

# *Awishinabek*

**ABORIGINAL HEALTH HUMAN RESOURCES  
INITIATIVE (AHHRI)**

**SITUATIONAL ASSESSMENT REPORT  
MARCH 2010**

# Anishinabek

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## **Federal Government: Aboriginal Health Human Resources Initiative**

For the past several years federal, provincial and territorial representatives have highlighted the significant shortages of Health care professionals throughout Canada that negatively impacts on the effectiveness of the overall health care system. In response to this challenge the government of Canada implemented the Pan-Canadian Health Human Resource Strategy.

Under that strategy came the five-year Aboriginal Health Human Resources Initiative (AHHRI), in response to the voices of Aboriginal leaders from across the country that argued that the current health care system did not adequately meet the unique needs and respect the culture of First Nations, Métis and Inuit.



### **Goals of AHHRI:**

- To provide conditions for optimizing the future supply, mix and distribution of the First Nations, Inuit and Métis health workforce in ways that are responsive to the unique and diverse health needs of First Nations, Inuit and Métis;
- To achieve and maintain an adequate supply of qualified First Nations, Inuit and Métis health care providers who are appropriately educated and supported to ensure culturally competent and safe health care for First Nations, Inuit and Métis people; and,
- To facilitate the adaptation of health care educational curricula so that the cultural competence of graduates providing health care services to First Nations, Inuit and Métis is improved.



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## AHHRI Objectives:

- Increase the number of First Nations, Inuit and Métis who are aware of health careers as viable career options, focusing particularly on youth awareness;
- Increase the number of First Nations, Inuit and Métis students entering into, and succeeding in health career studies;
- Increase the number of post-secondary educational institutions which are supportive of and conducive to First Nations, Inuit and Métis students in health career studies (e.g., with culturally appropriate curricula; student support and access programs; mentorship and reduced barriers to admissions);
- Identify the conditions that create supportive and conducive work environments that will increase the retention of First Nations, Inuit and Métis health care workers, and non-Aboriginal health care workers working in First Nations, Inuit and Métis communities;
- Establish standards of practice and certification processes for First Nations, Inuit and Métis community-based allied health care workers which will help to ensure a properly trained and mobile health work force, and help improve retention of community-based allied health care workers;
- Establish the foundations for collaboration so that all partners accept the appropriate roles and responsibilities and are committed to act upon them; and,
- Initiate the establishment of baseline information; initiate targeted research and analysis on the supply and demand for First Nations, Inuit and Métis health care workers, and identify best practices and approaches in order to support policy, planning and program decisions.

The Aboriginal Health Human Resource Initiative began in April 2005 and is about to sunset on March 31, 2010. The Union of Ontario Indians received monies in the third project year to begin rolling out the initiative to Anishinabek communities.

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The UOI submitted a proposal in November 2008 to ensure that the Health Human Resource voices, concerns and priorities of the Anishinabek Nation were heard and prepared for the renewal of AHHRI.

## **Union of Ontario Indians: Situational Assessment Proposal**

In response to a call for proposals under AHHRI, the Union of Ontario Indians (UOI) submitted a proposal to the First Nations and Inuit Health Branch of Health Canada. On April 1, 2009 the UOI "Situational Assessment"<sup>1</sup> project was approved.

The focus of the Situational Assessment was to engage Anishinabek Health Care and Education workers in the identification of community successes, challenges and priorities as they relate to Health Human Resources (HHR). As a result this would lead to the development of a community driven work plan for the Union of Ontario Indians and the Anishinabek Educational Institute (AEI) with respect to HHR priorities.

After conducting a thorough literature review, two questionnaires were developed and delivered to the 41<sup>2</sup> Anishinabek communities; one for Health Directors and the other for Education Directors. Communities were provided six months to respond to the questionnaires. Follow-up was provided to the participants to ensure there was an understanding in regards to the Aboriginal Health Human Resource Initiative in general, along with the questionnaires that were distributed.

Another deliverable under the approved project proposal was for the UOI to host a regional workshop that would bring together Anishinabek community health and education workers to:

- Discuss and plan the promotion, recruitment and retention of Anishinabek in health career fields;
- Focus on supportive environments that has led to the community HHR success; and,
- Provide a forum to share those best practices among other Anishinabek communities.

The Union of Ontario Indians and the Anishinabek Educational Institute have recognized and are respectful to the important connection that exists between

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<sup>1</sup> In the proposal, the Situational Assessment was referred to an Environmental Scan.

<sup>2</sup> As of January 2010, the Union of Ontario Indians represents 40 Anishinabek Communities.



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Education and Health which led to a strong partnership in carrying out the Situational Assessment and overall goals of AHHRI throughout Anishinabek Territory.

Prior to delivering the findings from the Situational Assessment the next section will provide a brief overview of the; Union of Ontario Indians, Anishinabek Educational Institute, and communities that are situated within the Anishinabek Nation to provide some background on the communities that participated in the Situational Assessment.

## Union of Ontario Indians

The Anishinabek Nation incorporated the Union of Ontario Indians (UOI) as its secretariat in 1949. The UOI is a political advocate for 40 member First Nations across Ontario. The UOI is the oldest political organization in Ontario and can trace its roots back to the Confederacy of Three Fires, which existed long before European contact.



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The UOI represents 40 First Nations throughout the province of Ontario from the Algonquins of Pikwakanagan (Golden Lake) in the east, Aamjinaang (Sarnia) in the south, Fort William First Nation (Thunder Bay) and communities surrounding Lake Nipigon in the north.

The 40 First Nations have an approximate combined population of 55,000 citizens, one third of the province of Ontario's First Nation population. The Anishinabek Nation has four strategic regional areas: Southwest; Southeast; Lake Huron; and, Northern Superior and each region is represented by a Regional Grand Chief.

The UOI has its headquarters located on Nipissing First Nation, just outside of North Bay Ontario and have satellite offices in Fort William, Curve Lake and Munsee-Delaware First Nations. The UOI is governed by a board of directors and has a Grand Council Chief and a Deputy Grand Council Chief, which carry the day-to-day leadership responsibilities.

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## **Anishinabek Educational Institute**



The Anishinabek Educational Institute (AEI) is mandated by the Anishinabek Annual General Assembly (Resolution 94/13), to provide quality education and training programs for First Nation communities.

Their unique programs are articulated with various Colleges and Universities across Ontario. Traditional cultural teachings and fundamental beliefs have been incorporated into the Anishinabek specific curriculum. Students can attend one of the three main campuses located in Nipissing, Munsee-Delaware and Fort William First Nation's.

Currently the AEI offers a wealth of health diploma programs such as the: Registered Practical Nursing; Pre-Health Science; Paramedic Program; Personal Support Worker; Native Early Childhood Education; Social Service Worker; Native Community Worker; Traditional Aboriginal Healing Methods; Native Community Care Counselling and, Development. When students graduate from AEI they not only receive a diploma from the Anishinabek Educational Institute, they also graduate with a diploma from the partnering college and/or university.

One of AEI's recruitment and retention strategies is that communities are presented with the opportunity of having a health program delivered directly in the community. Having community-based delivery as an option addresses some of the core challenges that students are presented with when obtaining a post secondary diploma. Distance Delivery is also an option where students are enrolled in a program that is delivered in a mode that is "intensive" or "fast track" which enables student to meet both their family and employment commitments.

As an Aboriginal Post Secondary Institute, AEI is able to offer: culturally specific curriculum with increased student support in smaller classroom sizes; students are able to stay closer to home with family and friends in a familiar environment; there is less financial burden for the students; and, employers are better able to accommodate recertification and/or, upgrading for their staff.



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## **Anishinabek Communities**

The forty First Nation communities that the Union of Ontario Indians represents are both similar yet diverse. Although each of the communities shares one commonality, being from the Anishinabek Nation, the communities themselves are quite distinct in nature.

Each community has their own unique set of circumstances and these differences must be considered when implementing government programs throughout Anishinabek Territory, such as the Aboriginal Health Human Resource Initiative.

The needs and priorities under the Aboriginal Health Human Resource Initiative will differ depending on the uniqueness of a particular community. Government must recognize that: geographical location (north/south, urban/isolated); population size; and, infrastructure all need to be measured when considering funding formulas for such programs. All these factors have a tremendous impact on a community's access to programs and services, recruitment and retention strategies of health care staff and post secondary students.

This report will highlight the realities that both positively and negatively impact the implementation of health human resources throughout Anishinabek Territory.

## **Situational Assessment - Community Response**

The Aboriginal Health Human Resource Initiative Situational Assessment that was delivered throughout Anishinabek Territory had a good community response rate.

The Union of Ontario Indians represents 40 Anishinabek Communities and 39 communities agreed to participate in the Situational Assessment. Out of the 39 participating communities, 30 communities actively participated by completing the questionnaire and/or attending the regional workshop.

Giving the AHHRI Situational Assessment an overall response rate of, 77%

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Participants/ Respondents included:

- Six out of the ten communities in the Northern Superior Region (60%);
- Sixteen out of nineteen communities in the Lake Huron Region (84%);
- Six out of seven communities in the Southwest Region (86%); and,
- Two out of four communities in the Southeast Region (50%).

In order to provide the reader with an understanding of the questions posed to the participants in the Situational Assessment a breakdown has been provided in the next section of the report.



## The Situational Assessment

### Questionnaires

Questionnaires were distributed to 40 health directors and education directors throughout Anishinabek Territory. There were five sections: community knowledge of AHHRI; community professionals; community knowledge of AEI; community successes & challenges with respect to HHR, and the community's number one priority.

### Community knowledge of AHHRI and health career promotion:

- Examined the knowledge that front line workers had with respect to the federal government's Aboriginal Health Human Resource Initiative;
- Identified when community events are hosted that provide members an opportunity to learn about health careers, along with the importance of these health, education and career fairs; and,
- Highlighted how the community would like UOI and AEI to increase or promote health careers in Anishinabek communities.



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## **Community professionals (health and education):**

- Identified the current workers in the community;
- Suggested additional workers that are required in the community;
- Examined the challenges with respect to recruitment and retention of front line workers; and,
- Had education directors/mangers identify enrollment and graduation rates of Anishinabek post secondary students in the health field.

## **Community knowledge of AEI post-secondary health programs:**

- Collected information on community knowledge with respect to the post secondary education health programs that the Anishinabek Educational Institute currently offers and other health related diploma programs that are a high priority for the community.

## **Community success and challenges with respect to health human resources:**

- Provided the opportunity to the Anishinabek to highlight all the successful initiatives that are happening in the community with respect to the HHR promotion, recruitment, retention and student success;
- As well as looking into the challenges that the community encounters with respect to HHR promotion, recruitment, retention and student success.

## **Number one health human resource priority:**

- Gathered the community's number one priorities with respect to health human resources, as well as, providing an explanation as to why this is a number one priority.

## ***Regional Workshop***

The Union of Ontario Indians hosted a regional workshop on February 2 & 3, 2010 in Sudbury Ontario. Anishinabek Education Directors, Health Directors and Front Line workers were invited to attend to provide their knowledge and expertise with respect to health human resources within each of their communities.

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The goal of the workshop was for participants to identify their health human resource:

- Needs;
- Priorities;
- Successes; and,
- Challenges.

In addition, participants were to share the community strategies and programs currently in place that encourage the promotion, recruitment and retention of healthcare workers, education workers and students enrolled in health programs.

The agenda covered four key areas:

- Community communications on health and education;
- Planning community priorities;
- Successes in recruitment and retention; and,
- Best practices.

For a complete listing of the questions posed to the Anishinabek Education and Health providers in the regional workshop, please refer to the AHHRI workshop report that can be found in the appendices.

For the purposes of this report responses to the questionnaires and workshop questions have been analyzed together in the next section - Anishinabek Health Human Resources.

## **Anishinabek Health Human Resources**

At first glance, the title 'Aboriginal Health Human Resources Initiative' appears to be solely a health issue. This being said, the Union of Ontario Indians and the Anishinabek Educational Institute recognized the importance of having both education and health representatives participate in the Anishinabek Health Human Resources Situational Assessment to complement one another.

It was interesting to see that 100% of the Education Directors that responded to the Situational Assessment questionnaire had not heard of AHHRI and only 20% of Health Directors had not heard of AHHRI. A clear indication that although the federal



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initiative is administered through the First Nations and Inuit Health Branch, the reality is at the community level health and education must work together on health human resources.

It was noted that a career in health could not be achieved without an education, however, as a collective team Anishinabek education and healthcare workers could provide guidance to the UOI and AEI in the development of a one to five year work plan should the AHHRI be renewed post March 31, 2010.

## ***What does Aboriginal Health mean to the Anishinabek Community?***

First we must look at what the definition of “Aboriginal Health” mean’s to the Anishinabek community to gain an understanding of the lens that the Aboriginal Health Human Resources strategy is perceived.

First Nations look at life in a way that is wholistic that seeks balance between the physical, mental, spiritual and emotional self. Participants noted that there must be “a continuum of care through the medicine wheel, a balance between western and traditional treatment”, one compliments the other.

Participants also stressed the importance of acknowledging history and the impacts it has had on Anishinaabe health, such as the residential schools and the “inherent and intergenerational” impacts it has had on the Anishinabek community as a whole.

Culture and tradition is vitally important to the health and wellbeing of the community. The provision of health human resources in the community cannot be looked at in isolation to the larger picture. The traditional way of life is vibrant in many communities, in others the flame has to be rekindled and nurtured back to health by “walking together in harmony” and following the “Seven Grandfather Teachings”: Honesty; Humility; Truth; Wisdom; Love; Respect; and, Bravery.

Participants mentioned the need to “rebuild Anishinabewin, our way of life and traditional teaching” within the community. Health Canada must put “Health Canada’s

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jargon into First Nations language” and begin to truly understand the uniqueness and intricacies of Anishinabek peoples.

## ***What does Aboriginal HHR mean to the Anishinabek Community?***

Secondly, we must look at what ‘Health Human Resources’ means to the Anishinabek community to gain an understanding of the promotion, recruitment and retention matters surrounding health human resources at the community level.

Participants listed a variety of health careers that were in keeping with the mainstream Health Human Resources approach, such as; community health nurse, nurses and doctors. However, there was a strong indication for the need to recognize ‘Traditional Healers’ and provide “HHR accreditation for the Natural Helpers within the community”.

Participants acknowledge that in order to move Health Human Resources forward in the community and promote career and health training to Anishinabek:

- HHR needs to be on the agenda of the community’s political leadership;
- Sustained funding to plan for future developments and identify long term goals;
- Activities involving health sciences (chemistry, biology, math) has to be supported;
- Comparable wage salaries (on-reserve versus off-reserve);
- Community members need to be motivated to achieve accreditation;
- Recognition for current healthcare workers must be demonstrated;
- Students must be encouraged to return to the community after diploma is achieved;
- Positive role modeling and mentorship at all levels; and,
- A balance between men and women in the pursuit of health careers must be sought.



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## **Health Career Promotion**

Although very limited AHHRI monies reach the communities directly, Anishinabek are very active in the promotion of various health careers at the community level. Each year communities develop partnerships with external service providers and invite them into the community to share their programs and services with community members. Communities also partner with 'sister communities' to aid in the success of these events. These health, education and career fairs have been a great avenue to promote health careers and recruit students into the health care field.

Participants noted that these 'fairs' have a visual impact. Partnering is strengthened at local career fairs to promote HHR, using staff to promote local opportunities becomes a success. Everyone benefits and knowledge is exchanged to the community members, health/education providers and the external organizations that are present.

When participants were asked how the Union of Ontario Indians and the Anishinabek Educational Institute could further promote health careers within communities, the top four choices were through: presentations; role model programs; workshops; and, science camps. A hand's on approach that integrated tradition was suggested as the best way to present information to the community, while making sure to include "native healthcare workers" in the promotion of health careers.

## **Community Professionals**

*(Fairs) Show the steps needed to take in order to become a health professional and the different career choices that are available.*

*(Education Respondent)*

The health and education staff that exist in the Anishinabek community varies quite extensively. Some communities are equipped with a health centre while others have to go off reserve to access services. Depending on the location of the community there may be one healthcare staff or thirty healthcare staff. Some communities have a daycare on reserve, others do not. Those communities that have schools may be only able to accommodate students up to grade 2, while larger populated communities have an education system up to grade 12.

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To gain a truly accurate picture of the health human resources that exist at the community level a more systematic and funded approach would be required. However, for the purposes of the situational assessment, the health/education directors that took the time to complete the questionnaires have painted an initial picture of health and educational professionals that work on the front lines in the community.

Rather than list the current health/education professionals that exist at the community level, the UOI chose to list the responses provided to what additional community professionals are required. What's important is the "lack" of health and education professionals that are not available to offer quality programs and services in each and every Anishinabek community. The next section highlights this tremendous gap.

## ***Additional Community Professionals Required***

When communities were asked to identify additional education and health workers that are required in the community within the next five years the response was shocking but not surprising. Twenty-nine healthcare staff professions were listed, along with nine educational staff that would benefit the health and education needs of the community.

- Doctor
- Addictions Worker
- Medical Receptionist
- Traditional cultural program coordinator
- Dietitian
- Dentist
- Fitness & Recreation
- Medical Van
- Personal Support Workers
- Rendering Recovery Teacher
- Spec. Ed. Specialist
- Education Clerk
- Nurse Practitioner
- Mental Health Worker
- Psychologist
- Environmental Health Technician
- Dental Hygienist
- Crisis Counselor
- Nutrition Specialist
- Visiting Pharmacist
- Community Health Nurse
- Elementary/Secondary support worker
- Daycare/Adult Education
- Speech Therapist
- Health Director
- Diabetes Worker
- Nurse
- Patient Records Coordinator
- Physio Therapist
- Oral Health Educator
- Social Worker
- Massage Therapist
- Support staff
- Information Technology teacher
- Education assistants
- Music Teacher



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## ***Health Diploma Programs (Anishinabek Enrollment and Graduation)***

A significant challenge that exists with respect to the collection of enrollment and graduation rates of Anishinabek Students is that the majority of communities still operate manually, meaning the information is not inputted electronically and readily available. Most Education Directors were willing to pull the information if more time was allocated, however, for the purposes of this report the 20% who responded to this question on the questionnaire has been provided below.

Although there was a low response rate, the diversity of health programs that Anishinabek students are currently enrolled in and/or have graduated from is astounding. Over thirty health careers are represented.

- Pre Health
- Practical Nursing
- Medical Laboratory Technician
- Dental Reception
- Social Work
- Kinesiology
- Dentistry
- Medical Doctor
- Bachelor of Arts Honours in Life Science
- Food and Nutrition
- Dietary Food and Service Management
- Native Community Worker: Traditional Aboriginal Healing Methods
- Psychology
- Veterinary Technician
- Early Childhood Education
- Child and Youth worker
- Pharmacy
- Preparatory Health
- Health Care Aid
- Addiction Counseling
- Bachelor of Arts in Biology
- Pharmacy Assistant
- Healthy Foot Care
- Native Community Care Counseling and Development
- Dental Hygiene
- Addictions Counselor
- Developmental Support Worker
- Personal Support Worker
- Nurse Practitioner
- Paramedic
- Mental Health
- Master of Social Work
- Addictions and Community Service
- Drug & Alcohol Worker
- Native Child and Family Care
- Native Child and Family Worker

It is interesting to note that the above listed health career programs that students are currently enrolled in and/or have graduated from recently, reflect those careers that are required in the community which were listed in the previous section.

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In an ideal situation this would appear to fill in the professional gaps, however, participants clearly stated that the majority of students who obtain a diploma and/or degree may not return home to their community, for varying reasons.

These recruitment and retention challenges and successes will be addressed in the sections that follow, the community's priority section.

## #1 Community Priority

Asking front line workers to pick the number one health human resource priority in the community is very challenging, because everything is interconnected and seen in relation to one another. Needs and priorities vary depending on the community, its history, members and infrastructure.

However, there are shared commonalities that present themselves when the Anishinabek communities' priorities are listed. Verbatim responses have been provided in the below categories that highlight community priorities: education; youth; funding; positions; wage parity; health issues; culture and traditions.

### **Education**

- We need educated, capable people to handle our toughest issues such as diabetes, substance abuse and child obesity;
- More graduates in various fields, because most of our health professionals are non-native and/or external to the community;
- We require more public/health administration graduates from university degree programs for high quality program managers;
- Upgrade the skills for the staff currently in the health field, provide funding and support and a policy to allow recertification; and
- More education dollars, because you train and educate the students but they go work for the outside community.

• • •  
*First Nation organizations needs to make colleges and universities more accountable for First Nation student recruitment, they recruit a lot of native students with no connection to the community. First Nation students with status are not being considered a lot of the times*

(Education Respondent)

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## **Youth**

- Career counseling for grade seven and eight students;
- Encourage and support the youth to choose health careers as an option for post secondary education;
- More incentives for high school students to pursue an education in the health field because students will try harder and be more motivated; and,
- Positive promotion, reinforce the benefits and resources available to successfully achieve one's goals, we need more youth to take care of our people.

*More focus on math and sciences is needed. Students struggle with these courses which then limits their access to health fields.*

(Education Respondent)

## **Funding, Positions & Wage Parity**

- Ensuring remuneration for all positions so they are within a comparable range within the region/province. We need to be able to encourage our young people/health professions to return to our communities rather than lose them to the larger urban areas;
- Adequate funding for a permanent full time diabetes prevention/educator position in our staff team, as diabetes effects many individuals in our community;
- Need to have funding for positions on the reserve that are equal to off reserve - Pay equity. This is the only way we will be able to attract and retain qualified staff in positions. You can't expect community members to go off and be educated and then come back to the community to do a job which often has more responsibilities, when they can make a better salary with full time benefits someplace else;
- A part-time (preferably full time) Community Health Nurse. The demand for education and public health services far exceeds the ability to provide; and,
- Get more funds to retain experienced staff with equal pay for their experiences.

*Students in the health field don't come back home, workers are not paid equal as opposed to off reserve workers doing the same job, there is no room on the ladder to move up.*

(Health Respondent)

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## ***Health Issues***

- Try to catch the problem before they become health issues; ie, diabetes, parenting, drug awareness, coping skills, mental health.
- Health problems, diabetes, obesity. Twenty percent of the community has diabetes.

## ***Culture and Traditions***

- Have more of our language and cultural traditional teachings practiced/lived more because this is the path we need to take to have healthy communities.

The reality is that community priorities cannot be achieved overnight and that more time is required to fully engage and address the range of health human resource matters that exist within Anishinabek communities.

The participants recognized this challenge and identified that some of the goals could be realistically achieved in the longer term, such as the creation of a database and advocating for more equitable, secured and sustained funding for HHR positions in the community.

In addition: health human resources cannot be looked at in isolation to education; wage parity; health issues; and, cultural traditions. As mentioned previously each community's priority differs depending on the particular needs of that community.

In the words of one participant the key to achieving any health human resource goal or any other program goal is that it is the "First Nation that determines what works and what doesn't work".



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## Community Success

The definition of success is a difficult word to define. What one community may see as a success another may see as a challenge.

This being said, there are many 'successes' that are happening within Anishinabek communities throughout Ontario. These successes have been defined and achieved in both the health and education sector of the community.

One education respondent noted that the health sector is "working in partnership with education to explain to students that Health Human Resources is not only about becoming a Doctor or Nurse Practitioner". There are a variety of health fields that one can choose from.

Success is happening at all levels; from health career promotion that was mentioned earlier in the report, to student enrollment and graduation, to recruitment and retention of health and education staff.

The below sections highlight some of the successes that are happening within the Anishinabek community in regards to recruitment and retention of; post secondary students, healthcare and education workers.

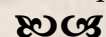
Communities are utilizing successful health career graduates to promote their line of work to Anishinabek youth. It was noted that "(we) have community role models that are trained Registered Nurses and Medical Doctors". Having a member of the community, a relative or a friend to look up to is important.

Equally as important is the need to find a way to promote health careers to the male youth so that there is a "gender balance in the healthcare field".



*In the last 5 years, we have gone from having no nurses/paramedics in the community to having 2 full time RN's, 3 part time RN's, 2 full time RPN's and EMS services 12 hours a day and 24 hours a day on weekends.*

(healthcare respondent)



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## Recruitment Strategies

In terms of recruitment, the Anishinabek community is quite active in reaching out to its community members, youth and staff. Working together as a team and “coordinating activities between the health and education department” increases the community success. Whether it is the: revitalization of culture and traditions; recognition and mentorship; post-secondary partnerships; student employment opportunities; mentorship programs; or, hiring practices and incentives.

### ***Revitalization of Culture and Traditions***

Anishinabek view health human resources through a lens that is distinct from mainstream. Anishnaabe health is seen as wholistic and all encompassing of one’s physical, mental, emotional and spiritual self. The revitalization and support of programs and services that promote culture and traditions plays a significant role in the promotion of health careers, recruitment and retention strategies for both students and staff.

Anishinabek culture and traditions can be seen not only within the community itself but in the halls of local high schools that students attend. Below is a list of successful activities that are occurring throughout Anishinabek Territory:

- Medicine walks in the community, Healing Lodges and Ceremonies;
- Week long health camps and Elder /Youth gatherings;
- Cultural Room, Sweat Lodge and Arbour on school property; and,
- Pow-wows and cultural awareness week held at the school.

Having access to culture in schools is beneficial to everyone. Participants noted that there is an increase of “community involvement and traditions are strengthened”. The Arbour and Cultural room “helps students learn about the physical, mental, emotional, spiritual self, it is not only for native students, but non-native students as well”.

Being able to learn in an environment that recognizes and supports one’s culture is a valuable recruitment and retention factor. Culture contributes to ones’ identity and self esteem that opens the minds of students’ for continued learning; from elementary to high school, from post secondary to a career in health.



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## ***Recognition and Mentorship***

Acknowledging the success of others can go a long way in the recruitment of post secondary students to enroll in the field of health (or recruitment of health human resource staff). Many communities host 'education award ceremonies' to recognize the educational achievement of their students.

One respondent mentioned their community "has a current or former student speak that is taking [or has took] a post secondary program by sharing their success story through employment in their particular area of study". It works, and the more "encouragement there is from the health professionals to the youth" in the community, the better the recruitment efforts will be.

Another great success is the 'Elder Mentorship' programs that exist in some of the communities. Bringing together youth and elders to share knowledge creates a special bond and there is an opportunity for the Elder to provide guidance to the youth in their life decisions.

Youth are also able to access support workers in the school to help them with choosing the right post secondary institute and career option for them. Participants spoke that there are now "Anishinaabe people in the schools as guidance counselors", another successful recruitment strategy, where students can turn to a familiar face for advice.

The added efforts of external service providers assist greatly in the recruitment of Anishinabek youth to pursue health careers. Agencies come into the community such as "healthcare professionals from the area hospital to visit both the students and community members". Students in other communities are able to benefit by attending a "tour of a medical facility". Communities agree that a hands-on, visual and interactive approach will engage student interest in the pursuit of a health career.

## ***Post Secondary Partnerships***

To increase enrollment rates of Anishinabek students in the pursuit of health careers, communities have developed and strengthened their partnerships with various post secondary institutes. The "Anishinabek Educational Institute recruits well and our community always suggests to our members that they should find out about the

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programs being offered". In addition, "AEI offers a pre-health program in the community", as well as a Registered Practical Nursing (RPN) program with 15 students enrolled, all of which assist with recruitment and retention efforts directly within the Anishinabek community.

Some communities have been successful in partnering with mainstream institutions; one in particular had Loyalist College deliver the RPN program in their community with "4 students graduating, two becoming registered and one currently employed in the community".

Another community mentioned their positive experience that enables their "First Nation to offer practical experience to future doctors with the Sudbury School of Medicine". A partnership that supports the recruitment of much needed medical doctors in Anishinabek communities.

The development and strengthening of these Aboriginal Post Secondary Institute and mainstream institute partnerships with the community, offers payback to both to the community in its staff recruitment efforts and post secondary institutes in their enrollment/graduate rates.

## ***Student Employment Opportunities***

Anishinabek communities have great success with employment recruitment efforts among students; several communities listed the following programs/services that are available in their communities:

- Summer Student Employment;
- Health Co-op placements within the First Nation; and,
- Summer employment incentives that inspire interest in the field.

One community introduces students into the healthcare field through a "mentorship program, which follows a four week curriculum, where they learn about [Anishinabek] history, in addition to their summer employment opportunity".

Other resource that some communities access, is the "career cruising website, that matches the interests with different careers in the medical field", a great link for students when deciding which health career best suits their personality.



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## **Hiring Practices and Incentives**

The way an organization hires and the opportunities that are available at the hiring agency, play a huge role in both the recruitment and retention of staff. Some Anishinabek communities provide “on the job training which offers employment and education for new employees” others ensure “mentorship programs exist within their health centre”.

*Building capacity  
and encouraging  
confidence equals  
retention*

*(Health Respondent)*

Housing plays an important role in the recruitment process not only when a student moves out of the community to attend a post secondary institute, but also for those individuals who are interested in working in Anishinabek communities. The availability of housing is limited in the majority of communities and has the added challenge of being located in isolated and/or remote areas. Housing becomes crucial to avoid long commutes to and from work. Therefore, some Anishinabek communities assist the applicant in locating affordable housing in the area.

The ultimate goal of communities is that “we try to hire our own members when applicants are equal”. Unfortunately this is not a reality in all Anishinabek communities, therefore some communities have come up with other strategies to accommodate for the certification of their community members, which includes to “hire non-native temporarily on contract, so when there are trained Anishinabek the positions are not permanently filled”.

## **Retention Strategies**

Recruitment strategies and retention strategies can sometimes have the tendency to overlap. Meaning, that sometimes a retention strategy (how to keep someone in school or employed within the organization) is actually a recruitment strategy (what draws a person to that particular school or place of employment). Therefore, the reader must keep in mind that sometimes the two can go hand in hand, one cannot be implemented without the other already in place, for success to be achieved.

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## ***High School Students***

Having a positive high school experience increases an individual's chance of moving on to college and/or university studies in pursuit of a health career. There are several programs that are put in place both in the high schools and within the community, to help students remain (or be retained) in school. They are:

- Course work placements, which encourage students to work in the community;
- Late for High School Incentive Program allows for flexible hours for the student;
- Access to culture and teaching of life skills, that links to self-esteem building;
- Student support workers, peer counseling, tutors, and education counselors;
- First Nation awards within the provincial school ie; science, math and biology;
- Youth mental health worker that meets with the students, staff and teachers; and,
- Leadership programs that get students ready for college and/or university.

Having the support at home and within the community is essential to retaining students and having them succeed in future educational endeavours. One respondent mentioned that they offer "community homework groups" that show "community engagement and support of the students to go out and get a college or university education". Working together offers both support and encouragement for student recruitment and retention success.

## ***Post Secondary Students***

The majority of communities are small, therefore they are unable to provide a range of programs and services that the larger urban centres are able to offer. This being said, there are some fantastic programs that communities are able to assess and/or implement directly in their community to increase the retention rates of students; such as online courses, partnering with post secondary institutes, and adult learning centres.

Being able to attend a post secondary institute within the community and have students graduate at home, has been a tremendous success "partnering with the Anishinabek Educational Institute has had very good results". Other communities have had the opportunity to "support online courses and access the independent learning centre on line". Some Anishinabek communities have an "adult learning centre, where students can obtain credited courses". Increased access to information and programs can sometimes lead to increased success rates in both retention and recruitment.



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## **Healthcare and Education Professionals**

Community success varies once again when looking at the list of retention strategies that some Anishinabek employees receive from their community. While some employees look forward to the day some of the below retention strategies will exist in their community. Some potential and effective retention strategies include the:

- Bonuses staff receive twice a year from the Band;
- Training opportunities for staff to increase professional and personal growth;
- Acknowledgement and recognition of employees i.e. employee of the year awards;
- Provision of self care/mental health days;
- Staff incentive for a two week break at Christmas time;
- Internal assistance for professional development;
- Staff retreats and team building exercises; and,
- Strong community health and education committees.

Anishinabek communities receive limited funding under the Aboriginal Health Human Resource Initiative. Nevertheless, there is success happening in various communities at varying levels. Whether it is retention efforts through the revitalization of culture and sharing of traditional knowledge with non-natives or the recruitment efforts made by Aboriginal and mainstream post secondary institutes.

## **Community Challenges**

Before there is success, challenges must be faced. Regrettably, Anishinabek communities have not overcome the many hurdles that must be jumped in order to achieve the goals and objectives set out under AHHRI. Although funding salaries and wage parity are not one of the issues that AHHRI can address, communities felt that their number one challenge with respect to health human resources (and ultimately the recruitment and retention of health/education staff and students), was “funding”.

*Funding restrictions with budgets, don't allow you to be competitive with other organizations in the area. We cannot compete with salaries being offered and benefit packages.*

*(Health Respondent)*

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Health and Education identified several other challenging key factors in relation to the recruitment and retention of staff and students in their communities.

In addition to lack of long term funding; population size, qualifications, geographical location, low student base, wage parity and housing availability were all listed as contributing factors in attracting and maintaining front line workers in Anishinabek communities and students within post secondary institutes.

*Our community has a huge problem with technology; there is no high speed internet. So access becomes an issue.*

*(Education Respondent)*

## **Student Recruitment & Retention**

Several challenges are present in the retention of students in high school and the recruitment/retention of students at the post secondary level. For some it may be one challenge that is listed below (or not listed), for others, it may be a combination of challenges that deal with: transitions and engagement; lack of understanding and disconnect; academics and admissions; distance and removal; or, financial and human resources.

### ***Transitions and Engagement***

Education workers highlighted that there is need to “address the transition gap from grade twelve to college and university”. This step is a challenge for many students. For some it may be an academic issue, for others it is the “lack of maturity to move to the next level”. Some students have difficulty with self-esteem and having confidence in their academic ability. One participant noted that “some do not believe in themselves to complete the required courses to achieve success, there is not enough personal support and encouragement”. This lack of confidence may be contributing to the fact that, “students want to take short term courses, rather than attend long term degrees such as nursing and medical doctors”. As mentioned in the success section of this report, parent and community engagement have an effect on student performance and achievement.



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## ***Lack of Understanding and Disconnect***

When a school board has a strong and positive partnership with the Anishinabek community the student retention rate is a success. However, participants identified that a significant challenge lies within the “disconnect between the school boards and the First Nation”. Some schools have support and have access to culture while others there is “limited recognition for the traditional aspect of the teachings, there is no understanding”.

When there is no understanding there is a lack of respect that leads into the biggest challenge of all the “acknowledgement of racism within the schools”. Due to the limitations of this report, challenges and effects of racism will not be discussed.

## ***Academics and Admissions***

High school academics present a challenge on the admission rates of students at the post secondary level. Participants noted that “school officials are moving the students through the system without adequate understanding of the curriculum being taught before leaving high school”. Not having a full understanding of the curriculum creates a challenge for the student, in respect to both confidence in the achievement of higher education and having the grades to be admitted into a post secondary institute.

Anishinabek communities suggest that students are not academically prepared due in part to funding disparities. The quality of teacher’s on-reserve varies from teachers that are employed off-reserve.

*Our challenge is access to teachers. We don't get the quality we want, because we can't afford to pay for them.*

*(Education Respondent)*

When confident students are ready to pursue a post secondary diploma/degree, the majority of them “are entering institutions where the cultural identity and knowledge are not recognized at the institute or in the curriculum”. This lack of recognition poses a unique set of circumstances for the student that some may or may not overcome.

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Another hurdle that students must face is the admission requirements. Most agree that there is a need to “address admissions at the educational institutes”. One community in particular states that their students are not able to get into the medical school close to home, however, the same students are able to get into a post secondary institute that is located far away from the community.

## ***Distance and Removal***

For those students who are successful in meeting admission requirements and are ready to pursue a post secondary education many have to endure “homesickness”. Some students must “leave home for southern Ontario because northern Ontario institutions don’t always support [Anishinabek] students”. Participants noted that the majority of post secondary institutes are located in “large urban cities and it is a culture shock”, especially to those who come from remote northern and isolated communities.

Front line education workers who are there to support the students often have “limited and restricted contact with post secondary students due to the lack of funding, and students have limited access to on-reserve services”.

## ***Financial and Human Resources***

Many post secondary students face financial burdens. Participants noted that “post secondary living allowances are limited and students need to work part time”. Some communities lack the human resource to assist students such as an education counselor.

Participants noted that “post secondary education funds are not in [Anishinabek] control”, when funding programs and services do not lie within the hands of the community, it presents problems. An example provided in the situational assessment was “when a student wants to take a pre-health science or another similar one year entry program, this is considered a number five on Indian and Northern Affairs Canada (INAC’s) priority list”. Hence, the student does not qualify for funding creating a barrier in the pursuit of a career in health.



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## Staff Recruitment & Retention

The challenges of recruitment and retention of health human resource staff is slightly different than the difficulties that some students may face. This being said, the geographic location of communities is still a factor that presents one of the biggest challenges in the recruitment and retention of healthcare staff.

### **Isolation and Fear Factor**

One situational assessment participant provides a great summary of the challenges that are linked to the recruitment and retention of healthcare staff in a community that is not only remote but is located on an island. The isolation factor is one challenge, but on the other hand there is the non-native perception's of the Anishinabek community.



*It takes a particular fit for someone to be able to work on a reserve, and on an island. I don't think an understanding of the opportunities are well known to the general public – people have assumptions about what working here will be like, rather than insight. Creating an immediate barrier to further exploration is their perceptions of the 2 hour plus round trip travel time including ferry crossing for most people to come to work, which tends to be deterrent. Working in isolation factor far from hospital that requires a confidence in your abilities to assess and decision making skills.*

### **Financial Resources**

Another significant challenge for Anishinabek communities are that the “funding sources are limited by agreements, there is a year to year application process that is time consuming”, which takes away from the front line work. Leaving “many workers overworked, underpaid and stressed” which is directly linked to retention issues”.

The reality is that “lack of funding means less positions in the community to actually focus on health human resources”. The added challenge is for those students who do wish to return home after post secondary completion “there are not enough jobs to meet the demand of student graduates”, forcing recent graduates no alternatives but to leave their home community.

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## **Conclusion & Next Steps**

The Aboriginal Health Human Resources Initiative (AHHRI) is a five year government initiative that is about to sunset March 31, 2010. The Union of Ontario Indians did not receive funding to deliver the AHHRI program until its third project year, which significantly impacts Anishinabek achieving the goals and objectives under the program.

Anishinabek communities are just beginning to grasp an understanding of AHHRI and for the first time as a collective, health and education providers were able to come to the table to begin addressing health human resource matters through the UOI's Situational Assessment.

The situational assessment was a good starting point to begin sharing the communities understanding of AHHRI and the needs and priorities as they relate to the promotion, recruitment and retention of health human resources.

Participants agreed that there is a need to develop an "Anishinabek Health Human Resource Strategy" but a more strategically funded approach would be required to bring together the communities health and education directors and political leadership to provide input and support for the direction of that strategy.



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## Funder & Participant Acknowledgement

The Union of Ontario Indians and the Anishinabek Educational Institute would like to say “kchi-miigwetch” to Elder Elsie Bissiallion from Serpent River for her opening and closing prayer at the regional workshop that was held in Sudbury. The knowledge and wisdom that you shared with the workshop participants will provide guidance in the implementation of future health human resource initiatives throughout Anishinabek Territory.

We would also like to say “Miigwetch” to directors and all the front line workers who participated in the Situational Assessment via the questionnaire and/or workshop. The time that you took to share your knowledge with the UOI and AEI, as well as other Anishinabek Communities across Ontario is greatly appreciated.

### *Participant Communities*

#### Northern Superior

Bingwi Neyaashi  
Anishinaabek  
Fort William  
Michipicoten  
Pays Plat  
Pic Mobert  
Pic River

#### Southeast

Chippewa of the Thames  
Munsee-Delaware

#### Southwest

Alderville  
Algonquins of Pikwakanagan  
Beausoleil  
Curve Lake  
Georgina Island  
Moose Deer Point

#### Lake Huron

Dokis  
Henvey Inlet  
Magnetawan  
Mississauga #8  
Nipissing

#### Lake Huron (cont'd)

Ojibways of Aundeck  
Omni Kaning  
Sagamok  
Anishinawbek  
Serpent River  
Sheguiandah  
Sheshegwaning  
Thessalon  
Wasauksing  
Whitefish Lake  
Whitefish River  
Wikwemikong  
Zhiibaahaasing

An additional “Miigwetch” is extended to Denise A. Boissoneau for her knowledgeable facilitation and keeping the Sudbury workshop on schedule and focused.

The Union of Ontario Indians would like to say “Thank-You” to Health Canada’s First Nations and Inuit Health Branch by making it possible to bring together Anishinabek from the Northern Superior, Lake Huron, Southeast and Southwest regions to sit together and discuss the successes and challenges in the promotion, recruitment and retention of Anishinabek in Health Careers and Health Program Studies.

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## **Appendix**

### Union of Ontario Indians: Aboriginal Health Human Resource Initiative

Since 2008, the Union of Ontario Indians has made tremendous strides in the promotion of AHHRI throughout Anishinabek Territory. In addition to the AHHRI situational assessment, below is a snap shot of activities that have been delivered under the AHHRI program.

#### **Promotion**

Brochure: Produced a brochure to assist UOI in the promotion of the AHHRI.

Community Events: Attended various health, education and career fairs throughout Anishinabek Territory to promote AHHRI and the health diploma programs the Anishinabek Educational Institute has to offer.

Presentations: Develop and provide presentations to employment resource centers, intermediate and high school students on choosing a career in health.

Poster Contest: On reserve schools from grade 3-12 were provided an opportunity to submit a poster/picture depicting a career in health. Three students were awarded and had their picture printed on a postcard.

#### **Recruitment**

Stepping Stones to pursuing a Career in Health: A user friendly resource that will assist Anishinabek students with their initial step towards a future career in health.

Ontario Post Secondary Institute Health Studies Program Guide: A resource that lists all the various health programs that Ontario Colleges, Universities and Aboriginal Institute have to offer. The document also highlights the Aboriginal Resource Centers located at the institutes to provide enhanced access to First Nation programs and services.



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## Partnership with Anishinabek Educational Institute:

UOI works closely with AEI in the promotion, recruitment and retention efforts of AEI program and students.

## **Retention**

### Potential Funding Sources “Bursary and Scholarship Websites”

A brochure that facilitates increased awareness and easier access to various post secondary funding opportunities, with respect to health careers.

### Health Recognition Awards

The awards are designed to assist in retaining community health workers by giving them the recognition they deserve for their hard work, innovation and outstanding leadership in the health and social service area.

**For further information**, please feel free to contact the Union of Ontario Indians, Curve Lake First Nation Satellite office at (705) 657-9383 and speak to:

Autumn Watson, Health Retention and Support Officer ([wataut@anishinabek.ca](mailto:wataut@anishinabek.ca))  
Mindy Taylor, Aboriginal Health Initiatives Officer ([taymin@anishinabek.ca](mailto:taymin@anishinabek.ca))