup>16</sup> 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](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 population<sup>17</sup>. 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 children<sup>18</sup>. 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 studies<sup>19</sup>.

**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

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

<sup>18</sup> 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](http://www.ainc-inac.gc.ca/ps/edu/finre/bac_e.html)

<sup>19</sup> "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](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 generations<sup>20</sup>”

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 perspectives<sup>21</sup>. 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 Winds<sup>22</sup>**

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 achievement<sup>23</sup>.

**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.**

<sup>20</sup> 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](http://www.ainc-inac.gc.ca/ps/edu/finre/bac_e.html)

<sup>21</sup> 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>

<sup>22</sup> Ibid, p. 22

<sup>23</sup> 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**

<i>Model Camps for Building Awareness of Health Careers</i>	
<p><b>Health Careers Camp for Elementary Students</b></p> <p>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:</p> <p><a href="http://www.healthservices.gov.bc.ca/ndirect/pdf/KCD_Report_Mar04.pdf">http://www.healthservices.gov.bc.ca/ndirect/pdf/KCD_Report_Mar04.pdf</a></p>	<p><b>Summer Camp for Secondary School Students</b></p> <p>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:</p> <p><a href="http://www.health-sciences.ubc.ca/iah/summerscience.html">http://www.health-sciences.ubc.ca/iah/summerscience.html</a></p>

**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 attainable<sup>24</sup>
- 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](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>**

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<sup>24</sup> “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](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](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**

<i>Models of Community-based Partnerships to Promote Health Careers</i>	
<p><b>Aboriginal Nutrition Network</b></p> <p>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: <a href="http://www.nutritioncareerinfo.ca/">http://www.nutritioncareerinfo.ca/</a>. 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.</p>	<p><b>Nasivvik Centre for Inuit Health and Changing Environments</b></p> <p>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: <a href="http://www.nasivvik.ulaval.ca/">http://www.nasivvik.ulaval.ca/</a></p>

*“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 students<sup>25</sup>
- 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 applicants<sup>26</sup>. 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 (SIASST), 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 SIASST 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.<sup>27</sup>

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

<sup>25</sup> NAHO. Analysis of Health Careers Education and Training Opportunities, p 50

<sup>26</sup> 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>

<sup>27</sup> *ibid.*

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 cultures<sup>28</sup>.

**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

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<sup>28</sup> 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	<a href="http://www.nac.nu.ca/">http://www.nac.nu.ca/</a>	Dorothy Tootoo dtootoo@nac.nu.ca
Arctic College	<a href="http://www.auroracollege.nt.ca">http://www.auroracollege.nt.ca</a>	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	<a href="http://www.cna.nl.ca/">http://www.cna.nl.ca/</a>	
McGill University	<a href="http://www.mcgill.ca/">http://www.mcgill.ca/</a>	See other Aboriginal services: <a href="http://www.mcgill.ca/fph/">http://www.mcgill.ca/fph/</a>
Dalhousie University	<a href="http://www.dal.ca/">http://www.dal.ca/</a>	Florestine Bird Florestine.Bird@dal.ca
University of Victoria	<a href="http://www.uvic.ca/">http://www.uvic.ca/</a>	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](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>**

<b>Strategy 8    Promote the development of post-secondary education programs and access programs for Aboriginal students entering health-related fields</b>
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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 Métis<sup>29</sup> training and education organizations need to develop a plan to:

- Eliminate existing funding disparities

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<sup>29</sup> 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.

<b>Strategy 9    Promote financial support for post-secondary health career education for Aboriginal students</b>
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<b>Funding Opportunities – Bursaries, Scholarships</b>	
Métis Provincial Council of British Columbia Health Career opportunities with financial support are being offered to students by the Métis	The <b>First Nations SchoolNet</b> , 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:  <a href="http://www.mpcbc.bc.ca/health/health_careers.html">http://www.mpcbc.bc.ca/health/health_careers.html</a></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><a href="http://www.schoolnet.ca/aboriginal/e/help_desk_e.asp">http://www.schoolnet.ca/aboriginal/e/help_desk_e.asp</a></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  <a href="http://www.naaf.ca/health.html">http://www.naaf.ca/health.html</a></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  <a href="http://www.bcfm.org/altfunding/CCAP%20JUNE%202002.pdf">http://www.bcfm.org/altfunding/CCAP%20JUNE%202002.pdf</a></p>
<p>Visit NAHO's Information Centre on Aboriginal Health under scholarships and bursaries at  <a href="http://www.ica.h.ca">http://www.ica.h.ca</a> and see the new Qaigitsi Database of funding created by the Ajunnginiq Centre at  <a href="http://www.naho.ca/qaigitsi/english/funding.php">http://www.naho.ca/qaigitsi/english/funding.php</a></p>	<p>INAC has a Web site dedicated to bursaries and scholarships at:  <a href="http://sdiprod1.inac.gc.ca/abs/main.asp?lang=E">http://sdiprod1.inac.gc.ca/abs/main.asp?lang=E</a></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](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:

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

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/kecdc.htm>

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](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 delivery<sup>30</sup>. 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](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](mailto:juliewilson@sixnations.com).

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<sup>30</sup> See [http://www.ainc-inac.gc.ca/ch/rcap/sg/sj9\\_e.html](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 Ahenakew<sup>31</sup>.*

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 countries<sup>32</sup>. 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 services<sup>33</sup>.

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

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

<sup>32</sup> Aboriginal Health Human Resources “A Pillar for the Future”, NAHO, 2003. See [http://www.naho.ca/english/research\\_discussion.php](http://www.naho.ca/english/research_discussion.php)

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

low levels of recruitment and retention<sup>34</sup> 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.

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<sup>34</sup> Aboriginal Health Human Resources “A Pillar for the Future”, NAHO, 2003. See [http://www.naho.ca/english/research\\_discussion.php](http://www.naho.ca/english/research_discussion.php)



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

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](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 people<sup>35</sup>. 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 alienation<sup>36</sup>. 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 safety<sup>37</sup>. 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

<sup>35</sup> 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).

<sup>36</sup> NAHO. “Analysis of Aboriginal Health Careers Education and Training Opportunities”, January 2003, pp. 39-41.

<sup>37</sup> 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.h.ca>

Institute on Aboriginal Peoples Health  
<http://www.cih-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](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](http://www.naho.ca/inuit/english/about_us.php)

NAHO First Nations Centre  
[http://www.naho.ca/firstnations/english/welcome\\_page.php](http://www.naho.ca/firstnations/english/welcome_page.php)

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



## **REPORTS**

Consortium Working Together to Improve Aboriginal Health Education  
<http://www.health-sciences.ubc.ca/iah/consortium/cover.html>

Kwantlen Capacity Development Camp: Final Project Report  
Kwantlen University College  
[http://www.healthservices.gov.bc.ca/ndirect/pdf/KCD\\_Report\\_Mar04.pdf](http://www.healthservices.gov.bc.ca/ndirect/pdf/KCD_Report_Mar04.pdf)

Six Nations 2020 Vision Report  
<http://www.grpseo.org/2020VisionRoundTableReport.htm>

## **EDUCATIONAL RESOURCES**

Aboriginal Role Models in Science & Technology  
First Nations University of Canada  
<http://www.firstnationsuniversity.ca/science/Role/rolemodel.html>

Ahkwasasne Mohawk Board of Education: A Science Fairs Manual  
<http://www.cnwl.igs.net/~ams/science.htm>

Canadian Catalogue of Aboriginal Programs  
Federal Treaty Negotiation Office  
<http://www.bcfm.org/altfunding/CCAP%20JUNE%202002.pdf>

Canadian Space Agency Project  
Joamie School: Iqaluit, Nunavut  
[http://www.space.gc.ca/asc/eng/youth\\_educators/kidspace/kidspace.asp](http://www.space.gc.ca/asc/eng/youth_educators/kidspace/kidspace.asp)

Cradleboard Teaching Project  
<http://www.cradleboard.org/main.html>

Handbook for Culturally Responsive Science Curriculum  
Alaska Science Consortium and the Alaska Rural Systemic Initiative  
<http://www.ankn.uaf.edu/handbook/front.html>

Métis Nation of Ontario Training Initiatives  
<http://www.metisnation.org/programs/MNOTI/home.html>

Métis Provincial Council of British Columbia  
<http://www.mpcbc.bc.ca/education/education.html>

Role Model Handbook  
First Nations Education Centre in British Columbia  
<http://www.cmsd.bc.ca/Schools/FNEC/rm.html>

## **EDUCATIONAL INSTITUTES AND PROGRAMS**

Birthing Centre in Povungnituk, Nunavik  
[http://www.inuulitsivik.ca/aa\\_sages\\_femmes\\_e.htm](http://www.inuulitsivik.ca/aa_sages_femmes_e.htm)

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

College of the North Atlantic  
<http://www.cna.nl.ca/>

Dumont Technical Institute  
<http://www.gdins.org/DTI.shtml>

Ile-a-la Crosse Métis Alternate Education Program  
Ile-a-la Crosse School Division No. 112  
<http://www.saskschools.ca/~rossigno/schooldiv/community/>

Institute of Aboriginal Health Summer Science Program  
University of British Columbia  
<http://www.health-sciences.ubc.ca/iah/summerscience.html>

Nasivvik Centre for Inuit Health and Changing Environments and Laval University  
<http://www.nasivvik.ulaval.ca/>

Native Access to Engineering Program  
<http://www.nativeaccess.com>

SIFC Health Careers, Math and Science Camp  
First Nations University of Canada  
<http://www.firstnationsuniversity.ca/science/CampInformation.htm>

University of Alberta - Faculty of Medicine and Dentistry  
<http://www.med.ualberta.ca/education/aboriginal.cfm>

University of British Columbia Medical School  
<http://www.health-sciences.ubc.ca/iah/proposal.html>

## **OTHER SITES**

Aboriginal Human Resources Development Strategy  
<http://www17.hrdc-drhc.gc.ca/ARO-BRA/ARO.cfm>

Canadian Education on the Web  
Ontario Institute for Studies in Education of the University of Toronto  
<http://www.oise.utoronto.ca/canedweb/eduweb.html>

First Nations Communities and Tribal Councils  
[http://sdiproduct2.inac.gc.ca/FNProfiles/FNProfiles\\_home.htm](http://sdiproduct2.inac.gc.ca/FNProfiles/FNProfiles_home.htm)

First Nations SchoolNet  
[http://www.schoolnet.ca/aboriginal/e/help\\_desk\\_e.asp](http://www.schoolnet.ca/aboriginal/e/help_desk_e.asp)

Pan-Canadian Health Human Resource Planning  
<http://www.hc-sc.gc.ca/english/hhr/planning/index.html>