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# ABORIGINAL HEALTH HUMAN RESOURCES IN ONTARIO:

## A CURRENT SNAPSHOT

## FINAL REPORT



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*Disclaimer:*

*Health Canada, First Nations and Inuit Health Branch, Ontario Region ("FNIH - Ontario Region") collaborated with Ontario First Nations to circulate a questionnaire on Aboriginal Health Human Resources, that was distributed by Ontario Political Territorial Organizations ("PTO") and Independent First Nations (AIAI, UOI, GCT#3, NAN, IFN) to all Ontario First Nations in 2007. Of the then 134 First Nations in Ontario, 96 responded to the questionnaire. The PTO's and Independent First Nations submitted the responses to FNIH - Ontario Region, which agreed to summarize the questionnaire results.*

*FNIH - Ontario Region issued a call for proposals to summarize and analyze the questionnaire results, and to conduct a scan on Aboriginal Health Human Resources in Ontario.*

*The Centre for Rural and Northern Health Research at Lakehead University (the "Centre") submitted the successful proposal and prepared a report as requested by FNIH - Ontario Region. Among other things, the report summarizes and analyzes the questionnaire results, presents information from a literature review, a data review, and relevant stakeholders, including universities, colleges, and Aboriginal and non-Aboriginal health care providers. The Centre submitted an initial draft report to FNIH - Ontario Region in June 2007. A revised draft was circulated to Ontario PTO's and Independent First Nations for review, comment, and feedback in July 2007.*

*The original questionnaire was endorsed by Ontario First Nations, as represented by the PTO's and Independent First Nations. However, the Chiefs of Ontario have requested that it be made known to the reader of the report that the literature review, program scan, and analysis contained in the report, prepared by the Centre, did not involve collaboration with Ontario First Nations and, therefore, did not reflect the Ownership Control Access and Possession ("OCAP") principles of First Nations.*

*FNIH - Ontario Region will be distributing the report for information purposes only. Though the research process was not managed by First Nations, the content of the report may still prove useful for some First Nations in Ontario planning Health Human Resources activities and related functions.*

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*Any inquiries regarding the report should be directed to the Centre research team.*

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## MAIN MESSAGES

- ◆ Identifying the Aboriginal people who are training or already working as health care providers in Ontario is virtually impossible. Education institutions and health care employers do not assign unique identifiers by ethnicity to students or workers.
- ◆ There are a wide range of health education options available to Aboriginal people, geared to various interests, backgrounds and levels of preparation. Learning needs are accommodated through transitional programs, work placements and distance education modes of delivery. And there is fairly extensive cooperation between Indigenous educational institutes and community colleges offering paraprofessional training.
- ◆ Some 80 per cent of all First Nation health system jobs are occupied by individuals of Aboriginal heritage, although First Nations/First Nations/Aboriginal people are not well-represented in nursing and other high-skilled positions. Encouraging more Aboriginals to pursue careers as health professionals requires a long-term, multi-pronged approach – not only focussing on youth, but also mature adults. As well, there



should be career laddering that allows paraprofessionals to move into more complex caregiving roles.

- ◆ An apparent paradox exists with regard to job stability. While about 60 per cent of employees have been in their position for more than two years, there is high turnover in some positions and a substantial number of vacant positions, especially in disciplines like nursing.
- ◆ Funding shortfalls are blamed for some of the recruitment and retention problems. Where program funding is fixed, the human resource side of budgets gets squeezed when other costs rise; this leads to capped salaries and sometimes in reducing jobs to part-time. Investment is required to make First Nation work environments attractive and competitive.

## EXECUTIVE SUMMARY

Getting their health human resource profile right – the right providers, the right mix, the right number – is a challenge for First Nation communities and a goal for Health Canada. To better understand the present situation in Ontario, First Nations and Inuit Health's (FNIH) regional office commissioned an environmental scan to determine: the current number, mix, and distribution of health care workers; what health education and training programs are available for Aboriginal people; what education programs and initiatives are available to foster cultural competence among those serving a First Nations clientele; what is known about the number of Aboriginal students currently enrolled in a health education program; what is known about recent Aboriginal graduates and their work destinations; and, what is known about the retention of health care providers.

The scan looked for sources of information and health human resources data, considered their shortcomings, and identified key employment and training issues. The study involved five activities, around which the report is organized:

1. Review of the Ontario-specific literature available on Aboriginal health human resource issues;



2. Search for data sources regarding First Nations/Aboriginal individuals employed in health careers or enrolled in health education programs;
3. Compilation of information about Aboriginal-specific health education and training programs, as well as the financial assistance available to Aboriginal students;
4. Analysis of information reported in FNIH's comprehensive, province-wide First Nations Community-Specific Questionnaire on health human resources; and
5. Survey of educators and employers key informants representing the key organizations which delivery health care education and services to Ontario's First Nations/ Aboriginal communities.

## Ontario Literature Review

The Ontario literature is limited in quantity and focussed on the situation in northern parts of the province, an area where finding adequate and appropriate health workers has been a long-standing problem. Consequently much of what has been written is deficit-oriented: recruitment and retention difficulties; consequences of rapid staff turnover, and lack of access to specialists. Recent publications, moreover, show that health human resource problems have not been resolved:

- ◆ In 2004, it was still not uncommon for one-third of the funded nursing positions to be unfilled at any given time.

- ◆ Another survey showed that only 26 nurses of Aboriginal ancestry were registered in the province and working in rural or remote areas.
- ◆ There were just 16 Aboriginal-identified medical students in Ontario at that time -- and only 12 practising physicians where ideally there should have been at least 375 of them.

## Data Review

Our search for data on First Nations/Aboriginal people working as health care providers or training for health careers located very little information. Educational institutions and employers do not assign unique identifiers by ethnicity to students or workers. While there is some enrollment information collected by Aboriginal Institutes, colleges and universities who deliver Aboriginal-specific programs, most of this is regarded as internal and is not accessible. The only exception is the information published by the Ministry of Training, Colleges and Universities on Aboriginal paraprofessional programs delivered through Ontario's community colleges:

- ◆ The most recent survey available, for graduates in the 2004 – 2005 academic year, shows a total of 48 graduates from the Native Community Worker and 17 from the Native Child and Family Worker programs.



## Education and Training Programs

How best to prepare people, both Aboriginal and non-Aboriginal, to practice in a culturally competent way is subject of debate among educators and First Nations; should the required content be integrated across health science curricula, or delivered in separate and distinct modules? Similarly, are skills in transcultural practice transferable and therefore sufficient, or is Aboriginal group-specific knowledge essential for effective care giving? Recruiting more Aboriginal people into the health professions was a topic of recurring interest; it is noted that their assumed cultural competence may not be as great as expected because of differing tribal traditions, however. However, our scan revealed:

- ◆ 67 separate and distinct Aboriginal relevant health education programs are currently available in Ontario, offered through innovative partnerships between Indigenous institutes, community colleges and, to a lesser extent, universities.
- ◆ There are also 16 preparatory programs to help Aboriginal people successfully make the transition back to school, or into more advanced levels of study. While many are not health-career specific, they offer foundational skills and to underscore the extent to which Ontario's educational system is moving to accommodate Aboriginal learners.
- ◆ There also are examples of innovative Aboriginal-specific programming, such as Ontario's "fast-track" registered practical nursing programs, such as the Six Nations Polytechnic/ Mohawk College program, which are designed to overcome the practical nurse shortage that exists in the long-term care sector in First Nation communities, both in the north and south.



- ◆ There are 63 Aboriginal scholarships and bursaries dedicated to health careers, 15 were in nursing, 9 in human services, and 5 each in environmental studies and social work, respectively.

## Results of the First Nations Community-Specific Questionnaire

First Nations Inuit Health collaborated with PTOs to gather information from communities on health human resources. A questionnaire was sent to 134 First Nations in Ontario in late 2006. Some 94 community surveys were returned to First Nations Inuit Health and analysed. Based on the survey responses, some 1513 individuals in Ontario were engaged in delivering or administering health care services in First Nations. Analysis of the data showed:

- ◆ The health workforce is concentrated in non-isolated First Nations (911 staff), with significant numbers also serving (325) or semi-isolated communities (218).
- ◆ Fewer than 10 per cent of the workforce is employed in remote isolated First Nations (96).
- ◆ Administrative (335) and Home and Community Care (334) employees together make up over 40 per cent of the workforce.
- ◆ About 1 in 4 employees in the total workforce work part-time (351), with concentration in Home and Community Care (120), Other Supports (65), Special Programs (53) and Nursing (50).
- ◆ 149 funded positions, or 10 per cent of the total workforce, were unfilled, with the largest number of vacancies in nursing (33).



- ◆ 75 anticipated retirements during the next five years will add to the vacancy rate, again especially in the nursing field.
- ◆ About 60 per cent of the workforce, or 944 people, had held the same job or position for more than two years.
- ◆ Retention was highest in non-isolated communities (70%) and isolated First Nations (60%), considerably less in remote and semi-isolated locations (50%). Those who stay, however, work alongside a continually changing rotation of short-term staff.
- ◆ 80 per cent of the workforce is staffed by First Nations/ Aboriginal individuals, who predominate in administration, mental health, home and community care and special programs, accounting for more than 90 per cent of the staff in these areas.
- ◆ However, First Nations/ Aboriginal people are not well-represented in nursing and other high-skilled positions.
- ◆ Only 115 First Nations/ Aboriginal nurses, 18 Dental Therapists/Hygienists, 2 Physiotherapists, 3 Speech Pathologists, 3 Environmental Health Officers, 1 Occupational Therapist, 1 Dietician/Nutritionist, and 3 Physicians were currently working in the province at the time of the survey.

### Survey of Educator and Health Care Provider Key Informants

An issue-driven analysis of the key informant survey, augmented with written comments from the First Nations community survey, confirmed that many communities experienced serious and ongoing problems retaining staff, particularly for part-time or contract positions in First Nations/ Aboriginal-specific programs:

- ◆ First Nations/Aboriginal health human resource deficits are especially apparent in less populous remote and rural areas, where "recruitment and retention of both Aboriginal and non-Aboriginal healthcare workers are important issues."
- ◆ Smaller First Nations that had part-time positions to fill do not always have sufficient resources to offer First Nations/Aboriginal candidates full-time employment, or salary and benefits packages which were available elsewhere.
- ◆ Recruitment of First Nations/Aboriginal caregivers is constrained by the fact that relatively few First Nations/Aboriginal people have the advanced levels of education required for highly-skilled health sector jobs – as physicians, nurses, pharmacists, therapists, or social workers – and those First Nations/Aboriginal people who are better educated often pursue opportunities elsewhere.
- ◆ There is agreement that recruitment efforts needed to start earlier, ideally in elementary school, rather than in the last year of high school.
- ◆ The First Nations/Aboriginal health workforce could also be improved if mature health care employees were given career laddering opportunities and, if necessary, encouraged to go back to school to enhance their options.
- ◆ There was awareness that First Nations/Aboriginal students often needed "extra support" if they were to succeed in both paraprofessional and professional health programs.
- ◆ Investments in culturally-specific workplace training were viewed as essential components of an effective strategy for building the First Nations/Aboriginal health workforce.
- ◆ As well, there is a need for additional resources to recruit and retain First Nations health care providers to address serious short-term gaps in human resources.



## Summary

Encouraging Aboriginal people to enter health science professions requires a long-term, multi-pronged strategy. Youth in high school can be introduced to opportunities through role modelling, job shadowing and summer student placements; but mature adults need to be lured back to school, as has happened in two communities where several women have trained as practical nurses in order to work with long-term care clients. And those who are already employed – both professionals and paraprofessionals – need to have a chance to keep current through continuing education opportunities provided or funded by their employers. Career-laddering educational opportunities are needed to encourage workers who have already demonstrated their commitment to health and First Nations communities to develop their full potential.

Investments are required to create desirable working conditions which, in turn, will foster staff retention. The list of improvements suggested is long – competitive salaries and benefits, new facilities, updated equipment, electronic health records – and will be expensive. But without them, finding and keeping the *right* health workers may prove as elusive in the future as it has in the past.



## BACKGROUND

Ensuring that First Nation communities have appropriate health care providers -- in sufficient numbers -- has been a longstanding challenge for local Aboriginal health authorities and the federal government. To update their information with respect to this need, Health Canada's First Nations and Inuit Health Branch initiated an environmental scan on Aboriginal Health Human Resources for the Ontario Region. The project as outlined below, answered six broad questions:

- (i) What do we know about the number, mix and distribution of Aboriginal and non-Aboriginal health care workers currently providing services to First Nations communities?
- (ii) What is the nature of the health education and training programs available to First Nations peoples across the province?
- (iii) What types of health education programs and initiatives are available to enhance the cultural competence of health care workers, both Aboriginal and non-Aboriginal, serving First Nations in Ontario?
- (iv) What do we know about the number of Aboriginal participants currently enrolled in health education and training programs, both Aboriginal-specific and those open to all students?
- (v) What do we know about the number of recent Aboriginal graduates and their work destinations? and,
- (vi) What do we know about the retention rates of health care providers serving Ontario First Nations?



## Objectives

The project objectives, developed and delivered in consultation with representatives of Health Canada's First Nations and Inuit Health Branch, were to: (a) identify sources of information and data that will provide Health Canada with an overview of the current health human resource issues affecting Ontario's First Nations Communities; (b) identify shortcomings in the information and data currently available and ways to address these gaps; and (c) explore health human resources employment, education and training issues for Aboriginal and non-Aboriginal health care workers who serve First Nations.

## Data Collection Approaches

The research team employed four data collection approaches, involving a document and web-based literature search, review of existing data sources, compilation of published information about education programs and financial supports available to Aboriginal students, and key informant email/telephone surveys of health care providers and educators. These four research activities, along with analysis of FNIH Ontario Region's 2006 community-specific health human resources questionnaire resources, contributed to answering the research questions and meeting the objectives. All research procedures were approved by Lakehead University's Research Ethics Board.

## LITERATURE AND DATA REVIEW

The authors reviewed what has been written about health care workers serving Aboriginal residents, focussing specifically on Ontario. In doing so we extended our quest back to the inception of the key health literature databases in the mid-1980s and carried it through to May 2007. The search, examining both published literature and so-called grey literature from within the health sector, was done using the following electronic databases: PubMed, CINAHL, Health Sciences, and Native Health.

In addition, publically available reports were accessed through the websites of key Aboriginal and non-Aboriginal organizations, agencies and government offices. Specialised search engines were used to facilitate the identification of relevant health human resources data. These included Scirus, Teoma, Google Scholar, and INFOMINE. Sources were selected for the literature review based on their relevance to Aboriginal-specific health human resources, health care education, culturally competent practice for both Aboriginal and non-Aboriginal providers, with an emphasis on locus of service in Ontario.



## Ontario Literature

The literature on health human resources specific to the province, albeit limited in quantity, reflects the content of that found in other Canadian jurisdictions. The critical importance of recruiting and retaining the right people to deliver health services is recognized and many relevant issues are well documented. However, the coverage is far from being either comprehensive or adequate. Although certain populations, including the Cree and Ojibwa of northern Ontario, are subject to numerous articles, comparatively little has been written about those who live off-reserve in rural areas and urban centres, or Métis and those who do not have registered status.

An observation made about Aboriginal health research in Canada, generally, applies to Ontario's health human resource literature specifically. In 2003, Young wrote: "a few prolific research groups have generated a disproportionate amount of publications from a few communities and regions."<sup>1</sup> In this case, a great deal has been written (some of it by the present authors) about the situation in the Sioux Lookout Zone. Given the topic's importance province-wide, it really is surprising that so few Ontario-based researchers have turned their attention to them.

Most of what has been written focuses on problem areas, such as the difficulties of recruiting appropriately prepared caregivers, the consequences of rapid staff turn-over,



and the lack of access to specialists.<sup>2</sup> With a couple of exceptions,<sup>3 4</sup> health human resource success stories remain undocumented. In light of the overall deficit-oriented coverage, it is interesting that questions related to health human resource funding levels, although mentioned, are not discussed to any extent.<sup>5</sup>

With respect to disciplines, nurses have been the principal subjects, as would be expected given their primacy in service delivery, especially in the north (bearing in mind the northern First Nations bent of the literature).<sup>6 7</sup> While striving towards an interdisciplinary team model of care, the system remains heavily nurse-centric and nurse-dependent.<sup>8</sup> The preparation<sup>9</sup> and support<sup>10</sup> of Ontario physicians for their work with Aboriginal clients also receives due attention. As well, several articles focus on the use of paraprofessionals.<sup>11 12</sup> The latter emphasis is highly relevant in light of the systems' dependence on paraprofessional providers; well over 40 per cent of all health sector positions might fall into this category, depending on the level of training and/or certification deemed necessary for such a designation. To date, other professions have been overlooked; only one study on dentistry was found, for example.<sup>13</sup>

## Recruitment and Retention

There are papers and reports documenting the difficulties recruiting health care professionals, particularly in hard-to-serve northern parts of the province, dating back to



the 1970's<sup>14</sup> and continuing through the 1980's.<sup>15</sup> Indeed this emerged as one of the main themes in the report of the Scott-McKay-Bain Health Panel, established in the late 1980's to examine inadequacies in the Sioux Lookout Zone's system of health care. The panel pointed to the high expectations and heavy workloads encountered in isolated community practices, as well as the challenges of cross-cultural caregiving, as disincentives for individuals thinking about coming to, or staying in the north. With regard to the latter, they saw some remedy in recruiting more individuals of Aboriginal heritage into health careers, making note of the then new federally funded Native Nurses Entry Program at Lakehead University.<sup>16</sup>

Some of Health Canada's other efforts to remedy the health human resources shortfall in northern communities have been documented during the ensuing decade-and-a-half. One example was a proposed proximity-based relief strategy wherein nurses from industrial towns in the near north might job-share, both at home and in a neighbouring First Nation community, rotating between positions on a short-term, but on-going basis.<sup>17</sup> Nonetheless, the problems persisted; a paper published in 2004 noted that it was still not uncommon for one-third of the funded First Nations nursing positions to be unfilled at any given time.<sup>18</sup>

Simply put, those charged with filling the positions find it difficult to attract the ideal nurses – ones with appropriate clinical experience, who are aware of the rewards as



well as the challenges they will face practising in a northern First Nation, and are prepared to commit to a reasonable length of stay. As a result local health authorities and the First Nations and Inuit Health Branch are forced to rely on agency nurses to provide vital services, each for a few weeks at a time. One small community reports having had 42 different nurses in-and-out during a one-year period.<sup>19</sup> While they are good nurses, most do not have much orientation to the job they are being asked to do.

The communities also depend on a continually changing rota of visiting physicians.<sup>20</sup> Often these individuals are doing a brief locum; so situations arise like the one in a remote community where patients were seen by six different doctors in a seven month period.<sup>21</sup> It is peoples' perception that there is a stream of ever-changing recent graduates, who make too few, too brief visits.<sup>22</sup> Physician turn-over is also a problem for those from road accessible communities who normally access care in nearby non-Aboriginal communities. The small industrial towns that serve as rural service centres across the mid-north, like similar places elsewhere in the province, face a persistent shortage of general practitioners. This affects all area residents, Aboriginal and non-Aboriginal alike,<sup>23</sup> who may end up with little or no physician coverage for extended periods. Specialists tend to be based in larger centres; access requires travel and wait times become a concern, as do quality of care issues. Specialists may be unaware of the limitations for follow-up care possible in their patients' home communities and, as a result,



prescribe undoable treatment regimens.<sup>24</sup> There is a paucity of providers in other categories. For example, there is no community dietician in the 28 fly-in communities of the Sioux Lookout Zone.<sup>25</sup>

## Health Human Resource Turnover: Consequences

During a period of severe nursing and physician shortages and high turnover in one cluster of three northern communities, a doctor providing locum services prepared a report for the local health authority based on a review of client's charts. In it he documented the results of the health human resource crisis: sporadic and inconsistent care; client backlogs; patients "lost in the shuffle" of referrals; lack of follow-up education for clients with serious diagnoses; and significant barriers to the flow of client information.<sup>26</sup> Add to these the fact that people, tired of repeating their medical history to continually changing faces, discontinue a needed course of treatment.<sup>27</sup> Or they assume, since they told the last doctor or nurse about their symptoms that the information has been passed along to this one. And it likely is recorded in their chart, but because of time pressures, care providers may make clinical decisions based on the presenting symptoms and oral accounts, expecting that the patients have told them everything that is relevant.<sup>28</sup>

When clinics are short-handed, pressing demands for acute care are attend to, but at the expense of health prevention and promotion activities like well-women's clinics. The



latter type of activities are shunted aside until there is time or sufficient staff to deal with them.<sup>29</sup> Meanwhile the clinical workload is redistributed to the remaining staff (a recipe for burnout), who also find themselves having to spend time orienting short-term relief staff to the job. Even then, the “newbies” lack of knowledge about procedures can undermine patient care. A long-time nurse from a fly-in community reported returning from her vacation to find 68 people whose medications had been used up and not replaced (which normally takes two weeks). The nurse filling in for her had not reordered the drugs because she did not know the process for doing so.<sup>30</sup> Essentially, relief staff struggle to keep up with the cases walking through the door; they deal with what is obvious, but do not necessarily consider interventions in terms of the person’s complete medical history or health status. In sum, because the caregivers are short-term, the care horizon is also.<sup>31</sup>

### **Aboriginal Caregivers: Recruitment and Training**

It is widely believed that recruitment and retention difficulties would be lessened if there were more health professionals of Aboriginal heritage to draw upon. Further, that the presence of First Nation, Inuit and Métis in these roles would foster more culturally competent care and increase their people’s willingness to access health services.<sup>32</sup> In 1996, Canada’s Royal Commission on Aboriginal Peoples called for intensive efforts to increase the number of Aboriginals in the nation’s health work force to 10,000 in ten years,<sup>33</sup> which



would be a ten-fold increase. Eight years later, the federal government finally committed to spending one hundred million dollars over five years to train Aboriginal health professionals. To grasp the magnitude of the challenge, however, consider that there were just 16 Aboriginal-identified medical students in Ontario at the time of the announcement in 2004 -- and only 12 practising physicians where ideally there should have been at least 375 of them.<sup>34</sup> Another survey showed that only 26 nurses of Aboriginal ancestry were registered in the province and working in rural or remote areas.<sup>35</sup> Similar gaps are known to exist in rehabilitation sciences, although these have not been documented as precisely.

In other words, although targeted educational efforts are commendable, they will not make an appreciable dent, near-term, in the shortage of appropriate caregivers committed to serving Aboriginal clients. Nor should it be assumed that a person of Aboriginal heritage necessarily has relevant cultural knowledge; a Mohawk nurse from the Six Nations area working in a northern First Nation may appreciate the importance of spiritual traditions as a determinant of health, but not know any more about local Cree or Ojibway practices than the non-Aboriginal nurses with whom she or he works.<sup>36</sup>

Until recently, educational institutions in the province lacked each of the three elements critical for success in this regard: Aboriginal curriculum content, Aboriginal faculty as role models and Aboriginal students.<sup>37</sup> For example, although they all claimed to have appropriate content (albeit not in the core curriculum), Ontario's schools of



medicine followed varied, somewhat inconsistent approaches to the issue of student recruitment and retention. Most but not all had an Aboriginal admissions policy, but only two had special supports to help Aboriginal students.<sup>38</sup> Some relatively new initiatives like the Northern Ontario School of Medicine have adopted comprehensive strategies to address these deficits, especially regarding content and student numbers.<sup>39</sup> In other discipline areas, some progress has been made to supporting First Nations/Aboriginal students in health and human services programs. The province is also funding “fast-track” registered practical nursing programs, such as the Six Nations Polytechnic/Mohawk College and First Nations Technical Institute/St. Lawrence College programs, to overcome the practical nurse shortage that exists in First Nations, both in the north and south.<sup>40</sup>

### **Aboriginal Content in Health Curricula**

In general, those charged with curriculum development in health sciences programs face a particular challenge – trying to fit Aboriginal health, among a number of psychosocial topics, into course loads already crammed with other vital subjects like disease aetiology, diagnosis and treatment.<sup>41</sup> There are also debates among educators and First Nations as to whether Aboriginal content should be threaded throughout a curriculum, presented in the form of separate and distinct learning modules, or through continuing education.<sup>42</sup> In the nurse practitioner program, jointly offered by ten of



Ontario's university-based schools of nursing, Aboriginal case studies that could be used in a flexible manner were developed. However, it was left to the instructors to decide *how* -- and, indeed, *whether* -- they would be introduced in class. Uptake varied, but was quite low overall because most instructors did not feel entirely comfortable with the material or confident in discussing and answering questions about it.<sup>43</sup> Another debate concerns the level of specificity required or desirable when teaching about culturally competent practice. There are those who argue that broad-based knowledge of trans-cultural considerations is sufficient because the concepts are transferrable or, in other words, can be applied to any minority community. Others believe that caregivers must have both generic and specific cultural knowledge<sup>44</sup> about the particular group with whom they are working to be effective.<sup>45</sup>

### Paraprofessionals as Part of the Health Care Team

The focus on paraprofessionals' roles within the health care system is a unique feature of Ontario's health human resources literature. Because the topic has not received as much attention elsewhere, experiences in this province have become a point of reference in the broader literature.<sup>46 47</sup> Papers in the mid 1980's documented the introduction of new paraprofessional providers.<sup>48</sup> These were followed in due course by studies that raised questions about the adequacy of this training and job orientation.<sup>49</sup> It was noted, in



particular, that mental health workers were often ill prepared to cope with the nature and seriousness of the deviations in mental health they encountered.<sup>50</sup> Moreover, those hired sometimes worked for periods of time without training; because of personnel shortages and crisis situations, they were thrust into front-line positions immediately.<sup>51</sup>

Along with the preparation issue, there were concerns about paraprofessionals' ability to function as members of interdisciplinary health care teams. The Scott-McKay-Bain Panel reported that paraprofessionals frequently got caught between community expectations that were "extremely high, often unrealistic and sometimes in conflict with the expectations of the nurses and doctors."<sup>52</sup> The latter professionals may not have been aware of the paraprofessionals' scopes of practice and asked them to do things outside their job descriptions; for example, nurses expected community health representatives to stay in the clinic as translators and, thus, prevented them from getting on with their community-based health promotion work.<sup>53</sup> Or the professionals, lacking confidence in the paraprofessionals competence, treated them as marginal players.<sup>54</sup> The present authors,<sup>55</sup> and others<sup>56</sup> have argued that both professionals and paraprofessionals have to be explicitly taught how to work together and to learn to respect the different but equally valued knowledge that each discipline brings to the process of providing client-centred care. Paraprofessionals have been shown to be knowledgeable, competent, reliable and the most stable component of the health care team.





## DATA SOURCES

The search for databases about Aboriginal people training, or already working as health care providers for First Nation clients, proved a frustrating and largely fruitless exercise.<sup>57</sup> There is one key cause for this. Educational institutions and employers in Ontario do not have mechanisms in place which assign unique identifiers by ethnicity to students or workers.

In the education sector, aside from Band-funded students or those who self-identify by using Aboriginal-specific services, it is difficult to determine who is of Aboriginal heritage.<sup>58</sup> The Ontario Ministry of Education notes that an absence of identifying information as *the* major challenge in trying to assess the achievement of First Nation, Métis and Inuit students at the primary and secondary school level,<sup>59</sup> just as it is in post-secondary education. The recent Senate report on Aboriginal post-secondary education (2007) comes to a similar conclusion, emphasizing that "outstanding concerns in the area of data collection and tracking" must be addressed before appropriate decisions can be made to address the needs of Aboriginal learners.<sup>60</sup>

The lack of reliable data hampers planning efforts, policy formulation, funding decisions and accountability. This is recognized in the responses provided by individual



universities as part of their multi-year agreements under the *Reaching Higher, the Ontario Government's Plan for Post-Secondary Education*. To cite one example, Ryerson University, which currently relies on self-identification, states that they must “develop a more reliable method of estimating the number of Aboriginal students at Ryerson as well as a method of tracking outcomes for them”<sup>61</sup> as an integral part of the performance indicators required to assess the support the university provides to these students. Another case where specific reference is made to data requirements is found in the Rae report on higher education in Ontario (2005); when recommending funding for a pre-medical program for Aboriginal students, it explicitly mentions the need to create a database to help track their progress and results.<sup>62</sup>

## Ontario Data

Our scan of recent reports on Aboriginal learning and health human resources (Appendix A) revealed that exact figures on the numbers of First Nations/Aboriginal individuals enrolled in education programs or employed in Ontario are not available. The “best estimates” suggest that up to 4,000 learners a year are enrolled in Aboriginal education institutes,<sup>63</sup> at the community college level between 3% and 20% of students are First Nations/Aboriginal,<sup>64</sup> and, for universities, between 1% and 18%.<sup>65</sup> Much of the data,



however, exists at the individual program level and regarded as internal to the institutions delivering the program and, thus, not readily accessible.

However, aggregate data from community colleges in the province is released by the Ministry of Training, Colleges and Universities annually. It includes information on the Native Community Worker (Georgian, Mohawk, Sault St. Clair) and Native Child and Family Worker (Cambrian, Confederation) programs respectively. This information is quite detailed, providing the number of graduates and the results of a survey focussing on post-diploma employment rates, earnings, graduate satisfaction and employer satisfaction with graduates.

- ◆ The most recent survey available, for graduates in the 2004 – 2005 academic year, shows a total of 48 graduates from the Native Community Worker and 17 from the Native Child and Family Worker programs.<sup>66</sup>
- ◆ Graduates had a 70 per cent employment rate (89% for graduates of all college programs), but comparable levels of graduate satisfaction (80% vs. 82%) and higher employer satisfaction (100% against 92% for graduates on the whole). A majority of graduates were employed full-time (60%), although less than one-half of full-time workers were in occupations directly related to their area of training (40%).



Data on employment of First Nations/Aboriginal individuals in specific health careers is inaccessible, because employers do not collect data on ethnicity. However, more general indicators suggest that the numbers of First Nations/Aboriginal employees in the health sector is low:

- ◆ The most recent Statistics Canada labour force data (2002) reveals only 9,000 of the more than 500,000 Ontario residents employed in the health and social services sector were Aboriginal, with one of every three Aboriginal individuals in this sector directly employed in health occupations.<sup>67</sup>

The only other data published on Aboriginal health and human services workers is contained in the Employment Registry database maintained by the Aboriginal Recruitment and Coordination Office (ARCO), which lists individuals interested in employment in a First Nations/Aboriginal community and, on request, matches individuals with available job postings in Aboriginal/First Nations communities and organizations. Although, at any given time the ARCO Employment Registry contains resumes for about 700 individuals actively seeking work,<sup>68</sup> the system is no longer funded through the Aboriginal Healing and Wellness strategy and, without renewed funding, technological advances will soon undermine its usefulness.



## HEALTH HUMAN RESOURCE EDUCATIONAL PROGRAMS

A comprehensive scan was done of the educational options available in Ontario for individuals pursuing health careers with an Aboriginal clientele. An inclusive definition of “health” was adopted, so there are some human service programs listed (e.g. social work), along with a few in the major determinants of health categories (e.g. early childhood education). All types of institutions were covered, from Indigenous education and training institutes through community colleges and universities to private sector schools.

The scan identified the programs which are offered on a full and part-time basis, either on-site or by distance education, as well as some specialized continuing education opportunities, along with scholarships and bursaries. Information was collected from on-line directories and educational databases<sup>69</sup> maintained by universities, colleges, and Indigenous education institutes (Appendix B). The complete results of our program scan and a list of sources are set out in chart form (Appendix C).

There is an impressive menu of choices, covering the full gamut of health careers and the needs of learners with wide-ranging interests, backgrounds and levels of preparation. The following summary is organized by program area, rather than by institutional type, since some subjects are among the offerings of more than one sort of



educational facility (e.g. Indigenous institutes and community colleges), with a common curriculum and slightly different content or delivery modes:

- ◆ A total of 67 separate and distinct Aboriginal relevant programs exist; in some cases the link is through curriculum content, while others are specifically designed to prepare Aboriginal/First Nations students for direct entry into the workplace or for more advanced study in a health science field.
- ◆ While professional programs are available at only a few locations, programs for various categories of paraprofessional workers can be accessed at Indigenous institutes and community colleges across the province. Flexibility in scheduling seems to be a hallmark of these programs, making them especially attractive to learners who are already in the workforce.
- ◆ In addition, 16 preparatory programs to help Aboriginal people successfully make the transition back to school, or into more advanced levels of study are on the list. While many are not health-career specific, they are included here both because they offer foundational skills and to underscore the extent to which Ontario's educational system is moving to accommodate Aboriginal learners.

## Medicine

- ◆ Ontario's five Schools of Medicine all reserve a small number of "seats" for qualified Aboriginal applicants, ranging from one (Toronto) to eight (Ottawa) per year and, in any given year, the numbers accepted may exceed the designated spots. Recognizing the disadvantages that Aboriginal students often face in their earlier schooling, alternate admissions processes are in place at all schools except the University of Toronto. The Northern Ontario School of Medicine, in particular, emphasizes Aboriginal content in its curricula. Queen's offers an optional 3<sup>rd</sup> year for residents in Family Medicine, designed to develop a high degree of Aboriginal cultural awareness.

## Nursing

- ◆ Specialized Aboriginal admissions and designated seats for BSc Nursing Programs are available at Queen's University and the University of Western Ontario/Fanshawe College. These institutions offer alternate Aboriginal admissions processes and have set aside a number of seats annually for Aboriginal candidates: five seats per year at Queen's, two at Western and two at Fanshawe.
- ◆ There are also three Aboriginal Institute/Community College partnerships which deliver "fast track" registered practical nursing programs to learners in First Nations



communities, to overcome the practical nurse shortage that exists in the community care and long-term care sectors in First Nation communities, both in the north and south.<sup>70</sup> These are Six Nations Polytechnic/ Mohawk College and First Nations Technical Institute/ Loyalist College programs, the latter under development, which are designed to deliver Aboriginal practical nursing programs.

- ◆ Moose Cree Education Authority/Northern College and Iohahi:io Akwesasne Adult Education/St. Lawrence College have also developed and delivered Aboriginal-specific nursing programs in First Nations communities in the past, as responses to the need for health care professionals in local community organizations.<sup>71</sup>

## Environmental Health

- ◆ Environmental Health is the subject of three diploma programs. One offered through Trent University focuses on environmental concerns in Aboriginal communities and can lead to more advanced study; the other two are conjoint efforts of the First Nations Technical Institute and St. Lawrence College, which focus on cultural teachings relative to the environment. They are intended to help prepare First Nations/ Aboriginal and non-First Nations health professionals and paraprofessionals address First Nations communities' concerns and to work with federal and provincial agencies on environmental initiatives.



### Graduate Programs in Aboriginal Health

- ◆ Advanced graduate level programs on Aboriginal health can only be taken at the University of Toronto. Open to graduate students in Medicine, Nursing, Education, Arts and Sciences, this program provides multidisciplinary health research and practice opportunities, supports Aboriginal health researchers, and practitioners, and enhances partnerships with First Nations/ Aboriginal communities and organizations, with an overall goal of improving the health of Aboriginal peoples.

### Pre-Health Transition Programs

- ◆ Three community colleges and one university, all working in partnership with First Nations/Aboriginal organizations, offer pre-health transition programs. The community college/First Nations partnerships (Confederation/Neegahneewin College, Georgian/Anishnawbe Education and Training Circle, Niagara/Six Nations Polytechnic) offer Pre-Health Sciences programs, designed to introduce students to various health careers. Lakehead University has a nine-month preparatory program (Native Nurses Entry) for Aboriginal students wanting to upgrade their skills before applying to the BScN program offered through the School of Nursing.



- ◆ Two universities offer interdisciplinary Native Studies degree programs (Nipissing, Western) that are specifically designed to prepare First Nations/ Aboriginal students for employment as managers with Aboriginal organizations and communities. The program also provides preparation for First Nations/ Aboriginal students to gain entry to professional schools, including medicine, health sciences, education, law, and business.

### **Social Work and Human Services**

- ◆ Of all the disciplines, social work has made particular progress by developing specialized Aboriginal human services programs (Carleton, Laurentian, Toronto, Ryerson) or integrating extensive Aboriginal content into their core curriculum (Wilfred Laurier). Carleton and Laurentian programs have been delivered in partnership via distance education with Indigenous learning institutes (Moose Cree Education Authority and Seven Generations), ensuring that the programs are directly accessible to learners in First Nations.
- ◆ Human Services/Social Services/Native Child and Family/Youth Worker programs, leading to Social Services Worker Registration, are available at seven locations (Cambrian College, Confederation College/Oshki-Pimache-O-Win, First Nations



Technical Institute/St. Lawrence College, George Brown, Native Education and Training College, Sault College, Sir Sanford Fleming)

## Community Health Services

Various types of paraprofessional community health services training has been developed and delivered through partnerships between Ontario's community colleges and Aboriginal education institutes. Institutes take the lead in developing Aboriginal content and delivering courses *via* distance education. These arrangements typify the sort of cross-sector collaborations that are developing in the area of Aboriginal education:

- ◆ There are four programs in Community Health, Community Services or Community Development, designed to train individuals to develop, plan, administer and deliver health and human services within First Nations/ Aboriginal communities. From an access point-of-view, these are geographically well distributed; four are offered by colleges (Confederation, George Brown, Georgian, Sir Sanford Fleming) and two are offered conjointly by colleges and Aboriginal organizations (Confederation/Oshki-Pimache-O-Win, George Brown/ Aboriginal Health Centre of Toronto). All incorporate work placements as an integral part of the programs.



- ◆ Healing and Wellness/Drug and Alcohol Counsellor/Indigenous Wellness and Addictions/Mental Health and Addictions Workers training is delivered through four sites, two of which offer the program in First Nations communities through distance education (Canadore/Seven Generations, Confederation College, Sir Sandford Fleming, Native Education and Training College).
- ◆ Native Early Childhood Education is available at three community colleges (Cambrian, Canadore, St. Clair), all of which work in partnership with the Anishnabek Institute. Cambrian also has a partnership with Oshki-Pimache-O-Win Education and Training Institute.
- ◆ Personal Support Worker Programs, mandatory for long-term care workers, are delivered to First Nations/Aboriginal communities via distance education through two community colleges working in partnership with Aboriginal institutes (Northern College, Sault College/Seven Generations).
- ◆ Some Aboriginal-specific programs, however, are delivered at only one place in the province. Primary examples are: Aboriginal Midwifery (Six Nations Maternal and Child Centre), Paramedic Training (Six Nations Polytechnic/St. Lawrence College), Basic Radiotherapy Certification (Oshki-Pimache-O-Win), and Health Office Clerk (Sault College).



## Workplace Training

- ◆ Access to educational opportunities is a major consideration, particularly for Aboriginal learners. This fact was obviously taken into account when the community-based programs identified in this scan were developed – 25 of them incorporate some form of distance delivery and 14 are specifically designed as workplace training.
- ◆ Several programs, such as the Native Human Services Programs delivered through partnerships between universities, colleges and Aboriginal education institutes (First Nations Technical Institutes/St. Lawrence/Ryerson, Seven Generations/Carleton) are designed to provide pathways to accreditation for First Nations/Aboriginal individuals who are currently working in human services organizations. Typically delivered via distance education, on a part-time basis, over several years, the programs are flexible and responsive to learner needs. However, such programs are only delivered on demand, subject to sufficient enrollment.
- ◆ Some initiatives, such as the Ontario Federation of Indian Friendship Centres workshops for front-line service providers on health advocacy, tend to be one-off offerings, however, rather than sustained programming. Extended continuing education programs, including certificate, diploma and degree programs, delivered



through partnerships between First Nations and Aboriginal education institutes, universities and private career colleges, are often custom-designed and delivered "on request" to specific First Nations communities and organizations.

### **Program Collaboration**

- ◆ One striking feature that emerges from this scan is the extent to which institutions of education in the province collaborate with one another in offering Aboriginal oriented programs. Many of the programs offered by Indigenous institutes, for example, are offered through partnerships with colleges and universities within and outside of Ontario.
- ◆ Some educational institutions also have articulation agreements in place that allow First Nations/ Aboriginal students to use knowledge and skills gained in paraprofessional programs as a stepping stone for further education. Also notable is the extent to which Aboriginal students' learning needs are accommodated, evident in the number of transition programs in place, the use of workplace-based training, and the reliance on distance education modes of delivery for health education programs.



## SCHOLARSHIPS AND BURSARIES

As part of the scan of educational programs, the authors' identified the bursaries and scholarships available to Aboriginal people studying for health careers, using a variety of print and on-line sources. The results shows the programs, institutions, eligibility criteria , and amounts available (Appendix D). At the outset it should be noted that about 46 per cent of all offerings are program specific; the rest are open to students registered in any program of study including, of course, those in health related fields. Certain patterns emerge when the list is considered as a whole, however:

- ◆ Financial support is widely available throughout both the college and university systems; in contrast only three sources linked to Indigenous education and training centres were identified (one at First Nations Technical Institute and two at Six Nations Polytechnic). This apparent anomaly likely reflects the fact that First Nations often pay directly for band members' courses and other related costs while they attend.
- ◆ Of the 63 Aboriginal scholarships and bursaries targeted for health training, 15 were in nursing, 9 in human services, and 5 each in environmental studies and social work, respectively. The latter may seem surprisingly low, given the advances in social work noted in the previous section. Among disciplines like pharmacy, dentistry and



medicine, where there are relatively few programs and small numbers of applicants, Aboriginal-specific grants are limited. Of course, the high achieving students accepted into such selective programs likely will have access to other, non-targeted grants too.

- ◆ Universities with significant numbers of Aboriginal students or Aboriginal-specific programs (Lakehead, Laurentian, Trent) tend to have a large number of awards available. Similarly, northern based community colleges (Confederation, Cambrian) offer more than those in southern parts of the province.
- ◆ In many cases, no dollar figure is attached to the posted awards. Where amounts are specified, they range from the modest (in the hundreds) to the substantial (a few thousand). Successful students can “stack” the grants and awards received until they total considerable sums.

The range of funding available to Aboriginal students is tangible recognition of the hardships that many of them face in our educational system. The fact that such targeted assistance exists at colleges and universities throughout the province reflects the concerted efforts now being made to encourage entry and foster success in health fields and, indeed, in all academic endeavours.



## RESULTS FROM FIRST NATION COMMUNITY-SPECIFIC QUESTIONNAIRES

The project compiled and analysed information from Health Canada's First Nation Community-Specific Questionnaire on health human resources (Appendix E), which the Ontario Region administered through the various Provincial-Territorial Organizations. A total of 97 completed questionnaires were received. After editing to remove duplicate information, the resulting data set contained 94 questionnaires, reporting on 101 of Ontario's 134 First Nation Communities.<sup>72</sup> They were drawn from all of Ontario's First Nations Provincial-Territorial Organizations: Association of Iroquois and Allied Indians (8), Grand Council Treaty No. 3 (15), Nishnawbe Aski Nation (37), Union of Ontario Indians (27) and Independent First Nations (7).

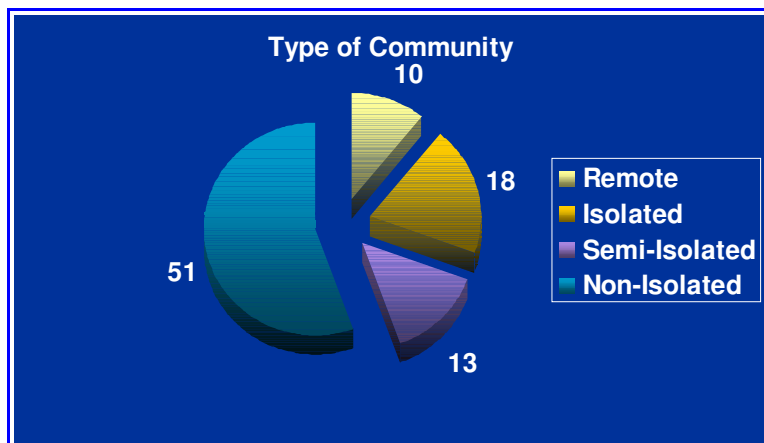
In multiple response formats, the analysis summarized quantitative data on the health workforce, including employment of Aboriginal and non-Aboriginal health care providers by Health Canada or First Nations, as well as current and anticipated vacancies. Qualitative data offered further insights into community needs, gaps in health human resources and recommendations about appropriate recruitment and retention strategies.



Participating First Nations also provided information about their health facilities, as well as federal and provincial programs and services that were available locally. To ensure confidentiality, all data was aggregated and masked to exclude any community-specific categories with fewer than five responses. A number of communities noted the data provided was time-sensitive and only good for six months at most. The information summarized below, therefore, represents a “snapshot” of the workforce at a given point in time.

## The Communities

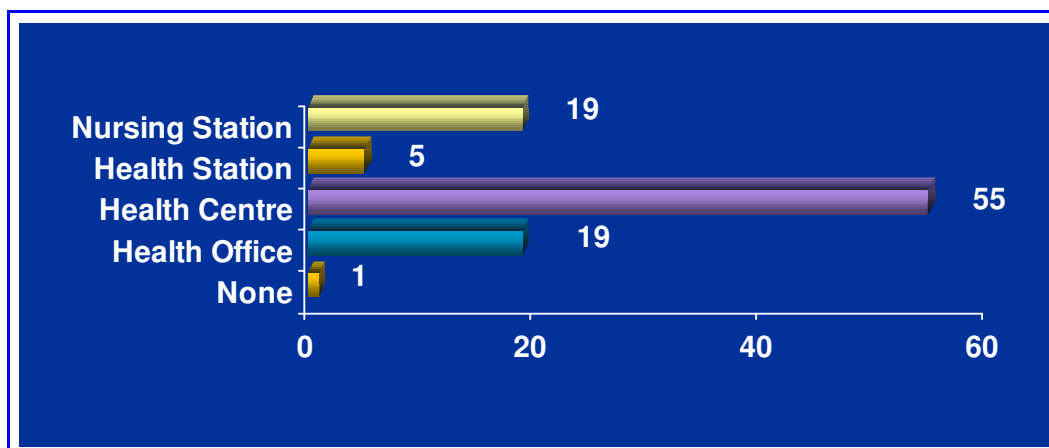
The communities which responded to this survey illustrate the differences in access to general health services, health facilities, workforce, programming and services found among



**Figure 1 - Community Type (# of responses)** (Source: FN Community-Specific Questionnaire)

Ontario’s First Nations. *Figure 1* shows the distribution of the sample by type of community, which are categorized according to their relative isolation from medical care:

- ◆ More than one-half of the sample, 51 First Nations, identified themselves as non-isolated (road access to communities with physician services at a distance of less than 90 km away). The remainder included 13 semi-isolated (road access to physician services at a distance greater than 90 km), 18 isolated (no road access, scheduled flights, good telephone service), and 10 remote isolated (no road access, no scheduled flights, minimal telephone and radio).
- ◆ There were considerable differences in health facilities available locally in the First Nations surveyed (*Figure 2*). Health centres served more than one-half of the communities (55). Other locations had a nursing station (19), health station (5) or health office (19). One community reported that it had no health facilities on site and had made arrangements to have services delivered from a neighbouring First Nation.



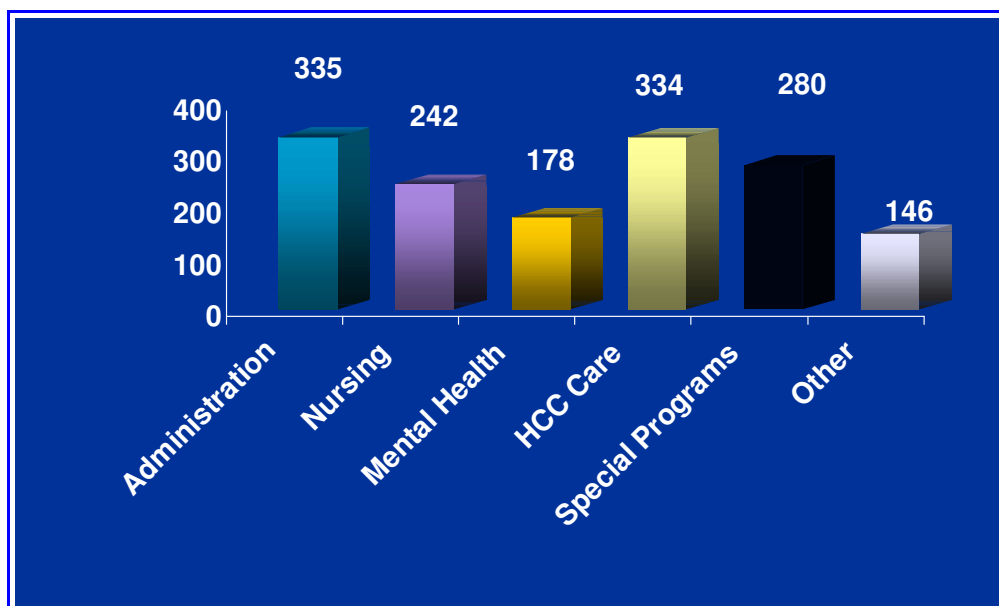
**Figure 2 - Health Facilities (# of communities)** (*Source: FN Community-Specific Questionnaires*)



## Health Workforce

Collectively, Ontario's First Nations reported that 1513 employees were engaged in delivering health programs and services to their communities. As shown in *Figure 3*, the Ontario First Nations' health workforce represents all occupational groups:

- ◆ The largest numbers of employees were found in Administrative (335) and Home and Community Care (334) categories, which together make up over 40 per cent of the workforce.



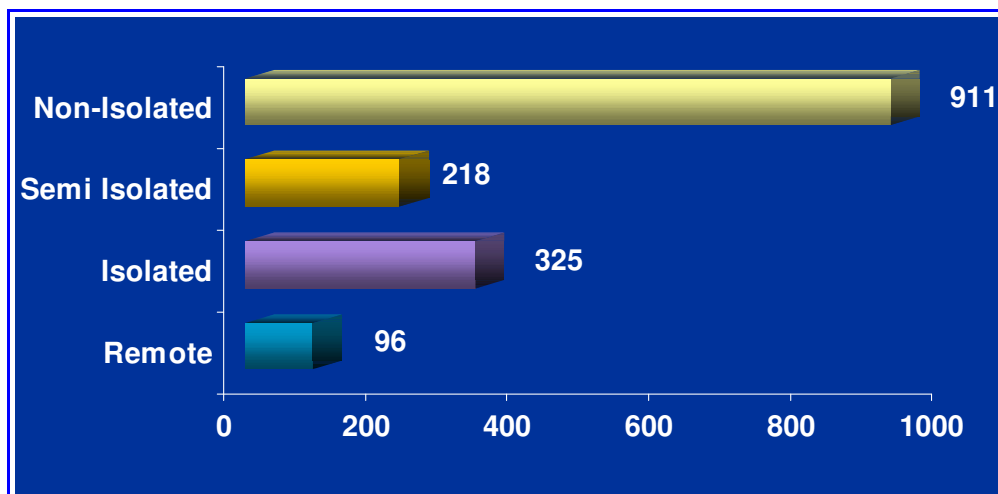
**Figure 3 - Workforce by Occupational Group (Total # of employees)** (Source: FN Community-Specific Questionnaires)

- ◆ Within the Administrative group, about one-quarter of the positions were Health Directors, Program Coordinators or Managers (83); the remainder were clerical, medical transport and other support positions. In the Home and Community Care sector, the same proportion of professional to paraprofessional workers was found: over three-quarters of employees were front-line Homemakers and Home Support staff (257).
- ◆ About one in five health care workers serving First Nations were employed either in Special Programs (such as Community Health Representatives, Brighter Futures, Building Healthy Communities, or Head Start) (280) or Nursing (242). Within these sectors, Community Health Representatives (84) and Community Health Nurses (102) were the largest occupational categories.
- ◆ Mental Health Staff (178) form a significant part of the workforce, with services primarily delivered by NNADAP Workers (66), Mental Health Workers (48) and Social Workers (28).
- ◆ Other Specialist Support Staff (146) included Dentists/Dental Hygienists (33), Environmental Health Officers (28), Dietitians/Nutritionists (25), Traditional Medicine Practitioners (20) and Physicians (12). Very few Occupational Therapists (5), Physiotherapists (6), Speech Pathologists (4), Lab Technicians (7), Midwives (6) were identified in the First Nations surveyed.



Examination of the workforce by community type (*Figure 4*), shows that the health workforce is concentrated in non-isolated First Nations: six of every ten workers are employed in these locations (911). The remainder of the workforce is centralized in isolated (325) or semi-isolated communities (218). Remote isolated First Nations have comparatively few health workers (96), representing less than 10 per cent of the workforce.

The data also confirms that 8 of every 10 First Nations health care providers are employed by Bands. Band employment is most often found in non-isolated (96%) and semi-isolated communities (85%). It is less common in remote isolated and isolated communities, where about one-quarter of the workforce is employed by Health Canada (26% and 27%, respectively).



**Figure 4 - Workforce by Community Type (Total # of employees)** (*Source: FN Community-Specific Questionnaires*)

## Federal Health Programs

The health workforce delivered a range of Federal health programs and services to First Nations communities. As shown in *Figure 5*, the most generally available services were targeted initiatives designed to address ongoing health issues:

- ◆ Brighter Futures (83) and Building Healthy Communities (72) were the most generally available programs; however, BF Mental Health (50), BHC Mental Health (40), Healthy Babies (44), BF Child Development (42), BF Injury Prevention (36) and BF Parenting Skills (23) Programs were available in some locations, not in others.
- ◆ Community Health Representatives (73), Canada Prenatal Nutrition (71), Home and Community Care (68), Aboriginal Diabetes Initiatives (63) and Non-Insured Benefits (60) were supported in at least two-thirds of First Nations surveyed.
- ◆ National Native Alcohol and Drug Abuse Prevention (55), Early Childhood Development (53), Fetal Alcohol Spectrum Disorder (53), Nursing (53), and Environmental Health (43) Programs were also reported as being active in about one-half of the First Nations surveyed.



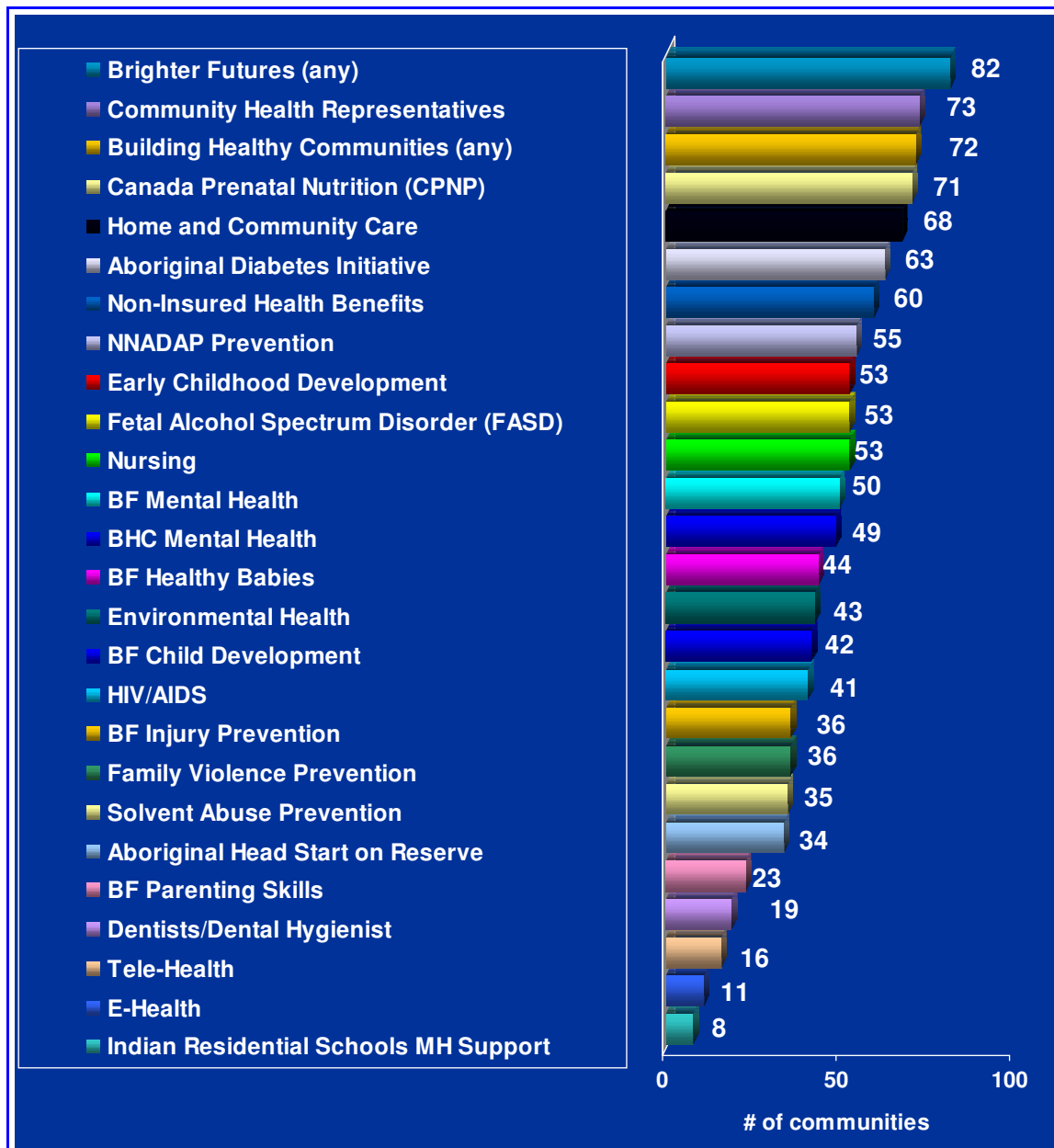
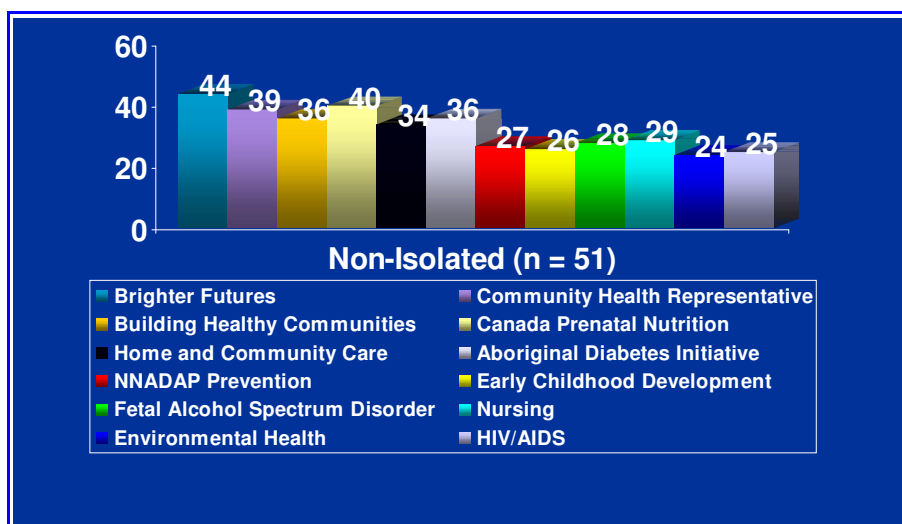


Figure 5 - Federal Programs and Services Supported (# of communities) (Source: FN Community-Specific Questionnaires)

Even the most generally available Federal programs and services, however, are not equally accessible throughout Ontario's First Nations. The following figures show the variation by community type of ten of them, specifically, Brighter Futures, Community Health Representatives, Building Healthy Communities, Canada Prenatal Nutrition, Home and Community Care, Aboriginal Diabetes Initiative, National Native Alcohol and Drug Prevention (NNADAP), Fetal Alcohol Spectrum Disorder (FASD), Nursing, Environmental Health and HIV/AIDS Programs.



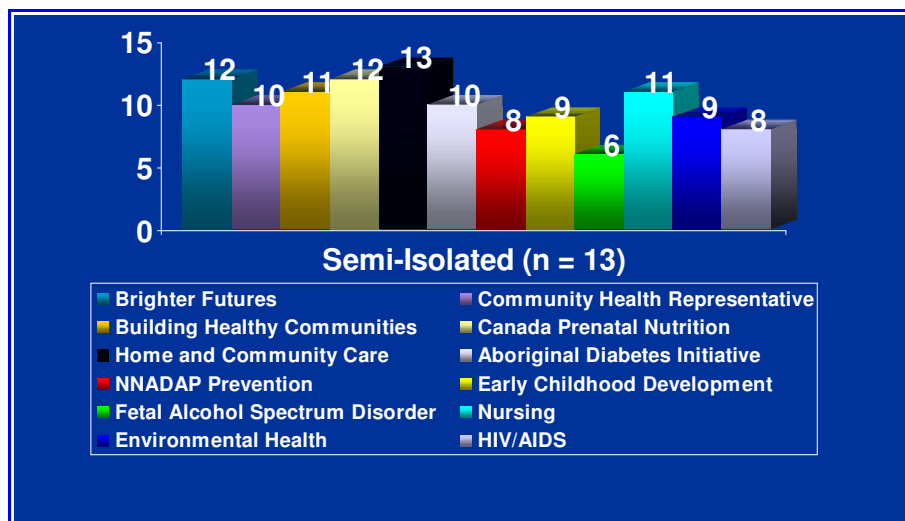
**Figure 6 - Federal Programs and Services - Non-Isolated Communities (# of communities)** (Source: FN Community-Specific Questionnaires)

- ◆ The 51 non-isolated First Nations (Figure 6) had good access to a most programs and services, with Brighter Futures (44), Home and Community Care (40), Community



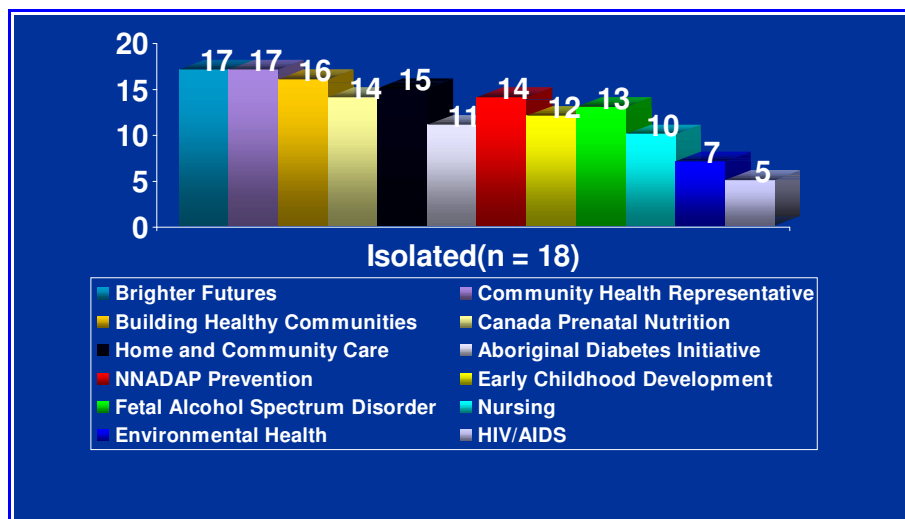
Health Representatives (39), Building Healthy Communities (36), Canada Prenatal Nutrition (36), and Aboriginal Diabetes Initiatives (36), found in a majority of communities. NNADAP (27), Nursing (29), Early Childhood Development (26), and FASD (26) Programs, were also active in a majority of these communities. HIV/AIDS (25) and Environmental Health (24), however, were reported by fewer than one-half of the non-isolated First Nations.

- ◆ A full range of these programs and services were operating in the 13 semi-isolated First Nations surveyed (*Figure 7*). Home and Community Care (13), Brighter Futures (12), Canada Prenatal Nutrition (12), Building Healthy Communities (11), Community Health Representatives (10), Aboriginal Diabetes Initiative (10), were found in most.



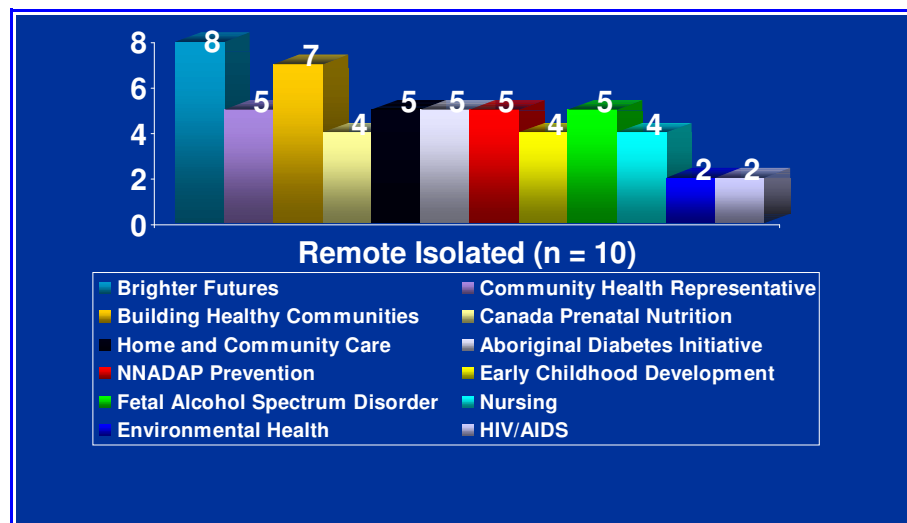
**Figure 7 - Federal Programs - Semi-Isolated Communities (# of communities)** (Source: FN Community-Specific Questionnaires)

- ◆ NNADAP Prevention (8), Early Childhood Development (9), Fetal Alcohol Spectrum Disorder (6), Nursing (11), Environmental Health (9) and HIV/AIDS (8) were also available in many semi-isolated communities. Fetal Alcohol Syndrome Disorder Programs, however, were only reported in 6 locations.
- ◆ The 18 isolated First Nations also had comparatively good access to these programs (Figure 8). Most communities currently had Brighter Futures (17), Community Health Representatives (17), Building Healthy Communities (16), Home and Community Care (14), Canada Prenatal Nutrition (14), NNADAP (14), FASD Programs (13) and Aboriginal Diabetes Initiatives (11). Environmental Health Programs (9) were active in only one-half of the isolated communities.



**Figure 8 - Federal Programs - Isolated Communities (# of communities)** (Source: FN Community-Specific Questionnaires)





**Figure 9 - Federal Programs - Remote Isolated Communities (# of communities)** (Source: FN Community-Specific Questionnaires)

- ◆ With the exception of Brighter Futures (8 sites) and Building Healthy Communities (7 locations), the 10 remote First Nations did not report having the full range of programs offered in many less-isolated communities (Figure 9).
- ◆ Only 5 of the 10 locations had Community Health Representatives, Home and Community Care, Aboriginal Diabetes Initiatives, NNADAP Prevention, or FASD Programs active.
- ◆ Nursing, Canada Prenatal Nutrition and Early Childhood Development Programs and services were supported in only 4 remote communities, while Environmental Health was in just 2 locations.

## Provincial Programs

The scan also collected information on a variety of provincial programs that were accessible in First Nations communities (*Figure 10*). These included programs associated with the Aboriginal Healing and Wellness Strategy, Provincial Ministry Programs, and other health initiatives. Of these, the most widely distributed were various components of the Aboriginal Healing and Wellness Strategy:

- ◆ The Healthy Babies Healthy Children Program was found in 79 First Nations (40 non-isolated, 13 semi-isolated, 18 isolated, 8 remote).
  - ◆ Community Wellness Workers served 49 of the communities surveyed (34 non-isolated, 8 semi-isolated, 3 isolated, 4 remote).
  - ◆ AHWS Crisis Intervention Workers were less widely available; only 32 First Nations reported having this program (7 non-isolated, 6 semi-isolated, 16 isolated, 3 remote) .
- Some Aboriginal Healing and Wellness Strategy initiatives, including Community Social Workers (10 communities), Maternal Child Care (9), Shelters for Women and Families (8), and Healing Lodges (5) were relatively few in number, but typically delivered services to residents of several communities.



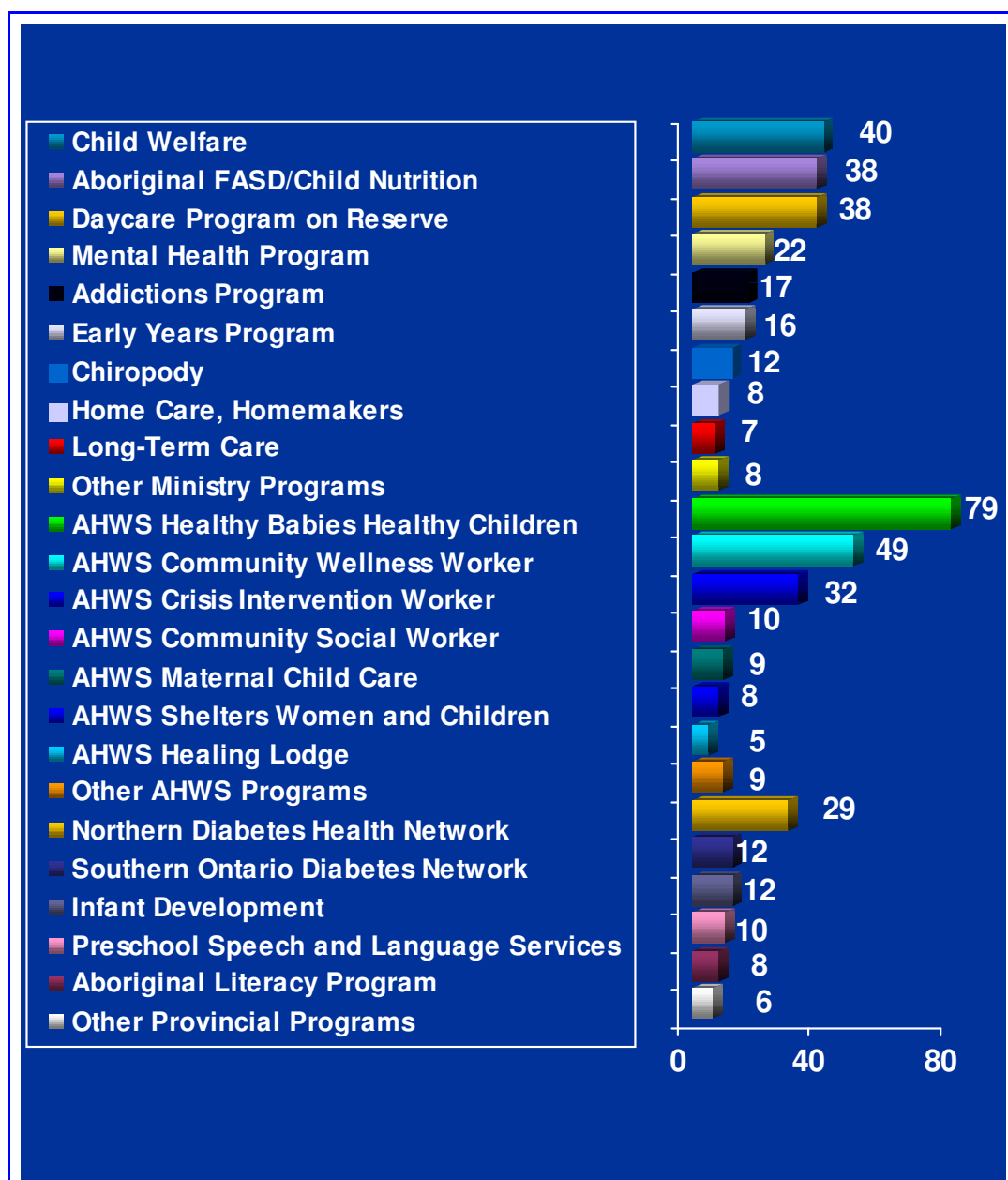


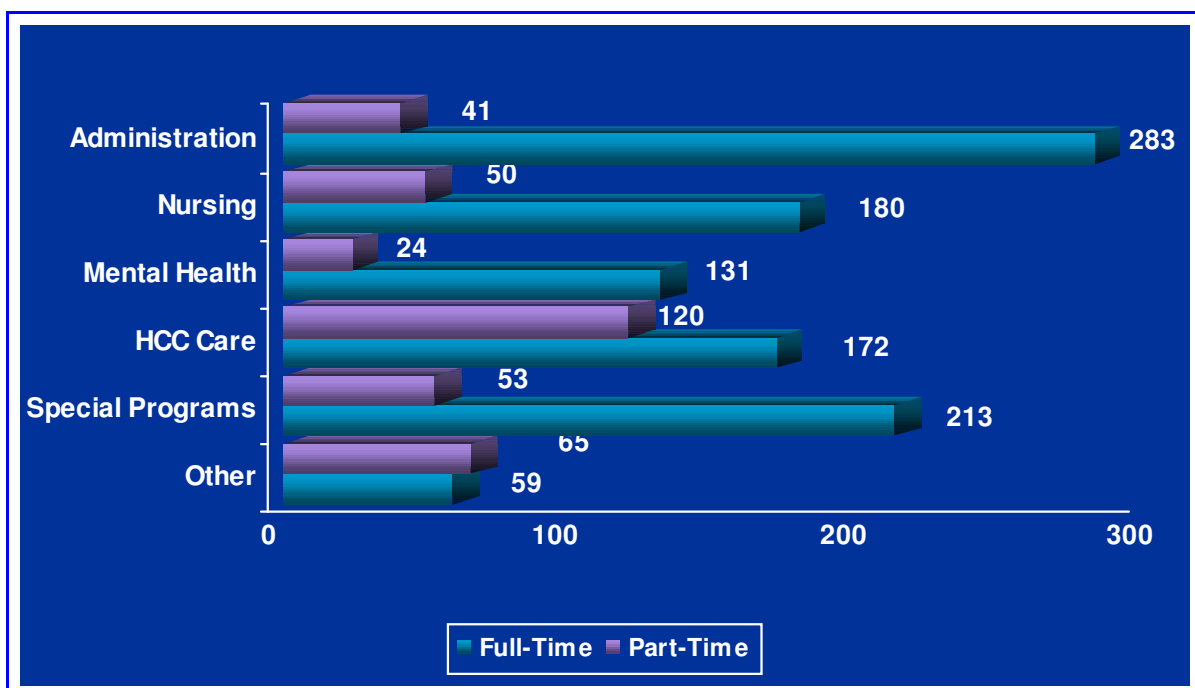
Figure 10 - Provincial Programs (# of communities) (Source: FN Community-Specific Questionnaires)

Other Aboriginal-specific programs delivered by provincial ministries, such as the Ministry of Health and Long-Term Care, Ministry of Community and Social Services, and Ministry of Children and Youth Services, also were found in certain First Nations communities. Most often, these were delivered in non-isolated locations, with only a few delivery sites in semi-isolated, isolated or remote communities:

- Child Welfare, Aboriginal FASD/Child Nutrition, and Daycare on Reserve Programs were available in close to one-half of the First Nations surveyed. Child Welfare programs were available in 40 communities (23 non-isolated, 5 semi-isolated, 9 isolated, 3 remote); Aboriginal FASD/Child Nutrition Programs in 38 First Nations (21 non-isolated, 4 semi-isolated, 10 isolated, 3 remote); and Daycare Programs on Reserve in 38 sites (23 non-isolated, 5 semi-isolated, 7 isolated and 3 remote).
- Mental Health and Addictions Programs were fewer in number, but again delivered services to a variety of community types. Of the 22 mental health programs, 13 were in non-isolated First Nations, 6 semi-isolated, and 3 isolated; 17 addictions programs were located in 9 non-isolated, 2 semi-isolated, 6 isolated).
- Chiropody services were only available in 12 communities (7 non-isolated, 2 semi-isolated, 3 isolated).



- Additional Aboriginal Health Initiatives were delivered by the province through Aboriginal organizations across Ontario. Of these programs, the Aboriginal Diabetes Programs were the most generally available, Child Development and Early Learning Initiatives were less so:
- ◆ Aboriginal Diabetes Programs were reported as being available in 41 communities, through the Northern Diabetes Health Network (28 locations, 18 non-isolated 6 semi-isolated, 2 isolated, 3 remote) and Southern Aboriginal Diabetes Program (12 sites, 10 non-isolated, 1 semi-isolated, 1 isolated)
- ◆ Aboriginal Child Development Programs reported included Infant Development (12 First Nations, 6 non-isolated, 3 semi-isolated, 3 isolated), Preschool Speech and Language (10 communities, 6 non-isolated, 2 semi-isolated, 2 isolated), and Aboriginal Early Literacy Programs (8 sites, 4 non-isolated, 1 semi-isolated, 3 isolated).
- ◆ Examples of other specialized provincially-delivered services cited by respondents included Homemaking and Home Care (8 sites), Long-Term Care Supports (7), as well as specialized programs such as the Aboriginal Responsible Gambling Strategy (2) and Integrated Services for Northern Children (1).



**Figure 11 - Health Workforce by Occupation (# full-time and part-time employees)** (Source: FN Community-Specific Questionnaires)

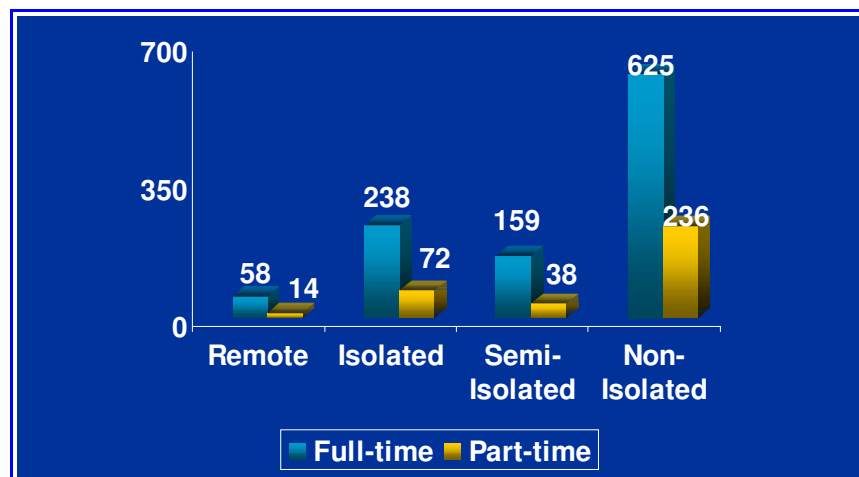
## Full and Part-Time Employment

The First Nations health workforce contains significant numbers of part-time employees (351), about one-quarter of the total number of employees for whom full-time or part-time status was reported (1379). If we examine full-time and part-time employment by occupational group (*Figure 11*), the main message is that part-time work is concentrated in a few segments of the workforce:



- ◆ In the Home and Community Care sector, the situation mirrors the home care staffing in Ontario's health care system as a whole; over 40 per cent of workers (120) in this occupational group were employed on a part-time basis.
- ◆ This pattern also holds true in the Other Supports category, in which more than 50 per cent of employees work part-time (65). Also striking is the fact that about 20 per cent of Nursing and Special Program positions are part-time (50 and 53, respectively).

There is some variation by community type (*Figure 12*), with non-isolated and isolated communities having the largest proportion of part-time employees in their workforce (23% and 28%, respectively). Remote and semi-isolated communities have slightly fewer part-time positions (19%, in each community category).



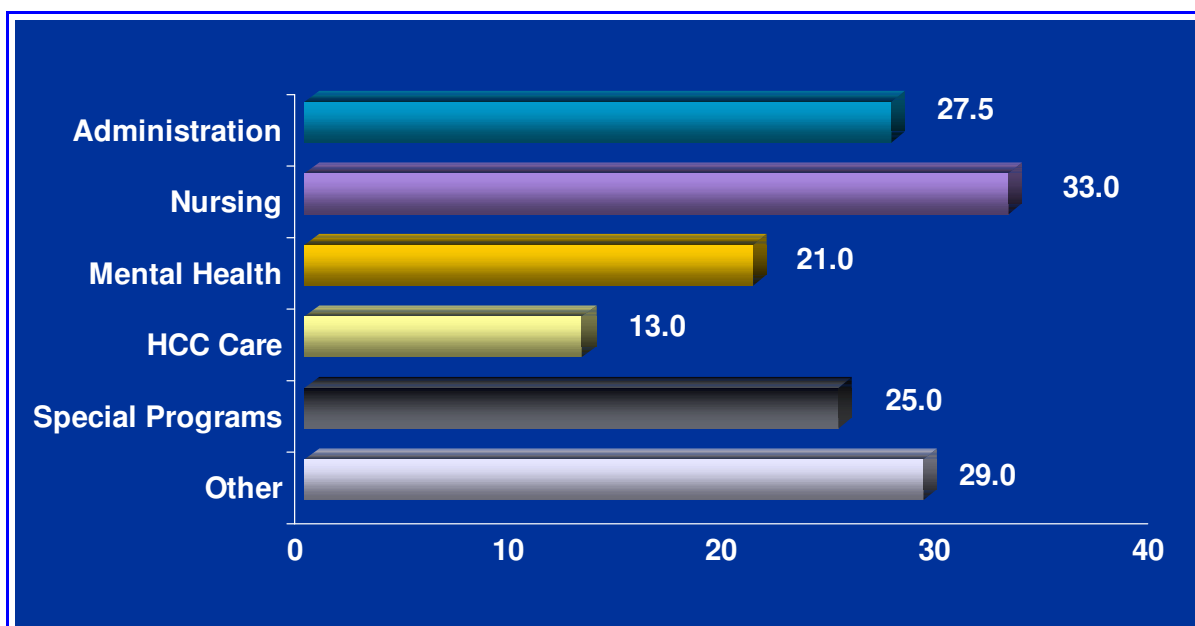
**Figure 12 - Workforce by Community Type (# Full-Time and Part-Time Employees)** (Source: FN Community-Specific Questionnaires)

Although the scan template did not ask communities to provide information on the nature of part-time work in the health workforce, their written comments revealed that some part-time positions reflect need, others funding. First Nations gave several examples of the creative staffing they used to ensure that “part-time” programs could be delivered to their communities. One solution was to have a number of programs delivered by workers who were capable of “multi-tasking,” for example, to have Prenatal Nutrition, Injury Prevention, Health Educator, and Diabetes Education Programs “all done by the Community Health Representative and Community Health Nurse.” Another way to use staffing resources effectively was to share Health Directors, Community Health Nurses or Mental Health Staff among “several First Nations in the area.” Specialized staff, such as Dietitians, Diabetes Nurses, Nurse Practitioners, Environmental Health Officers, Psychologists or Traditional Medicine Coordinators, tend to be employed on an as-needed contract basis, ranging from a few hours to several days per month.

## Vacancies

As an indicator of need, the questionnaire documented that a total of 149 professional and paraprofessional positions, representing approximately 10 per cent of the First Nations health workforce, were unfilled across Ontario. There were, however, differences in the number of workers required by occupation (*Figure 13*):



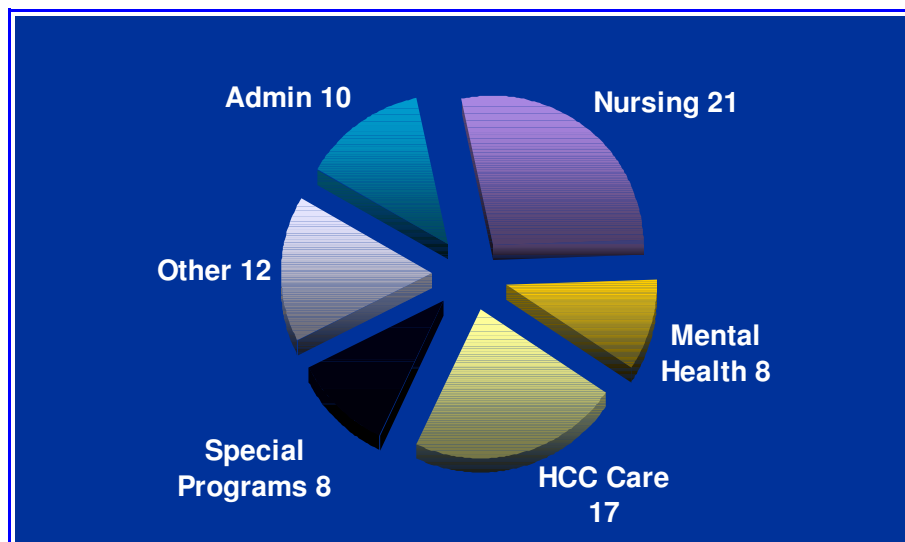


**Figure 13 - Workforce Vacancies by Occupation (# of positions vacant)** (Source: FN Community-Specific Questionnaires)

- ◆ The largest number of vacancies were found in Nursing (33), where positions for Community Health Nurses (11) Nurse Practitioners (4), RNs (7), RPNs (4), Specialist Nurses (Mental Health, Diabetes, Advanced Practice, Clinical) (5) and Nursing Directors (2) were unfilled.
- ◆ Among Other Specialist Supports (29), the following staff were required: Dietitians/Nutritionists (7), Traditional Medicine Coordinators (5), Midwives (4), Occupational Therapists (3), Physiotherapists (3), Speech Pathologists (3), Dental Therapists/Hygienists (2) and Lab Technicians (2).

- ◆ Administrative Programs (27.5) needed Health Directors and Program Managers/Coordinators (12), as well as Clerical (9) and Medical Transport (4.5) and Other Support Staff (4).
- ◆ Special Programs (such as Brighter Futures, Building Healthy Communities, Head Start) (25) had vacancies for Community Health Representatives (4.5), Brighter Futures Workers (4), Building Healthy Communities Workers (2.5), Head Start Managers (3), Head Start Workers (3), Canada Prenatal Nutrition Program Workers (2), and Diabetes Educators (2). There were also unfilled positions for Prenatal (1), Injury Prevention (1), and Diabetes (1) Workers and Health Educators (1).
- ◆ Mental Health Programs (21), reported openings for NNADAP Workers (9), Mental Health Workers (6), Social Workers (2), Psychologists (2), Outreach Worker (1) and Other Support Staff (1).
- ◆ Home and Community Care Services (13), required Personal Care Workers/Homemakers (5), Client Assessors (4), Case Managers (2), and Lay Home Visitors (2).
- ◆ Although two-thirds of vacancies occurred in non-isolated communities (96), semi-isolated (32) , isolated (19) and remote (5) locations also reported that staff positions were unfilled.





**Figure 14 - Anticipated Retirements by Occupational Group (# of employees)** (Source: FN Community-Specific Questionnaires)

## Retirements

Anticipated vacancies were captured by asking First Nations to indicate the number of positions occupied by persons who anticipate retiring in the next five years (*Figure 14*). This was the situation in 75 cases, so the First Nations health care system could see a five per cent turnover in its total workforce for this reason alone. Some sectors would be more impacted than others:

- ◆ Nursing will be especially hard pressed, with 21 vacancies anticipated. Home and Community Care Programs will be affected too, with 17 staff retiring. Administration (10), Mental Health (8), Special Programs (such as Community Health Representatives,

Brighter Futures, Building Healthy Communities, or Head Start) (8) and Other Specialist Supports (12) will also witness the departure of some older staff. Although most of the anticipated retirements will occur in non-isolated communities (63), they will also be experienced in semi-isolated, isolated and remote locations.

## Stability

At the same time, there was evidence that the system had more stability than might be expected, given the vacancies and anticipated retirements. Overall, 944 employees, representing more than 60 per cent of the health workforce, had been in their positions for more than two years. There was, however, some variation in workforce stability by occupational group (*Figure 15*):

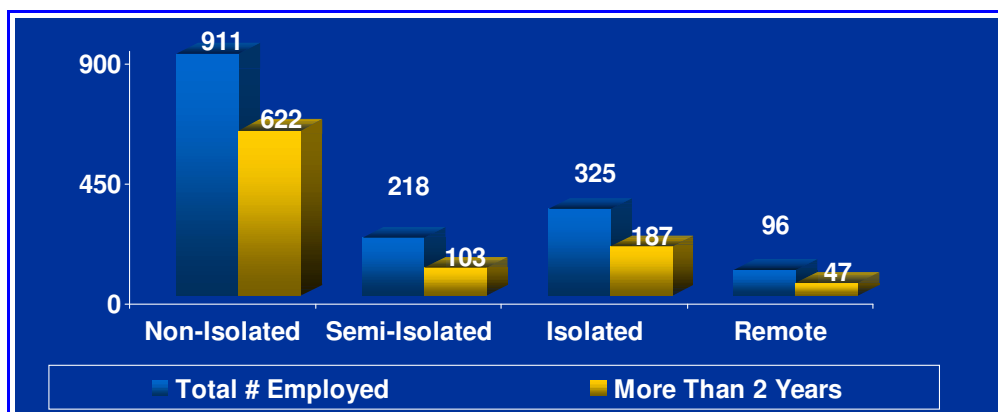


**Figure 15 - Workforce Stability (# of employees in same job or position for more than 2 years)** (Source: FN Community-Specific Questionnaires)

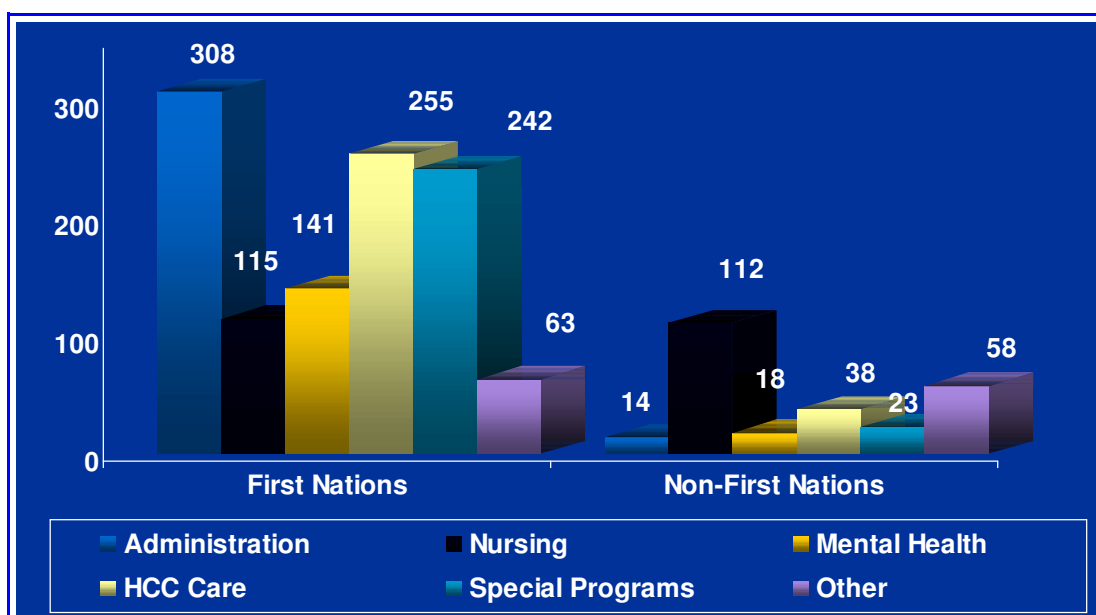


- ◆ Retention was highest in the Administrative and Special Programs categories; 236 administrative employees and 188 special programs staff, representing over 70 per cent of the total number of employees reported in these occupational groups, had been employed more than two years.
- ◆ Staffing retention was lower in the other occupational groups, although more than 55 percent of Nursing (140), Mental Health (106), Home and Care (192), and Other Specialist Support (82) workers had remained in the same positions.

Stability of employment was comparatively consistent across community types, although some locations had greater success in keeping their employees beyond the two year mark (*Figure 16*). Retention levels were highest in the non-isolated communities (70%), and isolated areas (60%), in remote and semi-isolated communities (50%).



**Figure 16 - Workforce Retention (Total # of employees/ Total # in Same Position)** (Source: FN Community-Specific Questionnaires)



**Figure 17 - First Nations/Aboriginal Workforce by Occupational Group (# First Nations/Aboriginal employees and # non-First Nations/non-Aboriginal employees).**  
*(Source: FN Community-Specific Questionnaires)*

## First Nations Workforce

An encouraging sign was the degree to which First Nations providers are represented in the system. Collectively, they make up more than 80 per cent of the workforce and, without exception, are found in all occupational groups. They are, however, better represented in some employment categories than others (*Figure 17*):



- ◆ They predominate in Administration (308 employees), Mental Health (141), Home and Community Care (255) and Special Programs (242), accounting for more than 90 per cent of employees in each of these occupational groups.
- ◆ However, in Nursing and other professions requiring advanced education and training, First Nations/Aboriginal employees continue to be under-represented in significant numbers.
- ◆ Only about one-half of Nursing (155), and Specialized Support Staff (62) were First Nations/Aboriginal individuals. Also very few First Nations/Aboriginal Dietitians/Nutritionists (1), Dental Hygienists/Therapists (15), Occupational Therapists (1), Physiotherapists (2), Speech Pathologists (3), Environmental Health Officers (3), Midwives (4), and Physicians (7) were identified.
- ◆ At the same time, First Nations/Aboriginal workers represent about 85 per cent of the staff serving non-isolated locations (with road access to physician communities <90 km); 75 per cent of employees in semi-isolated locations (with road access to physician communities >90 km) and isolated First Nations (scheduled air access only), and over 70 per cent of staff in remote communities.



## STAKEHOLDER SURVEY

Key stakeholders from the educational and employment sectors of the Ontario health care system, identified in consultation with FNIH, were surveyed, with 65 representatives chosen from each group. A total of 93 replies were received, 44 from the Health Services sector and 49 from Health Educators, producing response rates of 71.5% overall, with 67.7% and 75.4%, respectively, for the services and education sectors.

After editing the data set to remove duplicate information,<sup>73</sup> 44 completed questionnaires were available for analysis, 15 from Health Services Providers and 29 from Health Educators. Health Services respondents included Hospitals (6), Government Agencies or Departments (4), Aboriginal Healing Lodges (3), an Aboriginal Health Access Centre (1), and an Aboriginal Community Mental Health Service (1). The Education survey captured data from Aboriginal Education Institutes (3), Community Colleges (3), Universities (11), and Provincial-Territorial Aboriginal Organizations (6). The responding programs prepared students for careers in Medicine, Nursing, Community Health, Community Wellness, Emergency Services, Environmental Health, Mental Health, Addictions, Home Care, Child and Family Services, Social Work and Public Health, as well as Aboriginal Pre-health, Transition and Workplace Training initiatives.



While the completion rate was less than what was hoped for, information provided on some surveys and follow-up with organizations suggested several possible explanations for the lower than expected return. Rather than have employees complete individual questionnaires, some organizations elected to submit one survey; in other instances, programs had recently merged or transferred to other institutions. The most significant factor affecting completion of the survey, however, was the brief time frame for the project. One in five (24) identified key informants were on extended leave or otherwise unavailable during the six weeks in which surveys were administered.<sup>74</sup> Moreover, survey delivery coincided with two very busy periods, the end of the academic year for educational institutions and the beginning of a new fiscal year for health care organizations.

Nonetheless, the quality of the survey results was excellent, with respondents providing thoughtful and detailed feedback. Essentially, the key informants confirmed and elaborated the concerns identified in the literature and data review. Principal among these concerns was the inability to identify First Nations/Aboriginal employees and students, document their needs, and develop appropriate organizational responses, all of which were seen as significant impediments to addressing health and human services resource gaps.



## CAPACITY BUILDING

While statistics from the First Nations Community Survey, at first glance, belie the notion of high turnover in the First Nations workforce, in fact coexisting with the stable positions are vacant and under-filled ones where there may be a rapid rotation of people in and out of a given position over a short period. This was confirmed by an issue-driven analysis of the key informant survey, augmented with written comments from the First Nations community -specific questionnaires that elaborate or reinforce what the key informants told us.

### Recruitment and Retention

Many communities experienced serious and ongoing problems recruiting and retaining staff, particularly for part-time or contract positions in First Nations/ Aboriginal-specific programs. Several examples were provided of the difficulties which ensued:

- ◆ One First Nations community reported that of its 12 part-time Homecare positions, there were currently “eight available to work ... four on sick or injury leave and. . . since August, six had terminated their employment.”



- ◆ Another community described the difficulties it had encountered in filling eight nursing positions. Although it currently had three full-time and four part-time staff who work on a rotating basis, plus short-term agency employees, there were continual staff shortages, with “some vacancies 30% to 50% of the time.”
- ◆ First Nations/ Aboriginal health human resource deficits were especially apparent in less populous remote and rural areas, where "recruitment and retention of both Aboriginal and non-Aboriginal healthcare workers are important issues." Isolated communities have difficulty recruiting staff, the combined result of increasing workload demands due to the changing needs of their residents and an inability to pay competitive salaries and benefits. Anticipating the retirement of a manager and front-line worker, a community representative said, “there is a lot of competition today, and it is difficult to recruit any health professionals to our First Nation community, which is not close to an urban centre and . . . has high needs.”
- ◆ As a related issue, smaller health care organizations that had part-time positions to fill did not always have sufficient resources to offer First Nations/ Aboriginal candidates the salary and benefits available elsewhere. They were often "outbid" in the hiring process by larger organizations that could offer more pay or better benefits, such as access to continuing education. The inability to offer full-time employment was an especially serious impediment. Summing up his concerns, an administrator said, “most



employment candidates (Aboriginal or other) are not prepared to start as casual staff and wait for two or three years to obtain full-time employment.”

- ◆ As yet, recruitment of First Nations/Aboriginal caregivers is constrained by the fact that relatively few First Nations/Aboriginal people have the advanced levels of education required for highly-skilled health sector jobs – as physicians, nurses, pharmacists, therapists, or social workers – and those First Nations/Aboriginal people who are better educated often pursue opportunities elsewhere.

### **Creating Interest in Aboriginal Health Careers**

On the subject of recruitment, there was consensus that without additional efforts, “there does not seem to be a lot of interest from community members” to take professional or paraprofessional health training. Respondents provided a variety of suggestions about ways in which interest in health careers could be encouraged and supported:

- ◆ While there was general agreement that efforts to “pique interest in health careers” of high school and university students through school career fairs, peer mentoring, elder supports, role modelling, job shadowing and student employment opportunities would eventually have positive results, recruitment efforts were not always as consistent and coordinated as they might be.



- ◆ Recruitment efforts needed to start earlier, ideally in elementary school, rather than in the last year of high school. Recruiters “had to be very active with students at a young age, both on and off reserves, going to elementary schools and high schools,” to reach students when they are just “starting to think about what to do when they are done school.” Repeated visits by recruiters would help, increasing student awareness and comfort in speaking about themselves and their plans.
- ◆ Youth needed to be exposed to the whole range of health careers, so they would be aware that there was “more than just doctors, nurses and dentists.” They needed to know that they could work in a variety of occupations, including health administration, promotion and prevention, mental health, wellness, nutrition, health policy, planning and research.
- ◆ From a practical perspective, elementary and high school students would benefit by “touring” health care facilities and First Nations/Aboriginal organizations, so they could “ask any questions they wish and actually see the workplace.” Similarly, they should visit Aboriginal institutes, colleges and universities, so they could learn about the Aboriginal-specific programs and supports which were available.



## Creating Career Laddering Opportunities

There was agreement that the First Nations/ Aboriginal health workforce could also be improved if mature health care employees were given career laddering opportunities and, if necessary, encouraged to go back to school to enhance their options. This strategy was seen as being especially important for community workers, who required additional training to meet the needs of the clients they served:

- ◆ One person observed that there was a need for “a forward looking strategy that educates and trains current employees who are interested in advancing their positions, for example, Homemaker, to Certified Personal Support Worker, to Registered Nurse.” This could be “supported by a defined mentorship or peer program.” Two communities had success in encouraging local women to pursue training as practical nurses, with the intent of having them work with long-term care clients and hope that some might “go on further to attain their RN or NP designations.”
- ◆ Community-based training for health workers and career laddering was seen as vital – because they are the ones who will stay and provide continuity of care. “Programs of shorter duration or graduated programs” were especially appealing for health care workers, because they allowed them to upgrade their skills with minimal disruption to their employment and family life. “Community Wellness Worker” diploma



programs, for example, delivered on-site in First Nations through agreements with Aboriginal education institutes or private career colleges, only required that trainees take one week per month from work.

### **Supporting First Nations/Aboriginal Students**

There was awareness that First Nations/Aboriginal students often needed “extra support” if they were to succeed in health careers. Although the nature of support varied, depending on the age and circumstances of the learner, there was widespread conviction that their availability was fundamental to the recruitment and retention of students into both paraprofessional and professional health programs. Supports also increased the likelihood that students would succeed in achieving their educational goals:

- ◆ Academically, beginning at the elementary school level, it is essential to have programs designed to remove fear of the “math and sciences” that are central to medicine, nursing and other clinical careers. School counsellors also have to make sure that necessary course pre-requisites are available and to recognize, if students found the sciences difficult, that there are health careers, in which these skills are less important, such as in health promotion or human services.



- ◆ At high school, college and university levels, potential applicants and incoming students benefit greatly from having “advocates” or “mentors” from the Aboriginal community who can provide “comfortable” messages of encouragement. Having Aboriginal health care workers visit schools as “ambassadors” gives students evidence of the “positive experiences” associated with health careers. This is important since “many First Nations/ Aboriginal people have had negative encounters with the health care system in the past.” They needed to hear “more success stories from people coming in to talk to them.”
- ◆ Aboriginal education institutes, colleges and universities need to make sure that their programs are “culturally grounded” and meet the needs of Aboriginal learners. They must create “welcoming environments” that actively embrace First Nations/ Aboriginal cultures. This means providing programs that respect First Nations/ Aboriginal history, customs and beliefs, in physical settings that are “friendly” and “comfortable.” Employing First Nations/ Aboriginal instructors, supervisors and elders, and providing native-language supports, culturally-specialized courses, tutoring and counselling, were all identified as ways to ensure student success.
- ◆ First Nations/ Aboriginal pre-health, transition and support programs also offer students encouragement to pursue health careers by giving them additional opportunities to focus on “personal development, skills, and career choices.” While



some entry or transition programs are designed to facilitate entry to specific health professions, for example, nursing or medicine, others give students a general foundation, allowing them to go on to any number of academic programs, after successful completion of the transition year. In certain cases, articulation agreements allow students to receive credits or advanced standing for course work completed during the transition year.

### **Fostering First Nations/Aboriginal Health Careers**

First Nations/Aboriginal communities, health care organizations and educational institutions recognized that they have a shared responsibility for fostering careers in indigenous health. Moreover, there was agreement that both Aboriginal and non-Aboriginal students benefit from learning about First Nations/Aboriginal communities and their needs:

- ◆ Health professional programs with Aboriginal content are designed to ensure that students, Aboriginal and non-Aboriginal alike, understood the impact that "cultural diversity has on the provision of care." Aboriginal-content programs, such as those found in social work, nursing and medicine, also try to integrate cultural content with



clinical training to give students full appreciation of the way that "western" and "traditional" approaches to care can work well together.

- ◆ As well, Aboriginal-content makes students fully aware of the different customs and traditions among First Nations/ Aboriginal communities, so they can " respect cultural and community differences that exist within our population when they are providing care." Aboriginal-content programs worked best when they were part of a "core curriculum" that is delivered "in a variety of Aboriginal community settings" including urban, rural and remote locations. Support from the communities is also vital, to ensure that learners have sufficient time and opportunities to be oriented "to the culture of the community."
- ◆ Clinical placements, summer employment, and limited-term post-graduate employment in health organizations that serve First Nations/ Aboriginal populations also are advantageous for First Nations/ Aboriginal and non-Aboriginal students in medicine, nursing, imaging, pharmacy, rehabilitation, and pastoral care. Placements with Aboriginal organizations, for example, allowed First Nations/ Aboriginal students, "to explore what these organizations do for them." They also give students chances to "find out what their interests are" and "participate in real projects." Placements for non-Aboriginal students were equally valuable, giving them increased "understanding



of cultural differences" and the "local customs and traditions" of the First Nations communities where they might eventually work.

- ◆ It was difficult, however, to assess how well educational programs are doing in training students for health careers in First Nations/Aboriginal communities. With the exceptions of programs restricted to Aboriginal applicants, educational institutions do not know student's ethnicity and, at best, were only able to provide very general estimates on the numbers of Aboriginal students enrolled in their programs. As an administrator said, her program provided placements for "approximately 10 to 20 students per year" in Aboriginal Health, but she didn't know exactly how many First Nations/Aboriginal students were enrolled, because "the placement wasn't specific to only Aboriginal students." Other educators did not know how many First Nations/Aboriginal learners were present, unless students "self-identified" to the instructor or program coordinator.
- ◆ Programs are equally uninformed about the employment destinations of the students who enrolled in Aboriginal-content nursing, medicine or human services programs. Most First Nations/Aboriginal students entered health training programs intending to "give back to their communities" and "work close to home." Non-Aboriginal students who enrolled in Aboriginal-content programs also declare their "strong interest in Aboriginal health" and intentions of working "with First Nations/Aboriginal patients



and communities" after their graduation. Whether students fulfilled these intentions is unknown in most cases, however, because "data is not collected."

## Expanding Workplace Training Opportunities

Investments in culturally-specific workplace training were viewed as essential components of an effective strategy for building the First Nations/Aboriginal health workforce. On this topic, First Nations representatives and key informants from the health service and education sectors emphasized the need for broad-based workplace training. These continuing education opportunities need to be directed towards professionals and paraprofessionals who were already delivering care to the communities. There was agreement that:

- ◆ Workshops, peer training, position exchanges and mentorships enhance the skills of professionals and paraprofessionals who "have already demonstrated a commitment to the health field and the community." Opportunities to improve skills, in turn, would make staff "feel more supported in their jobs which . . . would help reduce work-related stress and would help retain workers."



- ◆ Recognizing that health staff often practice with relatively few colleagues, there was also a need for training that prepares workers to sustain one another through stressful experiences.
- ◆ First Nations/Aboriginal organizations also saw considerable value in "practical training sessions" for the community health workforce. These "workshops" and "skills sessions" allowed workers to attend and "then be able to implement what they have learned immediately into the programs and services that they provide." The sessions also gave community program staff a chance to develop skills and knowledge that otherwise could only be acquired through college courses. And, for First Nations located in rural and remote locations, these educational options were not often available; the expense of having training sessions delivered in remote communities or sending staff elsewhere for training were prohibitive. Smaller communities also often lacked the Internet access which was required to participate in videoconferenced training sessions.
- ◆ More formal workplace-based continuing education programs, developed in partnership with Aboriginal education institutes, colleges, and universities, were accessible in more populous or less-isolated First Nations/Aboriginal communities. These programs, delivered through a combination of on-site training sessions, community-based placements and distance education, were often "tailored" to meet the



needs of workers in specific organizations or programs. Examples cited in surveys of health educators and providers included training for "Personal Support Workers," "Wellness and Addictions Workers," and "Native Child and Family Workers." Based on the experience of survey respondents, community-based delivery and culturally-based curriculum "had a huge beneficial effect on recruitment and retention."

- ◆ Outside of First Nations communities, health care and human services organizations serving significant numbers of First Nations/Aboriginal populations offer culturally specific training as part of their workplace "diversity" initiatives. Delivered in workshop formats, sessions focus on improving "cross-cultural communications," "understanding of First Nations health needs," and "planning specific to local Aboriginal populations." Among the health care organizations surveyed, recent topics included: "Cultural Awareness," "First Nations Values and Communications," "Traditional Teachings and Healing," "Traditional Culture and Tobacco Use," "Residential Schools" and "Traditional Women's Roles."
- ◆ Staff "willingness and time" to attend voluntary in-service sessions on cultural issues, however, was limited. As a hospital administrator said, given the choice between attending cultural diversity sessions and clinical training, such as ACLS sessions, "often the practical skill wins out." Employees on shift-work also found it hard to attend in-service education and workshops, because sessions were "held during the day and are



not accessible to staff on evening shifts." It was also difficult to disseminate information about educational opportunities throughout large organizations; sometimes staff didn't attend cultural diversity sessions because they "simply were not aware of such opportunities."

- ◆ Continuing education offerings were made more meaningful if "mainstream and Aboriginal front-line workers" could take training together. Having stakeholders present at sessions increased "the impact" and ensured that everyone had "up-to-date" knowledge about which First Nations/Aboriginal-specific services, such as "advocates, traditional healers, or interpreters" were available and how they could be accessed.
- ◆ As another benefit, delivering workplace training sessions jointly "with local Aboriginal communities" allowed First Nations/Aboriginal peoples "to speak directly to providers" about their cultural customs, beliefs, and health care needs. Such discussions also opened the door to "establishing partnerships" that would "aid in improving overall Aboriginal health."
- ◆ Additional workplace training resources were also needed to orient new nurses, physicians or dental staff to specific communities. "A welcome manual for all new nurses," would help them understand that there are "ongoing opportunities for community involvement, " and explain that "nurses are expected to partake in some



- community events.” Similar materials would ensure that nurses, physicians or dentists who served the communities on a rotating basis were aware of "local customs and traditions." Situation specific orientations were important because First Nations have different cultural traditions.
- ◆ Although there was as yet no way of formally “measuring the effectiveness” of workplace training sessions, the perception among health services organizations was that cultural workplace training was beneficial. Staff who attended sessions were “more understanding” and more willing to make “accommodations for traditional care.” They also became more aware that "Aboriginal needs are different" and cannot always be met by "conventional methods" of health care.
  - ◆ Regardless of content or audience or topic, the goal of cultural workplace training in health and human services organizations was the same: "to increase and improve the knowledge, skills and attitudes of participants and increase access to quality, culturally appropriate health care services for all Aboriginal people."

## **Maintaining Aboriginal-Specific Health Education and Training Programs**

Maintaining Aboriginal-specific or Aboriginal-content health education and training programs, however, was a challenge, given the need to match needs and funding



availability. Simply keeping First Nations/Aboriginal programs operating was difficult, if the numbers of trainees enrolled were low or varied greatly from one year to the next, or if the funding was offered on a "one time only" basis:

- ◆ Community-based paraprofessional or professional training programs, for example, could only be delivered if First Nations "specifically requested" the program, if enrollment was sufficient, and funding was available to support delivery. As an educational administrator said, "we have tried to get nursing programs, but not enough students apply." Additional costs were also incurred when programs had trainees on an irregular basis, because "the program needs to be revised each time it is filled."
- ◆ Training sessions held outside of the workplace are especially expensive, due to the costs of paying replacement workers to cover for those being trained. Employers needed "an extra worker to cover when needed, so the full-time and regular casual workers can attend training sessions or conferences."
- ◆ Funding constraints also mean that workshops sometimes are not accessible to all providers who might benefit. As the administrator of a workplace training initiative said, "we would love to expand and share the knowledge with all who are interested" but funding guidelines "restrict us to First Nations."



- ◆ Organizations delivering community-based or program-based education frequently found themselves in the unenviable situation of having to compete for a limited amount of funding and a correspondingly limited amount of training on an annual basis. As a First Nations representative commented, an absence of support means that "training to community workers is never consistent" and opportunities to improve skills are often confined to "one or two sessions." She added that "a continuum of training and learning experiences needs to be available to community workers, to build on previously gained skills and knowledge."
- ◆ Programs delivered through partnerships between Aboriginal institutes, colleges and universities were equally precarious, because their funding was dependent on demand. Moreover, accrediting First Nations/ Aboriginal-specific programs and developing new ones also is a challenge, if they are not a recognized component of a professional or paraprofessional training program. Such efforts are only viable, in the long-term, if they have "secure funding, access and support services."

## Investing in First Nations/Aboriginal Health Infrastructure

In First Nations/ Aboriginal communities, there also is awareness that training and education can only produce improvements in care if human resources are "partnered with



appropriate infrastructure.” Adequate clinical and office space is a necessity, as are investments in equipment and technology:

- ◆ In some instances, accommodations are simply inadequate, given the number of clients and needs being served. In other locations, clinical space is seen as too public, which compromises confidentiality; as a First Nation representative wrote, “Who wants to go for an annual checkup across the hall from the Band Manager?”
- ◆ Several communities called for updated technology that could support databases, electronic clinical records, and client tracking, to improve administration at the local level and facilitate linkages with off-reserve care providers and planning authorities. The goal is to improve the flow of information and ensure that professionals and paraprofessionals who work in the community can “be up to date and consistent.” Such improvements would also “optimize program effectiveness.”

### **Additional Health Human Resource Investments**

As well, there is a need for additional resources to recruit and retain First Nations health care providers to address serious short-term gaps in human resources. Addressing these issues was particularly difficult, because, when program funding is set and other



costs go up, health human resource budgets are squeezed, so the likelihood of recruiting and retaining qualified professionals and paraprofessionals diminishes:

- ◆ Additional program funding was required to build “capacity to deliver effective community based health programs” and, in particular, make First Nations “more competitive” in the recruitment and retention process. Describing efforts to find a nurse, a respondent said it is difficult to recruit people from outside the community, “possibly due to the semi-isolated place, small community, lack of housing.” Unless disparities between salary grids, lack of career progress increments and absence of training opportunities were addressed, employees would “chose to work off-reserve where the pay is typically higher.”
- ◆ Insufficiency of program-specific funding was also an issue for First Nations trying to retain workers, particularly for communities with a small population or locality that did not qualify them for “major funding.” When “program dollars do not come with staffing dollars attached” communities often have to combine funds to deliver services. Some First Nations, for example, hired workers by “combining federal and provincial program funds” or employed staff to cover “two or more programs at once.” Without enough money, “workers will go elsewhere and communities will suffer.”





## SUMMARY

### **What do we know about the number, mix and distribution of Aboriginal and non-Aboriginal health care workers currently providing services to First Nations communities?**

- ◆ At the time of the First Nation and Inuit Health Survey Ontario's First Nations reported that 1513 people – crossing all disciplines – were employed delivering health programs and services in their communities. The numbers working in non-isolated communities are proportionately higher, reflecting the greater number of communities in this category, but probably also the geographic advantage they have when it comes to attracting workers.
- ◆ Broken down by job-type, the two largest groups (each accounting for approximately 22 per cent of the total) are performing Administrative tasks, or working in the Home and Community Care sector. Special program employees (e.g. Brighter Futures) and nursing staff count for approximately 18 and 16 per cent, respectively. Less than 10 per cent fall into the category of specialists, such as dietitians or physicians. Almost one quarter of the positions are part-time, in some cases because of the relative workload in smaller communities, but often due to funding shortfalls.



- ◆ Four out of every five individuals employed as health workers in the communities are themselves of Aboriginal heritage. They predominate in administration, mental health, home and community care and special programs. However, non-First Nations continue to be present in significant numbers in nursing and other high-skill professions. The ethnic background of those who serve a significant First Nations clientele in “of-reserve” settings is unknown, however, since clinics or other employers in Ontario do not collect such information.

**What is the nature of the health education and training programs available to First Nations/Aboriginal peoples across the province?**

- ◆ It is widely believed that having more First Nations/Aboriginal people in caregiving roles would lessen the problems associated with recruiting and retaining health personnel, lead to more culturally competent care, and increase Aboriginal people's willingness to access health services. Although, because each tribal group has different beliefs and customs, it is recognized that the fact of being First Nations/Aboriginal is not sufficient, in itself, to ensure that individual caregivers have knowledge appropriate to the setting in which they work.
- ◆ A range of Aboriginal relevant health education programs now exist in Ontario. Scanning all of the Aboriginal Institutes, community colleges, universities and private



sector schools in the province, we identified 67 separate and distinct offerings; in some cases the link is through curriculum content, while others are specifically designed to prepare Aboriginal students for direct entry into the workplace or for more advanced study in a health science field. Because relatively few First Nations/Aboriginal people have the educational foundations required for the latter, some 16 programs provide transitional training that provides students with essential skills in mathematics, basic sciences and written communications, along with career counselling and other supports.

- ◆ Certain programs (medicine, nurse practitioner, pharmacy, dentistry and rehabilitation sciences) reserve a small number of seats for qualified Aboriginal applicants, although their actual intake may exceed these allotments. Other programs are designed to meet specific needs of Aboriginal learners. For example, practical nursing programs are being delivered to First Nations communities, like the Six Nations; these are collaborative efforts of First Nations educational institutes and community colleges. The extent of such joint initiatives is a hallmark of Aboriginal health education in Ontario.
- ◆ Access to education is a significant hurdle for many Aboriginal people – a fact that is being addressed through various means. For example, 29 of the programs identified in the scan incorporate some form of distance delivery in their design, allowing for



community based learning and time shifting (so materials can be accessed at the learners' convenience rather than according to an inflexible instructional schedule). A number of paraprofessional programs also offer multiple entry points during the year, making them attractive to employees who must schedule their training around work and family responsibilities.

**What types of health education programs and initiatives are available to enhance the cultural competence of health care workers, both Aboriginal and non-Aboriginal, serving First Nations in Ontario?**

- ◆ Although cultural content is integrated into professional and paraprofessional programs in different ways, and addressed to Aboriginal and non-Aboriginal learners somewhat differently too, there is a common goal. That is to generate a cultural comfort level for learners, so they in turn will be able create a similar one for their Aboriginal clients. Professional programs, such as those in social work, nursing and medicine, stress the impact that culture has on care delivery, as well as the ways in which “western” and “traditional” approaches can work together. The emphasis in Aboriginal-content paraprofessional programs, which cater mostly to Aboriginal students, is on valuing First Nations customs and beliefs and affirming their importance within the health care system.



- ◆ There is considerable debate about how best to introduce Aboriginal content into curricula. Should it be threaded throughout the courses, or presented in the form of separate and distinct learning modules? Similarly, is a broad-based knowledge of trans-cultural care sufficient because the essential concepts are transferrable and can be applied to any minority community, or is culture-group specific knowledge required for effective clinical care?
- ◆ Ideally, cultural content is part of the core curricula and is reinforced through community-based experiences such as clinical placements, summer employment and limited-term post-graduate employment. This allows First Nations people to “speak directly to [future] providers” about their cultural customs, beliefs and health care needs. It also give health care students greater appreciation of the diversity in customs and traditions among First Nations communities.

**What do we know about the number of Aboriginal participants currently enrolled in health education and training programs, both Aboriginal specific and those open to all students?**

- ◆ There is a simple, two word answer to the question: *very little*. By and large, educational institutions in Ontario do not collect data on the ethnicity of their students and, at best, can only estimate the numbers of First Nations/Aboriginal students



enrolled. The paucity of data has been identified as a problem by both the government and educational institutions. It is difficult to assess the achievement of First Nation students at all levels and to develop programs that could help them meet their learning objectives. Indeed, the lack of reliable data hampers planning efforts, policy formulation, funding decisions and accountability. For example, the recent Rae report on higher education in Ontario (2005), in recommending a pre-medical program for Aboriginal students, explicitly mentions the need to create a database to help track their progress and results.

- ◆ The only information available applies to programs specifically designed for Aboriginal students. Every year, the Ministry of Training, Colleges and Universities publishes data on the Native Community Worker and Native Child and Family worker programs offered through various community colleges across the province.

### **What do we know about the number of recent Aboriginal graduates and their work destinations?**

- ◆ As with the ethnicity of their students, educational institutions do not know the employment destinations of their graduates. The only exception found was the data collected and published by the Ministry of Training, Colleges and Universities. Results of the 2004-2005 survey show that 70 per cent of graduates in the two target programs



(Native Community Worker; Native Child and Family Worker) had found work in their area of training. Furthermore, the majority were satisfied with their course of study (80%) and their employers, in turn, were satisfied with them (100%).

### **What do we know about retention rates of health care providers serving Ontario First Nations?**

- ◆ Difficulties attracting and keeping health care providers, particularly in more isolated places, has been an issue of long-standing concern. Short-term remedies, like filling vacant nursing positions with agency nurses for a few weeks at a time, albeit necessary, are thought to have long-term detrimental effects on continuity of care and clients' adherence to care regimens. A number of factors contribute to high rates of turnover, including heavy workloads, and professional isolation. However, First Nation communities also have difficulty competing for staff because salaries are often restricted by caps on program funding.
- ◆ At the time of the First Nations and Inuit Health Survey, a total of 149 positions were vacant across all sectors of the First Nations health workforce in Ontario. The largest number were in nursing (33); various specialities like dietitians, midwives, traditional healers, (29); and administration (28). The shortfall in specialized programs, like Brighter Futures (21) and Mental Health (21), are also significant. Some 75 retirements



expected over the next five years, particularly in Nursing and Home and Community Care, will add to the recruitment challenge.

- ◆ Despite the vacancies, it is apparent that First Nation communities in Ontario enjoy a degree of stability in their health workforce – overall, 62 per cent of employees have been in their present position for more than two years. As a First Nations representative stated, however, *all* elements of an effective health human resource strategy must work together to ensure good health:

More people have to be trained in the health field and given specific tasks, because the people already working are busy with their own programs. This could be part of community development and long-range planning . . . A vision for the future in terms of education and employment opportunities . . Good healthy lifestyles could lead to good healthy lives.



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## Appendix B

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Association of Canadian Community Colleges. *Programs Database.*

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Association of Universities and Colleges of Canada. *Directory of Canadian Universities.*

(<http://oraweb.aucc.ca/showdcu.html>).

Canadian Universities-Net. *Canadian Universities, Community Colleges and Career Colleges.*

(<http://www.canadian-universities.net/>)

Indian and Northern Affairs Canada. *INAC E-Directory for Scholarships, Bursaries and Awards for Aboriginal Students.* (<http://pse-esd.ainc-inac.gc.ca/abs.>)





## Appendix C

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS (Sorted by Subject Area)					
Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Collaborative Program in Aboriginal Health	Aboriginal Health	University	Campus	University of Toronto	Multidisciplinary graduate training for Arts and Science, Nursing, Medicine, and Education students in Aboriginal health research and practice. Goal to improve health of Aboriginal people.
Aboriginal Community Services Worker	Community Services	First Nations/ Aboriginal/ College	Distance education	Oshki-Pimache-O-Win Education and Training Institute/ Confederation College	Distance education. Prepares students to work as Human Services Workers, Community Health Representatives, Community Services Workers.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Aboriginal Social Service Worker	Community Services	College	Campus	Sir Sanford Fleming College	4-semester Aboriginal Emphasis program, includes courses in Community Development, Social Psychology, Aboriginal History and Culture, and Community Field Work.
Indigenous Community Development and Leadership Program	Community Services	College	Campus	Confederation College/ Neegahneewin	4year, post-diploma program, to train Aboriginal individuals to work in Project Management, Indigenous Governance, Policy Analysis, Development, and Advocacy.
Native Community and Social Development Program	Community Services	College	Cooperative Education	Georgian College	2-year cooperative education diploma – 4 semesters + 2 work terms. Development, planning, and administration of social/health care services within the Native community.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
**(Sorted by Subject Area)**

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Community Health Worker Training	Community Health	College/ First Nations/ Aboriginal	Campus/ Workplace Training	George Brown College/ Aboriginal Health Centre Toronto	1-year certificate program. Combines workplace training and courses in traditional health, development, health promotion, communication. Successful students can enter 2 <sup>nd</sup> year of Human Services program.
Customized Community-Based Certificate	Community Health	College	Campus/ Distance Education/ Workplace Training	Canadore College	Continuing education and community-based customized training programs for individual needs. Developed on demand for First Nations.
Native Early Childhood Education	Early Childhood Education	College/ First Nations/ Aboriginal	Distance Education/ Campus	Cambrian College/ Canadore College/ St. Clair College/ Anishnabek Institute	Aboriginal-specific 2-year diploma program on child development; academic and practical study in partnership with Anishnabek Institute. Graduates may continue studies at university.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Native Early Childhood Education	Early Childhood Education	College/ First Nations/ Aboriginal	Distance Education/ Campus	Cambrian College/ Oshki-Pimache-O-Win Education and Training Institute	Aboriginal-specific, 2-semester certificate program. Delivered in partnership with Oshki-Pimache-O-Win Educational Institute.
Environmental Technician	Environmental Health	First Nations/ Aboriginal/ College	Campus	First Nations Technical Institute/ St. Lawrence College	2-year full-time diploma program; teaching of traditional knowledge to address First Nations environmental issues. Program under development.
Indigenous Community Health Approaches <i>Enionkwatakariteke</i>	Environmental Health	First Nations/ Aboriginal/ College	Campus	First Nations Technical Institute/ St. Lawrence College	1-year post-diploma program; exposes First Nations and non-First Nations health professionals to cultural teachings that enhance their understanding of health care and environmental issues.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Indigenous Environmental Studies	Environmental Health	University	Campus	Trent University	2-year diploma. Offers interdisciplinary approach to study of environmental concerns in Aboriginal communities.
Health Office Clerk	Health Administration	College	Campus	Sault College/ Aboriginal Health Access Centre	Certificate program will provide standardized training that will improve health services; program may be shared with other AHACs in province.
Ontario Aboriginal Health Advocacy Initiative	Health Advocacy	First Nations/ Aboriginal	Distance Education/ Workplace Training	Ontario Federation of Indian Friendship Centres	Provides workshops and training modules for front line service providers addressing care and treatment of Aboriginal clients within the health care system.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Health Sciences/ Medicine	Health Sciences	University	Campus	McMaster University	Specialized Aboriginal admission procedure; students are required to meet same criteria for admission as other candidates.
Native Students Health Sciences	Health Sciences	University	Campus	McMaster University	Offered by Aboriginal Health Sciences Office, Aboriginal Health Elective, 6 four-hour sessions. Aboriginal healthcare issues, delivery of services and provision of culturally appropriate care by non-Aboriginal providers.
Community Development and Mental Health/Social Service Worker	Human Services	First Nations/ Aboriginal/ College	Distance Education/ Workplace Training	First Nations Technical Institute/St. Lawrence College	Distance education program. 2 one-year certificate programs consisting of 12 modules, emphasis on casework and counselling. Social Service Worker Diploma.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Community Worker	Human Services	College	Campus	George Brown	2-year diploma program to develop skills involved in performing front-line community work; graduates can apply for registration as Social Service Worker.
Healing and Wellness Counsellor Program	Human Services	First Nations/ Aboriginal/ Non-profit private career college	Distance Education/ Workplace Training	Native Education & Training College (North Bay)	8-month distance education diploma program with Aboriginal spiritual teaching component prepares students for social service positions.
Native Child and Family Worker	Human Services	College/ First Nations/ Aboriginal	Distance Education/ Campus	Confederation College/ Neegahneewin/ Oshki Pimache O Win Education and Training Institute	2-year program offered at satellite campuses and via distance education. Prepares students to work in native child and family service agencies.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Social Service Worker	Human Services	College	Campus	Cambrian College	Native specialization, 2-year diploma teaches students skills, knowledge and cultural competence for working with Aboriginal peoples.
Social Service Worker	Human Services	First Nations/ Aboriginal/ College	Distance Education/ Workplace Training	First Nations Technical Institute/ St. Lawrence College	2-year diploma – 12 intensive workshops; “travelling college” community-based and work-based learning. Gives accreditation to staff in existing social services worker positions.
Social Services Worker/Native Child and Family Worker	Human Services	First Nations/ Aboriginal	Distance Education/ Workplace Training	First Nations Technical Institute	Post-secondary diploma programs – 12 weeks over 2 years, based on aboriginal knowledge and experience. Social Service Worker (Welfare Administrator) and Native Child and Family Services (Community Worker) streams.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
**(Sorted by Subject Area)**

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Social Services Worker Program	Human Services	Non-profit private career college	Distance Education/ Workplace Training	Native Education & Training College (North Bay)	8-month social work diploma program includes Aboriginal content. Delivered on request via distance education in First Nations communities.
Social Service Worker - Native	Human Services	College	Campus	Sault College	2-year diploma prepares students to work in social services. Emphasizes client-centred and culturally sensitive approach. Includes 600 hours of practicum.
Youth Worker Program	Human Services	Non-profit private career college	Distance Education/ Workplace Training	Native Education & Training College (North Bay)	8-month diploma program offered on campus, via distance education, and, where numbers permit, off-campus group program. Focus on training human services workers for First Nations youth programs in urban and remote communities.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Medicine	Medicine	University	Campus	Lakehead and Laurentian Universities (Northern Ontario School of Medicine)	Designates a minimum of 2 seats each year for Aboriginal students. Aboriginal admissions stream. 1 <sup>st</sup> -year mandatory Aboriginal community placements and Aboriginal content.
Medicine	Medicine	University	Campus	Queen's University	Aboriginal alternate admissions -- up to 4 candidates per year.
Medicine	Medicine	University	Campus	Queen's University	Specialization in Aboriginal Health for 3 <sup>rd</sup> year Family Medicine Residents. Includes Aboriginal History and Cultural Context, Determinants of Health, Knowledge and Skills Acquisition, Medical Education, and Research and Community Development.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Medicine	Medicine	University	Campus	University of Western Ontario	Aboriginal Alternate Admissions - up to 3 designated seats; applicants from Aboriginal communities
Medicine	Medicine	University	Campus	University of Toronto	1 Designated Aboriginal Seat per year but no admissions program specifically for Aboriginal applicants
Medicine	Medicine	University	Campus	University of Ottawa	Aboriginal alternate admissions - up to 8 seats reserved for Aboriginal applicants. Program supports Aboriginal medical students.
Aboriginal Midwifery Training	Midwifery	First Nations/ Aboriginal	Campus	Six Nations Maternal and Child Centre	3-year program including five 16-week clinical placements. Includes clinical experience, traditional teachings, physiology and anatomy.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Nursing	Nursing (BScN)	University	Campus	Queen's University	Aboriginal alternate admissions - up to 5 candidates per year.
Nursing	Nursing (BScN)	University/ College	Campus	Western / Fanshawe	Aboriginal alternate admissions and designated seats. Collaborative program, 4 seats set aside, 2 at each institution, for Aboriginal applicants who do not meet competitive criteria.
Native Nurses Entry Program	Nursing (NNEP)	University	Campus	Lakehead University	9-month transition program to develop academic skills (English, Chemistry, Mathematics, Biology, Communications). Includes two 12-week semesters and 2-week fieldwork in Aboriginal settings. Successful graduates enter BScN program.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Nursing	Nursing (Nurse Practitioner EC)	University	Campus	COUPN Consortium (Lakehead, Laurentian, McMaster, Ottawa, Queen's Ryerson, Western, Windsor, York)	Primary Care Nurse Practitioner EC diploma for B.ScN. prepared nurses. Content applicable to Aboriginal groups is integrated throughout the curriculum. Designated spaces available for Aboriginal learners. Masters level program pending.
Practical Nursing in First Nations	Nursing (Practical)	First Nations/ Aboriginal/ College	Campus/ Distance Education	First Nations Technical Institute/ Loyalist College	General practical nursing with Aboriginal content. Distance education program under development, to be offered in First Nations communities.
Practical Nursing	Nursing (Practical)	College	Campus	Loyalist College	Course includes some Aboriginal content and currently has some Aboriginal students.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Practical Nursing With Aboriginal Communities Program	Nursing (Practical)	College/ First Nations/ Aboriginal	Campus	Mohawk College/ Six Nations Polytechnic	2-year diploma, 1 <sup>st</sup> year at Six Nations, 2 <sup>nd</sup> at Mohawk. Development of skills and knowledge, Aboriginal clinical placements. Successful graduates proceed to BScN; program beginning 2008.
Occupational Therapy	Occupational Therapy	University	Campus	University of Toronto	1 designated Aboriginal seat per year.
Paramedic Program	Paramedic	First Nations/ Aboriginal/ College	Campus	Six Nations Polytechnic/ St. Lawrence College	2-year post-secondary program. Training in theory and skills for handling medical emergencies. Graduates can write provincial exam for certification as Primary Care Paramedic.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
**(Sorted by Subject Area)**

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Personal Support Worker Program (Aboriginal)	Personal Support Worker	College	Distance Education/ Workplace Training	Northern College	2-semester campus and distance program. Theory and practice in community and institutional settings. Mandatory for long-term care workers. Delivered in Aboriginal Communities, if sufficient enrolment.
Personal Support Worker Program (Aboriginal)	Personal Support Worker	College/ First Nations/ Aboriginal	Distance Education/ Workplace Training	Sault College/ Seven Generations	2-semester 4-course distance education program. Classroom, independent study, community visits and practicum experiences. Delivered in Aboriginal Communities, on demand, if sufficient enrolment.
Pharmacy	Pharmacy	University	Campus	University of Toronto	Aboriginal applicants may self-identify and receive special consideration during admissions.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Physical Therapy	Physical Therapy	University	Campus	University of Toronto	1 designated Aboriginal seat per year.
Aboriginal Pre-Health Sciences	Pre-Health	College	Campus/ Distance Education	Georgian College/ Anishnabe Education and Training Circle	1-year (2 semesters) certificate program. Introduction to culturally-sensitive care, variety of health science courses and necessary pre-requisites. Pilot delivered via distance education in First Nations communities.
Native Pre-Health Sciences Program	Pre-Health	First Nations/ Aboriginal	Campus	Six Nations Polytechnic/ Niagara College	1-year certificate program prepares student for health sciences studies at college or university.
Pre-Health Sciences Program	Pre-Health	College	Campus	Confederation College/ Neegahneewin College	1-year certificate program to prepare students for admission into college or university health sciences programs.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Basic Radiotherapy	Radiation Technology	First Nations/ Aboriginal	Distance Education	Oshki-Pimache-O-Win Education and Training Institute	Distance education program delivered in First Nations communities. Students trained as x-ray technicians using local equipment and services. Can write exams for Basic Radiotherapy Certification.
Aboriginal Social Work (BSWH)	Social Work (BSWH)	University	Distance Education/ Workplace Training	Carleton University/Seven Generations Education Institute/Moose Cree Educational Institute	6-year part-time degree program, offered on weekend schedule in First Nations communities, in partnership with Aboriginal institutes. Designed for mature students working full-time in human service professions with Aboriginal communities.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Honours Bachelor of Social Work – Native Human Services	Social Work (BSWH)	First Nations/ Aboriginal	Distance Education/ Workplace Training	Laurentian University/ Seven Generations Education Institute	Part-time 6-7 year program. Open to students with previous diploma or degree at post-secondary level. Degree program for social work accreditation.
Bachelor of Social Work (Honours) - Native Human Services	Social Work (BSWH-NHS)	University	Campus	Laurentian University	4-year degree program. Theory, practice, cultural specific perspectives and fieldwork with Aboriginal focus. Degree program for social work accreditation.
Social Work Program (BSW)	Social Work	First Nations/ Aboriginal/ University	Campus/ Workplace Training	First Nations Technical Institute/ Ryerson University	4-year part-time BSW program. Open to those with a Social Service Worker Diploma or equivalent. Designed for employed adult. Courses to be taught in London starting January 2008.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Social Work Aboriginal Advanced Practice Initiative	Social Work	University	Campus/ Workplace Training	University of Toronto/ Ryerson University/ Native Child and Family Services of Toronto	Flexible BSW/MSW program, multiple entry and exit points. Designed to assist Aboriginal social workers who are currently working in child and family services in obtaining educational credentials.
Social Work (MSW)	Social Work	University	Campus	Wilfrid Laurier University	1-year MSW program for BSW graduates. Students learn about Aboriginal wholistic healing practices and research methods.
Aboriginal General Arts and Science	Transition	College	Campus/ Distance education	Canadore College	2 semester program. Emphasis on interpersonal learning, academic skills and career options. Successful students guided toward Preparatory Health Sciences, Aboriginal and General Arts and Science 1-year certificate programs.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Aboriginal Enriched Support	Transition	University	Campus	Carleton University	Program supports Aboriginal students during admissions and 1 <sup>st</sup> year (application, course selection, study skills, campus resources, etc.). Aboriginal topics seminar emphasizes maintenance of Aboriginal perspective while attending university.
Aboriginal Transition	Transition	College	Campus	Confederation College/ Neegahneewin College	1-year certificate program. Develops academic skills necessary for transition to postsecondary studies; explores career opportunities.
Aboriginal Alternate Admissions	Transition	College	Campus	Mohawk College	Alternate Aboriginal admissions. Less weight given to prior academic performance in admissions.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Aboriginal General Arts and Science	Transition	First Nations/ Aboriginal	Campus	Seven Generations Education Institute	1-year full time program designed for mature secondary school graduates. Emphasis on skills (literacy, numeracy, problem-solving) .
Aboriginal Transition	Transition	University	Campus	University of Toronto	Part-time program for mature students. Goal to bridge gap between secondary education and 1 <sup>st</sup> year university courses. Successful completion leads to admission to Arts and Science and credit toward degree.
First Nations Studies	Transition	University	Campus	University of Western Ontario	Interdisciplinary Faculty of Social Sciences program. Emphasis is on Southwestern Ontario. Provides basis for professional schools, including medicine, nursing and social work.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
General Arts and Science (Aboriginal)	Transition	College	Campus	Algonquin College	1-year certificate or 2-year diploma program. Increases knowledge of First Nations' issues, culture, community development, language. 2-year program leads to General Arts & Science Diploma in Aboriginal Studies. Credits may transfer to universities.
General Arts and Science (Aboriginal)	Transition	College	Campus	Mohawk College	1-year certificate or 2-year diploma bridging program. Basic academic skills and prepares students for further study. Credits transfer to universities and colleges.
General Arts and Science	Transition	College	Campus/ Distance Education	Northern College	2 semester program. Sampling of college studies. Distance education delivery, dependent on enrollment, through First Nations Education Authority.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Indigenous Studies Diploma	Transition	University	Campus	Trent University	4 semester diploma program, over two years. Courses in Indigenous Issues. Includes counselling, skills development and other supports. Credits transfer to universities and colleges.
Native Studies Program	Transition	University	Campus	Nipissing University	3-year degree program. Aboriginal perspective and multidisciplinary approaches. Students continue education in professions.
Native 1 <sup>st</sup> Year University Program	Transition	First Nations/ Aboriginal	Campus	Six Nations Polytechnic/ Brock, Guelph, McMaster, Waterloo, Wilfrid Laurier Universities	Community-based full- or part-time 1 <sup>st</sup> year program. Credits transfer. Successful completion ensures admission to 2 <sup>nd</sup> year BA program.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Shki-Miikan	Transition	College	Campus	Georgian College/ Anishnabe Education and Training Circle	Enhances academic and skills preparation for further college education. Develops Native students' feeling of cultural identity.
Summer Mentorship Program	Transition	University	Campus	University of Toronto	4-week career development program for under-represented or marginalized students interested in post-secondary education. Explores university and professional careers.
Tekarihwake (Aboriginal Fundamentals)	Transition	First Nations/ Aboriginal/ College	Campus	Mohawk College/ Six Nations Polytechnic	1-year certificate (1 <sup>st</sup> semester at Six Nations Polytechnic, 2 <sup>nd</sup> semester at Fennell Campus of Mohawk). Graduates can enter into Health Sciences and Human Services Programs.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Transitional Year Program	Transition	University	Campus	University of Toronto	1-year full-time program. Successful students may be admitted to Arts and Science programs.
Drug and Alcohol Counsellor	Wellness and Addictions	College	Campus	Sir Sanford Fleming College	4-semester program with Aboriginal Emphasis. Courses in Community Development, Social Psychology, Aboriginal History and Culture, and Community Field Work.
Indigenous Wellness and Addictions Prevention	Wellness and Addictions	College	Campus/ Distance Education	Canadore College/ Seven Generations Education Institute	1-year certificate and 2-year diploma programs. Focus on traditional healing methods for addiction problems, skills and knowledge for working in Aboriginal and urban settings. 2-year diploma programs leads to Social Service Worker Certification.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Indigenous Wellness & Addictions Prevention	Wellness and Addictions	First Nations/ Aboriginal	Distance Education	Oshki-Pimache-O-Win Education and Training Institute/ Confederation/ Neegahneewin	Distance education program to be delivered to First Nations communities. New course with first intake in Fall 2007.
Indigenous Wellness and Addictions Prevention Program	Wellness and Addictions	First Nations/ Aboriginal	Campus/ Distance Education	Seven Generations Education Institute /Canadore College	2-year part-time program. Designed to develop addictions counselling skills and knowledge includes practicum. Graduates may transfer to Canadore with advanced standing. Begins September 2007.
Mental Health & Addiction Worker Diploma Program	Wellness and Addictions	Non-profit private career college	Distance Education/ Workplace Training	Native Education & Training College (North Bay)	8-month diploma program, via distance education program. Prepares students as Mental Health and Addiction Workers with First Nation Treatment Centres.

**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Native Community Care Counselling and Development Program	Wellness and Addictions	First Nations/ Aboriginal	Campus/ Distance Education/ Workplace Training	Anishnabek Educational Institute/ Union of Ontario Indians/ Cambrian College/ Canadore College/ St. Clair College	5 semesters, with two 2-week classes each, then 5 weeks at workplace. Distance education program. Designed for band and urban First Nations CHRs, Youth Workers, Mental Health & Addictions Workers who need additional training or accreditation.
Native Community Worker	Wellness and Addictions	College	Campus	Sault College	2-year diploma program. Training offered in wholistic health, addictions, traditional foods and medicines, and cross cultural awareness.
Native Community Worker	Wellness and Addictions	College	Distance Education	St. Clair College	2-year diploma at Munsee-Delaware site. Skills training, native culture, healing and counselling of Aboriginal people, traditional healing.



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES PROGRAMS**  
(Sorted by Subject Area)

Program Name	Subject Area	Institutional Type	Delivery	Organization	Description
Traditional Healing, Learning, and Teaching	Wellness and Addictions	College	Continuing Education/ Distance Education	Canadore College	Introductory course, 6 sessions offered on alternate weekends. Explores traditional medicine, personal development.
Native Diabetes Prevention Specialist Program	Wellness and Diabetes Prevention	First Nations/ Aboriginal	Campus/ Distance Education	First Nations Technical Institute	Certificate program; introduction to diabetes and public health efforts to prevent and treat it. Program under development.

## Appendix D

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Aboriginal Enriched Support Program	University	Carleton University	New Sun New Beginning Bursary	Aboriginal, mature student, full-time or part-time. Financial need.	Varies
Any	College	Algonquin College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Cambrian College	Francis Lapointe Bursary	Native student, residing in a Northern Ontario Native community or reserve, field of their choice. Emergency fund, based on need.	\$500 (1 award)



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	College	Cambrian College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Cambrian College	Royal and Sunalliance Company Scholarship	Aboriginal student, second or third year of any full-time program, high academic standing.	\$1,000 (1 award)
Any	College	Canadore College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	College Boreal	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Conestoga College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	College	Confederation College	Fort William First Nation	FWFN member. Academic standing, community or college involvement, financial need.	\$400 (2 awards)
Any	College	Confederation College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Confederation College	Oshki Anishnawbeg Student Association "Giinisidynago: Award	Aboriginal. Academic achievement, community involvement, role model.	\$100 (3 awards)
Any	College	Fanshawe College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	First Nations Technical Institute	Aboriginal Bursary	All Aboriginal students enrolled at First Nations Technical Institute. Unexpected financial difficulties.	Varies



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	College	George Brown College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Georgian College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Humber College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Lambton College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Loyalist College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	\$1,000 (1 award)

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	College	Mohawk College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Niagara College	Aboriginal Scholarships	Aboriginal, 2 <sup>nd</sup> year. Academic excellence, contribution to Native community.	\$250 (2 awards)
Any	College	Niagara College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Northern College	Aboriginal Entrance Scholarships	Aboriginal, full-time residents Ontario, unsponsored diploma program.	Full tuition (8 awards)
Any	College	Northern College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	College	Sault College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Sheridan College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	Sir Sanford Fleming College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	College	St. Clair College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	\$500 (1 award)
Any	College	St. Lawrence College	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	College or University	Any	Dennis Franklin Cromarty Memorial Fund	Nishnawbe-Aski First Nation member. Completion of one year of diploma program, good academic standing.	Varies
Any	College or University	Community Foundation Grey Bruce	First Nations People's Scholarship Fund	Preference given to First Nations of Cape Croker, then First Nations of Saugeen, then First Nation peoples living off reserve in Grey and Bruce County. Priority to mature women with or without children	Varies
Any	College or University	Six Nations	Ruby (Smith) Sears Memorial Educational Scholarship	Six Nations members, living on reserve, received elementary education on reserve and entering nursing or allied health sciences. Successful completion 1 <sup>st</sup> year college or university program.	Varies



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES  
SCHOLARSHIPS AND BURSARIES (Sorted by Program)**

Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	University	Algoma University	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	University	Any	Casino Rama Award	Aboriginal, full-time, Ontario resident. Financial need, successful completion 1 <sup>st</sup> year.	\$5,000 (3 awards)
Any	University	Brock University	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	University	Carleton University	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	University	Lakehead University	Bridget Veronica Morton Memorial Award	Native, undergraduate. Financial need.	\$270 (4 awards)
Any	University	Lakehead University	Dr. Richard Lyons Bursary	Aboriginal. Financial need.	\$200 (1 award)

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	University	Lakehead University	Entrance and Access Bursary	Aboriginal, entry, full-time. Travel over 700 km to attend university. Financial need.	\$800 (varies)
Any	University	Lakehead University	Freda MacDonald Bursary	Aboriginal student, female, any program, financial need.	\$200 (1 award)
Any	University	Lakehead University	Hamlin Family Bursaries	Aboriginal, any year. Academic achievement, financial need.	\$1,000 (3 awards)
Any	University	Lakehead University	Independent First Nations Alliance Entrance Bursary	IFNA communities, 1 <sup>st</sup> year Native Access Program. Academic potential, financial need.	\$6,190 (varies)
Any	University	Lakehead University	Joseph W. Auger Memorial Award	North American Native Student, 2 <sup>nd</sup> , 3 <sup>rd</sup> or 4 <sup>th</sup> year. Satisfactory academic standing, financial need.	\$200 (1 award)
Any	University	Lakehead University	Lakehead University Transfer Scholarships	Transfer student, full-time. Academic achievement in Community College or University program.	\$1,000 (varies)



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES  
SCHOLARSHIPS AND BURSARIES (Sorted by Program)**

Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	University	Lakehead University	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	\$8,000 (\$500, # varies)
Any	University	Lakehead University	Shell Canada Native Entry Award	Native, entry award. Financial need, academic standing, community involvement.	\$800 (1 award)
Any	University	Laurentian University	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	University	Laurentian University	Semple-Gooder Bursary	Native, full-time. Financial need, completion of 1 <sup>st</sup> year.	\$300 (1 award)
Any	University	Nipissing University	Nipissing Aboriginal Award	Aboriginal, 2 <sup>nd</sup> year, full-time, Arts and Science. Academic standing, financial need.	\$ 500 (# varies)
Any	University	Nipissing University	Phyllis Kathleen Hart Memorial Bursaries	Aboriginal. Financial need.	\$ 500 (# varies)

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	University	Queen's University	AMS Native Student Awards	Native students, entry award. Financial need, academic standing.	\$1,000 (2 awards)
Any	University	Queen's University	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	University	Queen's University	Queen's Graduate Award for Racial Minorities	Native students, entry award. Financial need, academic standing.	\$1,000 (# varies)
Any	University	Queen's University	Undergraduate Bursary for First Nations and Visible Minorities	Aboriginal/First Nation/Visible Minority, entry year, full-time degree program.	\$2,000 (1 award)
Any	University	Ryerson University	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	University	Trent University	Christian Church Award (Church of Christ)	Aboriginal, upper-year, Ontario. Satisfactory academic achievement, financial need.	Varies (1 award)



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES  
SCHOLARSHIPS AND BURSARIES (Sorted by Program)**

Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	University	Trent University	Elders Text Prize	Aboriginal. Academic achievement, community contribution, financial need.	Varies (1 award)
Any	University	Trent University	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	University	Trent University	Norma and Lloyd Parnall Bursary	Aboriginal women, undergraduate or postgraduate programs.	Varies
Any	University	Trent University	William B. Reid Native Bursary	Aboriginal students. Financial need, academic achievement.	Varies
Any	University	University of Toronto	First Nations House Grant Program	Aboriginal, any program. Financial need.	Varies
Any	University	University of Windsor	Geoffrey H. Wood Native Bursary	Aboriginal (Status, Non-Status, Bill C-31). Academic achievement, financial need.	\$250 (1 award)
Any	University	University of Windsor	Leroy Freeman Altman Memorial Award	Aboriginal, full-time. Financial need.	Varies

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	University	University of Toronto	Lillian McGregor Award of Excellence	Aboriginal women, full-time program. Academic excellence, community contributions.	\$1,000 (# varies)
Any	University	University of Ottawa	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	Varies
Any	University	University of Toronto	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time. Financial need, good academic standing.	\$500 (# varies)
Any	University	University of Western Ontario	Métis Nation of Ontario Bursaries	Métis, Ontario resident, full-time post-secondary student. Financial need, good academic standing.	\$1,000 (5 awards)
Any	University	University of Toronto	President's Award for Outstanding Native Student of the Year	Aboriginal, 3 <sup>rd</sup> or 4 <sup>th</sup> year undergraduate, any year graduate or medicine, etc. Academic achievement, community contribution.	\$4,000 (1 award)



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	University	University of Toronto	Rosalind Murray Bradford Scholarship	Aboriginal, 2 <sup>nd</sup> , 3 <sup>rd</sup> or 4 <sup>th</sup> year undergraduate. Academic achievement, financial need.	\$2,000 (1 award)
Any	University	University of Windsor	Stuart H. Surlin Bursary for Aboriginal Students	Aboriginal (Status, Non-Status, Bill C-31), Ontario residents. Academic achievement, financial need.	Varies
Any	University	University of Waterloo	Sundance Social Work Aboriginal Student Bursary	Aboriginal, Ontario residents, full-time students. Aboriginal community involvement, financial need.	\$1,000 (max) (# varies)
Any	University	University of Guelph	Sundance Social Work Aboriginal Student Bursary	Aboriginal, Ontario residents, full-time students. Aboriginal community involvement, financial need.	\$1,000 (max) (# varies)
Any	University	University of Windsor	Turtle Island Bursary	Aboriginal (Status, Non-Status, Bill C-31). Financial need.	\$1,000 (# varies)
Any	University	University of Toronto	UT Advanced Planning Award	Aboriginal, financial need.	Varies

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Any	University	University of Windsor	Windsor-Essex Métis Council Bursary	Métis Nation of Ontario members. Academic achievement, financial need.	\$1,000 (2 awards)
Any	University	Wilfrid Laurier University	Sundance Aboriginal Student Bursary	Aboriginal, Ontario residents, full-time students. Aboriginal community involvement, financial need.	\$1,000 (max) (# varies)
Any	University or College	Any	Casino Rama Award	Aboriginal, full-time, Ontario resident. Financial need, successful completion 1 <sup>st</sup> year.	\$2,500 (12 awards)
Child and Family Services	College	Cambrian College	United Chiefs and Councils of Manitoulin Bursaries	Member UCCM First Nations, full-time. Financial need, academic standing, Wabnode activities and/or community involvement.	\$500 (4 awards)
Dentistry	University	University of Toronto	Wilson G. Ahrron Award	Native ancestry. Continuation award, 4 years.	



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Environmental Studies	College	Cambrian College	John Wesley Beaver Memorial Award (Ontario Power Generation)	Native ancestry (Status, Non-status, Métis or Inuit). Good academic standing, communication skills , commitment, extra-curricular activities.	\$2,000 (2 awards, 1 female, 1 male)
Environmental Studies	College	Confederation College	Ontario Power Generation Native Student Awards	Native ancestry (Status, Non-status, Métis or Inuit), Aboriginal Transition, Environmental Studies. Academic standing, activities.	\$1,000 (5 awards)
Environmental Studies	University	Any (except Lakehead University)	John Wesley Beaver Memorial Award (Ontario Power Generation)	Native ancestry (Status, Non-status, Métis or Inuit), student entering college or university, environmental program. Good academic standing, communication skills , commitment, extra-curricular activities.	\$4,000 (2 awards, 1 female, 1 male)

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Environmental Studies	University	Lakehead University	Ontario Power Generation Native Student Awards	Native ancestry (Status, Non-status, Métis or Inuit), student entering college or university, engineering, business).	\$15,000 (5 awards)
Environmental Studies	University	Lakehead University	Weyerhaeuser Community Education Diversity Bursary	Aboriginal (Status, Non-status, Métis or Inuit). Academic achievement, financial need.	\$3,000 (1 award)
Health	College	Cambrian College	United Chiefs and Councils of Manitoulin Bursaries	Member UCCM First Nations, full-time. Financial need, academic standing, Wabnode activities and/or community involvement.	\$500 (4 awards)
Health	University	University of Toronto	City of Toronto Scholarships in Aboriginal Health	Aboriginal, undergraduate or graduate health professional program. Academic achievement, community leadership.	\$6,000 (2 awards)



**PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES  
SCHOLARSHIPS AND BURSARIES (Sorted by Program)**

Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Health Sciences, Nursing, Social Services	First Nations/ Aboriginal	Six Nations	Blanche Gerhard Memorial Award	Six Nations members, living on reserve, received elementary education on reserve and entering nursing or allied health sciences.	
Health Sciences	University	Queen's University	A. Colin and Merylin M. McKinley Bursary	Aboriginal. Financial need, from rural areas, intend to work in rural areas.	Varies
Indigenous Studies and Community Development	University	Trent University	Peace Hills Trust Prize	Aboriginal student, 2 <sup>nd</sup> year Indigenous Studies, with specialization in Community Development. Academic achievement.	\$500 (1 award)
Indigenous Studies	University	Trent University	Aditya Jha Indigenous Studies Bursaries	Aboriginal, undergraduate or graduate, Indigenous studies or other field. Financial need.	Varies (1 award)
Indigenous Studies	University	Trent University	Bigwin Memorial Award	Aboriginal student. Academic excellence, community contribution.	Varies (1 award)

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Indigenous Studies	University	Trent University	Edna Manitowabi Prize	Aboriginal students. Academic achievements, participation and contribution.	Varies (1 award)
Indigenous Studies	University	Trent University	Garnet Morris/Sun Life Prize	Indigenous Studies, 2 <sup>nd</sup> year, Community Development. Academic achievement.	Varies
Indigenous Studies	University	Trent University	Indigenous Studies Bursary	Non-status and Métis only. Academic achievement.	Varies
Indigenous Studies	University	Trent University	Indigenous Studies Bursary	Métis and Non-Status, not supported by Indian Student Support Program. Financial Need.	Varies
Indigenous Studies	University	Trent University	John Bernard Scholarship	Aboriginal (First Nation, Métis or Inuit), completed at least one year. Work with technology within Aboriginal communities.	Varies
Indigenous Studies	University	Trent University	Joyce Miller Prize	Indigenous Studies. Academic achievement, contribution to program.	Varies



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Indigenous Studies	University	Trent University	K. E. Kidd Memorial Awards	Indigenous Studies, graduating student. Academic excellence.	Varies
Indigenous Studies	University	Trent University	Louise Garrow Prize	Indigenous Studies. Academic achievement, contribution to program.	Varies
Medicine	University	Any	Dr. Tomer Levy Memorial Bursary (Anishnawbe Health Toronto)	Aboriginal ancestry, Inuit or Métis, home community in Ontario, good academic standing, intent to work with Native community after graduation.	Varies
Medicine (Undergrad)	University	Queen's University	A. Colin and Merylin M. McKinley Bursary	Aboriginal. Financial need, from rural areas, intend to work in rural areas.	Varies
Medicine (Graduate)	University	University of Toronto	Gladys Watson Aboriginal Education Fund	Aboriginal, graduate programs or medicine, full-time or part-time. Financial need.	\$1,500 (# varies)

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Native Community Care, Native Child and Family Worker, Developmental Services, Social Services, Child and Youth Worker.	College	Cambrian College	Dr. John A. Ward Memorial Bursary	Aboriginal, full-time student, financial need. Any program, preference for native-specific health and human services programs.	\$200 (1 award)
Native Community Worker Program	College	Sault College	Anishinaabe Student Achievement Award	2 <sup>nd</sup> year of program	
Native Human Services, Native Studies	University	Laurentian University	Arthur and Eva Solomon Bursary	Native student, full-time. Financial need, Ontario resident.	\$400 (3 awards)



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Native Human Services, Social Work	University	Laurentian University	Barbara Konarek Memorial Scholarships	Students entering the 3rd or 4th year of Social Work, Native Human Services or Women's Studies. Academic standing.	\$650 (2 awards)
Native Human Services	University	Laurentian University	Kelly Ann Henderson Memorial Bursary	Female, financial need, academic standing.	\$1,500 (1 award)
Native Human Services, Social Work	University	Laurentian University	Kelly Ann Henderson Memorial Bursary	Female applicants only.	\$1,500 (1 award)
Native Human Services	University	Laurentian University	Ruthco Bursary	Native human services, full-time. Academic standing, Ontario resident, financial need.	\$5,000 (1 award)
Native Human Services	University	Laurentian University	Scotiabank Awards	Native Human Services, 2 <sup>nd</sup> , 3 <sup>rd</sup> , or 4 <sup>th</sup> year. Good academic standing, financial need, Ontario resident.	\$3,000 (3 awards, 1 designated Aboriginal)

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Native Nurses Entry Program.	University	Lakehead University	First Nations and Inuit Health Branch, Native Students Bursary for Aboriginal Health	Aboriginal student, nursing, full or part-time, including Northern Native Nurses Entry. Financial need.	\$3,360 (\$1,000 max, # varies)
Native Studies	College	Cambrian College	Foundation Baxter Alma Ricard Aboriginal Studies Bursary	Aboriginal Ancestry, Métis, Inuit, Aboriginal-specific program. Financial need, high academic standing, leadership skills, actively involved in promoting Aboriginal quality of life.	\$1,500
Native Studies	College	Cambrian College	Olive McGregor Award	Aboriginal students Native-specific programs.	\$500 (1 award)
Native Studies	University	Laurentian University	Doug Dokis/Cindy Henriques Native Students' Award	Ontario residents, financial need, extracurricular activities.	Varies
Native Studies	University	Laurentian University	Jolene Moriarty Native Students' Award	Ontario residents, financial need, extracurricular activities.	Varies



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Nursing	College	Confederation College	Fort William First Nation Student Excellence Award	FWFN member. Academic achievement, financial need, community involvement.	\$400 (2 awards)
Nursing	College	Confederation College	Mae Katt "Premier's Award" Bursary	Aboriginal. Financial need.	\$500 (1 award)
Nursing	College	Sault College	First Nation Nursing Scholarship		
Nursing	University	Lakehead University	Anne Whitaker Memorial Bursary (Lakehead University)	Native. Academic achievement, financial need. Community return of service.	\$3,040
Nursing	University	Lakehead University	First Nations and Inuit Health Branch, Nursing Students Bursary for Aboriginal Health Clinical Placement	Nursing, full-time or part-time. Financial need, clinical placement in native community.	\$2,280 (\$1,000 max, # varies)
Nursing	University	Lakehead University	First Nations and Inuit Health Branch, Native Students Bursary for Aboriginal Health	Aboriginal student, nursing, full or part-time, including Northern Native Nurses Entry. Financial need.	\$3,360 (\$1,000 max, # varies)

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Nursing	University	Lakehead University	Hamlin Family Nursing Bursaries	Aboriginal, Year 2, 3, or 4 BScN. Financial need.	\$1,000 (3 awards)
Nursing	University	Lakehead University	Hamlin Family Nursing Bursaries	Aboriginal, Native Nurses Entry Program. Financial need.	\$590 (2 awards)
Nursing	University	Lakehead University	Phillip and June Lebrun and Family Bursary	First Nation, Ojibwe or Cree. Financial need during course. If no engineering students qualify, awarded to student in nursing program qualifies.	\$450 (2 awards)
Nursing	University or College	University or College	Charlotte Carter Memorial Scholarship	Full-time Native student (Status, Non-Status, Inuit or Métis), 2 <sup>nd</sup> or 3 <sup>rd</sup> year. Continuation of scholarship, up to 3 years, full course load and good standing. Minimum Two Year Return of Service in Native Community Required	\$1,000 (per year)



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Nursing, Nurse Practitioner (Post-Graduate)	University	Ryerson University	Anne Whitaker Memorial Award (Post Graduate)	Fund assists Aboriginal nursing graduates who are pursuing post-graduate studies in nursing enrolled in Primary Health Care NP program. Requirement of one year of professional return of service in native community.	Varies
Nursing, Practical Nursing, Radiation Technology	College	Confederation College	First Nations and Inuit Health Branch, ON Region Health Canada Award	Aboriginal. Financial need.	Varies
Pharmacy	University	University of Toronto	Colonel F.A. Tilston Admissions Scholarship	Aboriginal, entering 1 <sup>st</sup> year. Admissions scholarship.	\$1,000 (1 award)
Practical Nursing	College	Confederation College	First Nations and Inuit Health Branch, ON Region Health Canada Award	Aboriginal. Financial need.	Varies

PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Radiation Technology	College	Confederation College	First Nations and Inuit Health Branch, ON Region Health Canada Award	Aboriginal. Financial need.	Varies
Science	University	Trent University	Patricia Baxter Anishnabe Kwe Bursary	Aboriginal women, upper year studying science, computer studies/new technologies or business administration.	Varies
Science	University	University of Toronto	General Motors Scholarships/Grants for Aboriginal Students	Aboriginal, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> years, Victoria College. Academic achievement, financial need.	\$1,000 (# varies)
Social Service Worker, Child and Youth Worker	College	Confederation College	Thunder Bay Children's Services Foundation Award	Native, 1 <sup>st</sup> year. Academic standing, financial need.	\$350 (2 awards)
Social Work	University	Carleton University	Richard M. Zubrycki Bursary	Aboriginal, 2 <sup>nd</sup> year student. Financial need, Ontario resident.	Varies



PROGRAM SCAN - FIRST NATION/ABORIGINAL-SPECIFIC HEALTH AND HUMAN SERVICES SCHOLARSHIPS AND BURSARIES (Sorted by Program)					
Program	Institutional Type	Organization	Award/Bursary	Criteria	Amount
Social Work	University	Lakehead University	Placer Dome Native Award	Shibogama or Windigo First Nations, continuation award, up to 3 years. Academic achievement, financial need.	\$1,000 (1 award)
Social Work	University	Lakehead University	Placer Dome Native Award	Shibogama or Windigo First Nations, continuation award, maximum 3 years. Academic achievement, financial need.	\$1,000 (1 award)
Social Work	University	Lakehead University	Thunder Bay Children's Services Foundation Award	Aboriginal, including Métis and Non-Status Indian. One award for 1 <sup>st</sup> year, other to all years.	\$ 350 (2 awards)
Social Work (Graduate)	University	University of Toronto	Chancellor Rose Wolfe Scholarship and Native Student Fund	Aboriginal, MSW or PHD program. Academic achievement, financial need.	\$3,500 (max)
Transition Year	University	University of Toronto	Kathleen Green Savan Bursary	Aboriginal, transitional year program. Financial need.	\$2,000 (# varies)

## Appendix E

### FIRST NATION COMMUNITY-SPECIFIC QUESTIONNAIRE ABORIGINAL HEALTH HUMAN RESOURCES<sup>1</sup>

#### Aboriginal Health Human Resources Initiative (AHHRI)

##### **Background:**

The goals of the AHHRI:

- Increasing the numbers of First Nations people to participate in the health care workforce.
- Recruitment and retention of healthcare workforce in FN communities.
- Improving or developing cultural competence in health care provided to FN people.

Before Health Canada can flow AHHRI funding to communities, all Regional offices are required to prepare a regional scan, which will provide a first “snapshot” of the current situation with respect to health human resources such as numbers, retention and cultural competence of health care providers in First Nation communities. The identification of the issues, gaps and priorities will inform the development of regional AHHRI workplans.

**Please complete the attached template.**

#### Community Contact Information

Community: \_\_\_\_\_

Primary Community Contact person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

- |                   |                          |   |
|-------------------|--------------------------|---|
| Type of Community | <input type="checkbox"/> | Remote isolated (no scheduled flights, no road access)                |
| (check ✓one):     | <input type="checkbox"/> | Isolated (scheduled flights, good telephone services, no road access) |
|                   | <input type="checkbox"/> | Semi-Isolated (road access greater than 90km to physician services)   |
|                   | <input type="checkbox"/> | Non-isolated (road access less than 90km to physician services)       |
|                   |                          |   |
| Type of Facility  | <input type="checkbox"/> | Nursing Station   |
| (check ✓one):     | <input type="checkbox"/> | Health Station  |
|                   | <input type="checkbox"/> | Health Centre   |
|                   | <input type="checkbox"/> | Health Office   |

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<sup>1</sup> Questionnaire has been reformatted to fit this report.



### Health Human Resources Snapshot

Health Care Provider	Total # of vacant positions	Total # employees	# of those employed by Health Canada	# of those employed by Band	# of those full-time	# of those part-time	# of those employees who are First Nation	# of those employees who are Non-First Nation	# of employees that are recent graduate (under 2 years)	# of employees retiring within 5 years	# of employees in same job/position for more than 2 years
<b>Management &amp; Administration:</b>											
Health Director/Manager											
Clerical/Admin Support											
Medical Transport Support											
Other Support Staff											

Health Care Provider	Total # of vacant positions	Total # employees	# of those employed by Health Canada	# of those employed by Band	# of those full-time	# of those part-time	# of those employees who are First Nation	# of those employees who are Non-First Nation	# of employees that are recent graduate (under 2 years)	# of employees retiring within 5 years	# of employees in same job/ position for more than 2 years
<b>Nursing:</b>											
Nursing Director											
Clinical Nurse Specialist											
Community Health Nurse											
Advanced Practice Nurse											
Diabetes Nurse											
Licensed/ Registered Nurse											
Registered Practical Nurse											



Health Care Provider	Total # of vacant positions	Total # employees	# of those employed by Health Canada	# of those employed by Band	# of those full-time	# of those part-time	# of those employees who are First Nation	# of those employees who are Non-First Nation	# of employees that are recent graduate (under 2 years)	# of employees retiring within 5 years	# of employees in same job/position for more than 2 years
Nurse Practitioner											
Mental Health Nurse											
<b>Addictions &amp; Mental Health:</b>											
Addictions Worker											
NNADAP Worker											
Mental Health Worker											
Social Worker											
Outreach Worker											
Psychologist											
Other											

Health Care Provider	Total # of vacant positions	Total # employees	# of those employed by Health Canada	# of those employed by Band	# of those full-time	# of those part-time	# of those employees who are First Nation	# of those employees who are Non-First Nation	# of employees that are recent graduate (under 2 years)	# of employees retiring within 5 years	# of employees in same job/position for more than 2 years
<b>Home &amp; Community Care:</b>											
HCC Case Manager											
HCC Client Assessor											
Personal Care Worker/ Homemaker											
Lay Home Visitor											
<b>Community Health Programs:</b>											
CHR											
Brighter Futures Worker											
Building Healthy Communities Worker											



Health Care Provider	Total # of vacant positions	Total # employees	# of those employed by Health Canada	# of those employed by Band	# of those full-time	# of those part-time	# of those employees who are First Nation	# of those employees who are Non-First Nation	# of employees that are recent graduate (under 2 years)	# of employees retiring within 5 years	# of employees in same job/position for more than 2 years
Prenatal Worker											
Injury Prevention Worker											
Health Educator											
CPNP Worker											
Diabetes Educator											
Diabetes Worker											
<b>Head Start:</b>											
Program Manager											
AHS/ECD Worker											



Health Care Provider	Total # of vacant positions	Total # employees	# of those employed by Health Canada	# of those employed by Band	# of those full-time	# of those part-time	# of those employees who are First Nation	# of those employees who are Non-First Nation	# of employees that are recent graduate (under 2 years)	# of employees retiring within 5 years	# of employees in same job/ position for more than 2 years
<b>Other Health Staff:</b>											
Dietician/ Nutritionist											
Dental Staff											
Occupational Therapist											
Physio- therapist											
Speech Pathologist											
Environment- al Health Officer											
Lab Technician											
Midwife											
Physician											
Traditional Medicine											
Other: (Specify)											



Questions Relating to the Results of the AHHRI Template

- 1) Based on the results of the template, what are your community's HHR needs?  
(e.g. number of employees required, recruitment and retention strategies needed)

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- 2) Based on the results of the template, in order to be able to adequately provide health care services/programs to residents, what are the gaps in health human resources in your community?

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- 3) Recommendations to improve recruitment and retention of health care providers in First Nations communities:

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- 4) Other comments/suggestions?

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