

*"We do not know
what we can
accomplish until we
try."*

Roundtable participant

*"It is time to believe
that nothing is
impossible."*

Roundtable participant

**ABORIGINAL HEALTH HUMAN RESOURCES INITIATIVE
ROUND TABLE**

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I. Context

To fulfill its long-term purpose, the Aboriginal Health Human Resources Initiative (AHHRI) intends to

1. *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.*
2. *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.*
3. *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.*

Following on the premise that efforts to address the need for First Nation health professionals in Alberta will be successful only if activities are based on First Nation health and community perspectives, program realities, and a commitment by stakeholders, this Roundtable called together a number of representatives – practitioners and political representatives alike. Over the course of two days, wide-ranging discussions aimed at identifying issues, barriers, and potential solutions to the challenges facing First Nations in their aim to have health care delivered by First Nations members.

The declared intent of AHHRI officials was to share the proceedings of this Roundtable, in open pursuit of solutions, with all First Nations in Alberta as well as non-First Nation stakeholders.

As an indication of their commitment to find workable solutions to the severe challenges faced in delivering appropriate, quality health care to First Nations, the notion of sharing the outcome of the discussions with non-First Nations did not deter participants from full and open discussion of the challenges faced by First Nations communities.

This openness and focus on finding solutions stand to the credit of all participants.

The call to be forthright in the pursuit of solutions was made by speakers Alex Redcrow (Confederacy of Treaty 6 Nations), Margo Sitting Eagle (Treaty 7 Management Corporation), Chief Arthur Noskey (Grand Chief, Treaty 8 First

Credit is due all participants for their openness and focus on finding solutions.

Nations), Darlene Gladue (Yellowhead Tribal Council), and Gloria Letendre (First Nations & Inuit Health, AHHRI and the Three Priorities).

Chief Arthur Noskey referred to health as a balance between the physical, spiritual and emotional and he urged participants to accept that the goal of having health services delivered by First Nations people to First Nations people, although seemingly farfetched, is not unattainable. Strength can be found in people working for their own wellbeing and, in working together, voices become stronger.

It will be a difficult journey because there is a view that the most biased people to First Nations are First Nations people – and this can only be set right with holistic, joint effort on their own behalf. The change in thinking has to start at home and this Roundtable could be the first step.

II. Format

Discussions were organized under a number of headings, but crossover was inevitable since cause and effect are linked as two sides of the same coin. Participants were divided into four groups and each of the groups discussed the topics listed below prior to report-back sessions to the combined audience:

- ❑ Barriers to increasing the participation of First Nations members in health delivery;
- ❑ Identification of opportunities to increase the participation level of First Nations members in the health delivery workforce;
- ❑ Barriers to the retention of First Nations workers in the health field;
- ❑ Identification of opportunities to improve retention of First Nations workers in health services;
- ❑ Exploring the supportive elements available;
- ❑ Examining the potential for partnerships and collaboration; and
- ❑ Listing priorities to be advanced.

The value of this Roundtable lies in the very open discussion by participants, who did not shy away from a number of sensitive areas.

The comments, observations, and proposed solutions recorded in this report are those of the participants, and only the participants. As such, this account represents the views of the people closest to the challenge.

III. Barriers to increased participation

(a) *Inadequate promotion of health careers*

From primary- through high school not enough is done to promote careers for First Nations members in health services. The effort should start at home, "from the nest on".

As it is, the field is huge and confusing and much more should be done to demystify it for students.

(b) *Lack of role models*

Visible role models are very important and, although they are available, they are not seen every day.

(c) *Schools are failing First Nations students*

There is a distinct lack of encouragement for First Nations students in schools. They should be the target group and if the schools are failing them they should be invited to forums such as the Roundtable to learn about the critical importance of getting adequate numbers of First Nations practitioners in place in the health field.

The lack of career counseling is reflected in the general lack of career planning for First Nations students. Information on the variety of health careers should be made available to students in elementary programs.

(d) *Inadequate background in mathematics & science*

Schools, and consequently the students, are woefully lacking in academic preparedness for the levels of mathematics and science proficiency required for further education in health sciences.

Students have limited access to tutoring programs.

(e) *Lack of parental involvement and encouragement*

Parents are not generally involved in their children's choice of courses, allowing them by default to take the easy route and avoid academic subjects.

(f) *Lack of support from community leaders*

Community leaders typically concern themselves with 'bigger' services and programs for members and do not accord education the priority it must have. Unfortunately, experience and history has shown that the education of First Nations students cannot be left to the educators – for it is not their future that is at stake.

Education of First Nations students cannot be left entirely to educators.

(g) *Cultural norms not adequately incorporated*

The cultural norms of First Nations people are not readily compatible with 'western' science and students should be given access to literature that incorporate traditional teachings with science (such as the work of Leroy Little Bear). The learning styles of First Nations students need to be accommodated and it is difficult to find qualified people who can teach science to First Nations students.

Cultural programs are not understood by institutions and are not necessarily transferable to other programs. Where Aboriginal cultural programs are taught, there is not enough understanding and recognition of the diversity of First Nations.

Indigenous studies should be mandatory for all students, Aboriginal or not.

There is a lack of documentation on culture in communities.

(h) *Lack of identity, self-esteem, and confidence*

Past government policy and historical wounds have resulted in low self-esteem for many First Nations people. Their history should be understood in order to improve the learning experiences of First Nations students.

(i) *Socio-economic barriers*

Many First Nations students go to school hungry, impairing their capacity for learning.

Peer pressure to finance schooling and everything associated with it leads to dropouts when First Nations students cannot afford to keep up with appearances.

(j) *Social dependency*

First Nations youth are taking the easy route and should be taught the value of sacrifice and perseverance as the link to success. This is a major dilemma and requires a change of attitude.

(k) *Negative lifestyles*

Many young families are suffering from abuse of drugs and alcohol.

Communities are struggling to maintain emotional and spiritual wellness – let alone focusing on promotion of careers in health.

(l) *Holistic perspective*

Non-aboriginal people are not adequately aware of the importance and benefits of the holistic approach that could be achieved by having First Nations members deliver services to their own people.

Students have to be taught the value of sacrifice and perseverance.

Harder the climb → greater views
beautiful landscape everyday landscape

Tsuittina
Money
paid for
- can they be
given priority
- purchase condos
designated 4
health students?

(m) *Funding*

Access to health careers is hampered by the insufficiency of subsistence support available to First Nations students outside their communities. Educational allowances have not kept pace with high rents, transportation, and the cost of living in urban centres.

(n) *Leaving the community*

For First Nations students, leaving their communities to pursue education represents a major barrier. Socio-economic hurdles make it difficult for them to maintain balance in their lives. The length of training programs impose hardships on them and the feasibility of remedies such as alternating time periods between education centres and their home communities should be investigated.

(o) *Child care*

Lack of child care is a perpetual problem – especially for students in the health field where long, irregular hours are often the norm.

IV. Opportunities to increase participation

"It is not hopeless."

Identified prospects for improving access to- and increasing participation in the health services delivery field included:

(a) *Political strategies*

It is essential that political strategies be developed to support initiatives such as AHHRI.

(b) *Promotion*

Much more should be done to promote careers in health services for First Nations members – using videos and conferences; creating databases to inventory First Nations professionals and paraprofessionals; using traveling labs to promote interest; and introducing incentive programs. Schools, Elders, parents, and community leaders should be involved.

(c) *Solicit the view of students*

Students should be asked to indicate why more of them do not pursue careers in the field of health. It is quite possible that valuable information might be gleaned from this approach.

(d) *Support and involve the youth*

Get the youth involved in the health environment – and draw them from all walks, not only from the ranks of those who are doing well.

"Involve the youth and trust them to deliver."

(Bridget M.H.)
-Prime example

"We have to change the way we teach our children about education – and the importance of education."

Youth who are not doing well should be involved in a pilot project incorporating exposure to the traditional ways.

(e) Promote parental involvement and encouragement

Parents should be involved in choosing academic courses for their children and should be counseled to encourage their children in their educational endeavours.

Educational achievement should be celebrated at all levels.

(f) Support for students and practitioners

Support for post-secondary students and practicing health care workers is critically important – whether it be emotional and psychological support to keep going; mentoring; or in more direct areas such as housing, child care, and transportation.

First Nations people are communal by nature and it is important to provide support systems to them when they find themselves in unfamiliar surroundings far from home. An ideal would be to have First Nations professionals mentor their own people.

Educational institutions should be encouraged, for their own benefit and results, to establish meaningful support programs for First Nations students.

First Nations leadership should take up the cause and work together to address this challenge. There is power in numbers.

(g) Letters of intent concerning employment

First Nations students could be provided with a powerful incentive to complete their education in health sciences by providing them with letters of intent to employ them upon successful completion of studies.

(h) Science fairs and camps

Science fairs and camps could be used to expose First Nations youth to the field of health care at an early age. The earlier the better, starting in elementary school. Summer student programs could play a valuable role. In junior high strong emphasis should be placed on science and mathematics and those who excel should have access to programs that would stimulate them.

(i) Aptitude testing and job shadowing

Aptitude testing would provide opportunities to encourage students to enter fields where they might have good success.

Job shadowing and job placement at the community level could also generate lasting interest in health services careers.

(j) *Partnerships with education institutions*

Partnerships with institutions give First Nations the opportunity to influence the development of programs. Emphasis should be placed on courses at local colleges that are suitable for transfer to universities. More First Nations people are required on selection boards.

(k) *First Nations colleges*

First Nations could, among themselves, establish links and partnerships with First Nations colleges – even where those are outside their immediate area, or even the province. Community leaders need to determine how best they can get Aboriginal education establishments involved.

Transition-year programs should receive attention – to allow students to ‘gently’ move into full-fledged university courses.

Ideally, accredited First Nations post-secondary institutions in health should be established.

(l) *Funding*

Every effort should be made to tap into all available scholarships, grants, and bursaries for health sciences studies.

(m) *Culture*

Aboriginal culture should be integrated into all programs. All staff should receive cross-cultural awareness- and sensitivity training.

Where foreign professionals are involved, cultural orientation should include information on the boundaries to be respected.

There is little understanding in schools about the traditional approach to education and the struggle is constant to include a cultural component in school curricula.

Alternative learning methods should be identified and incorporated.

(n) *Racism*

First Nations communities and individuals have to explore strategies to turn around the notion that Aboriginal people are somehow ‘less’.

A ‘can do’ attitude has to be fostered and First Nations people have to recognize that they are not slaves to government policies – and act accordingly.

(o) *Focus*

There are many competing interests and opportunities and First Nations talent is in high demand. Ways have to be found to keep members who are studying for health careers focused in the face of competing options.

*“Where have all the
Indians gone?”*

(p) *Changing the focus of AHHRI*

AHHRI should be encouraged to change its focus from the post-secondary to the junior high level. Potential health workers should be 'caught' early.

(q) *Recruiting foreign-trained professionals*

Where First Nations health care workers are simply not available, professionals may have to be hired internationally. In that event, communities should be assisted in the recruitment stage to ensure that they are aware of process requirements such as licensing protocols. They should also be offered assistance in recruitment in general, including reference checks, qualification checks, and verification of organizational skills.

Preparation of community profiles might also prove beneficial to inform newcomers of the amenities available locally.

V. Barriers to retention

(a) *Lack of human resources across the board*

Skilled workers are in high demand across the province, let alone in First Nations communities.

(b) *Lack of support mechanisms*

Working in the health field is very stressful, especially in smaller First Nations communities where the dynamics of close relationships and the need for professional confidentiality can prove challenging.

Health care workers should have an outlet for stress or access to a support person, such as an Elder.

First Nations health care mentorship programs should be strengthened. Lack of networking means that individuals are working in isolation, without the support of colleagues who understand the stressful nature of the job.

Health Canada could be more supportive: Conferences, for instance, might provide an outlet while being of value in professional terms.

For students experiencing the stress of difficult coursework, in addition to adapting to a strange and sometimes hostile environment, a buddy system would be of help.

(c) *Blending traditional and western views*

There is a strong challenge involved in blending western and traditional views, especially in the health services field, and support is needed for health care workers.

(e) One Friday afternoon
per month (.)
- diversity

(d) *Salary parity*

First Nations find it difficult – impossible for the most part – to pay competitive salaries to health care workers.

(e) *Lack of housing, amenities, and education*

Unavailability of suitable housing as well as amenities and retail services presents a problem for professionals – especially in the more remote communities.

In many instances, prospective health care professionals are put off by the standard of education available to their children.

(f) *Local scrutiny*

Some First Nations, unfortunately, display what is known as ‘the crab syndrome’ – people do not celebrate the successes within their own group. Members who achieve higher levels of education find themselves under scrutiny, and subject to criticism by their fellow members.

(g) *Changing focus*

Members often change focus in their careers, or during the course of their studies. Opportunities for competent First Nations members are plentiful and many change direction partway through a long, hard education experience.

(h) *Personal agendas*

FNIH nurses and staff often come to First Nations with their own agendas and find it difficult to transition to community needs.

(i) *Administrative barriers*

Lack of collaboration with other departments, and even within departments, often complicates matters and makes for difficult working conditions.

VI. Opportunities to improve retention

(a) *Vision and planning*

Develop a vision and long-term plan (10 years and beyond).

(b) *Governance*

It is essential that First Nations communities understand health governance and the need to operate at arms length from the political structure. There should be an investment in governance development and accreditation to ensure a professional, structured work environment. FNIHH should be providing strong support in this regard.

“We are our own biggest critics.”

Why are we losing health professionals? We have to take hard look at conditions.

(c) *Local control*

Local control over health services and staff, and locally developed human resources policies are essential.

(d) *Working conditions*

There are no unions in First Nations workplaces to provide worker protection when necessary. The work environment should be structured to provide for safety and security and the infrastructure should provide up-to-date equipment and appropriate workspace for nurses and physicians.

Succession planning and opportunities for internal promotion should be put in place where staff numbers allow.

(e) *Support*

Health professionals in First Nations communities require more support. Connecting them with support systems, locally and elsewhere, would provide encouragement and contribute greatly to improved working conditions.

Mentorship arrangements should be put in place and avenues created to enable health professionals to debrief following challenging work situations – perhaps with the assistance of an Elder.

(f) *Equal treatment*

All health workers should be treated the same but in practice they have to contend with different levels of compensation, driven by policies that vary from jurisdiction to jurisdiction. Pay scales for federal employees are different – causing friction between Band and FNIB staff. FNIB should work towards equal treatment and standards, and parity in wages and benefits.

(g) *Recognition and positive reinforcement*

Recognition and positive reinforcement should be in place for long-term achievement; accomplishments and graduations; and parental involvement and support.

Successes and best practices should be showcased across Treaty areas.

(h) *Health professionals have to be heard*

Health professionals need to have a voice and be part of decisions on health determinants. They should be accepted in their own communities – for the professionals they are.

(i) *Professional development for health managers*

Health managers face difficult tasks and should be given the opportunity for professional upgrading – especially in core competencies.

*Showcase
successes and best
practices across
Treaty areas.*

*Health professionals
must be heard.*

(j) *Incentives*

Incentive systems should be developed. These could include education leave or other meaningful 'perks' – because for true professionals it is about more than money.

(k) *Housing*

Acceptable housing conditions would make it easier to retain professional staff.

(l) *Funding*

Adequate funding to support education opportunities would prevent attrition, especially where staff have a strong interest in ongoing professional development.

(m) *Program and service integration*

Health and education departments have to start working together to address the broader picture. All community-based departments should be integrated and interagency networking strengthened. Integration, collaboration, and cooperation should become part of all program and service delivery.

(n) *Look within for workers*

First Nations should start looking within their communities for workers, or for individuals who can be trained to take on responsibilities that are currently entrusted to non-members.

(o) *Nursing practicum*

The pressure on health services can be alleviated to an extent by having nursing students do their practicum in First Nations communities.

(p) *Blending traditional and western medicine practices*

There is room for careful blending of traditional and western practices. An exchange of knowledge – with mutual respect and benefit – would instill pride in Aboriginal knowledge and assist in promoting a holistic view of health.

(q) *Technology*

Technology offers opportunities that should be pursued – Tele-Health being one example.

(r) *Action and accountability*

There has to be an outcome to all the effort put into forums such as the Roundtable. First Nations should bring their departments together and government should be accountable for its obligations.

"People know their skills and knowledge. Our challenge is to capture and foster that to make our programs meaningful."

*Native Science (?)
(Gregory Calhete)*

There must be follow-through and “a coming together to make plans stick.”

VII. Supportive elements

(a) *Lessons learnt elsewhere*

First Nations should capitalize on the lessons learnt elsewhere and connect with other sources where people have found answers.

Other First Nations strategy outcomes should be examined – such as skills development initiatives and best practices – in a sharing and pooling of knowledge.

Websites could serve as a valuable source of information.

(b) *Keep the political level informed*

Technicians should analyze health services delivery frameworks; review federal and provincial processes; check implications; and create plans.

It is vital that Chiefs and Band Councils be kept informed of the work done and the challenges encountered in the delivery of health services.

(c) *Local content curriculum*

The school curriculum makes provision for 15% local content, but this is not happening because teachers have their own ‘templates’ and comfort zones.

Discussions with Alberta Education indicated openness to new initiatives but the matter has to be pursued further.

(d) *Research into Aboriginal issues*

FNIB should fund institutions for research on an ongoing basis.

VIII. Partnerships and collaboration

(a) *Clarify definitions*

There is potential for tremendous good in the concepts of engagement, collaboration, and partnerships, but it is essential that the parties clearly define the meaning and extent of these concepts.

What does it mean, for instance, to collaborate with an educational institution? Does it allow First Nations a say in how programs are delivered?

Too much is done on an ad hoc basis and stakeholders have to connect on a planned basis. Priorities should be established and a game plan developed. In some instances it might be appropriate to slow down and re-evaluate.

“We will survive by supporting each other.”

“The child should be the centre. First Nations have to work together to support children – as was done in the past.”

(b) *Three Treaty areas working together*

How do-, or should the three areas work together?

- *Collective proposals for healthcare:*
Get together and develop joint proposals – such as satellite programs for children.
- *Networking:*
Look at academic opportunities and access information.
- *Sharing:*
Share community resources and facilities, information, mentoring opportunities, and knowledge.
Share professionals and access to resources such as laboratories.
- *Communication:*
Develop a communication strategy between all stakeholders – with clarity on the intent and process.
Publicize success stories.
- *Working together:*
Work cooperatively at all First Nations levels, between communities, between departments, and between different levels of government.
- *Community-developed work plans:*
These should reflect connection, community interests, tribal council programs, and health authority plans.

"We are moving on and need to be together to do it."

(c) *Partnerships: First Nations, Federal Government, and Province*

Collaboration among government departments is already occurring and should be made part of the ongoing agenda:

- *Eliminate barriers between organizations:*
Start by sharing work plans.
- *Establish true partnerships with education institutions:*
Acquire a voice in influencing policy, not a token seat on the board.
Invite First Nations colleges to Roundtables.

(d) *Interagency work plan at community level*

Connect all agencies – i.e. in the development of a strategic plan.

(e) *Link health practitioners and health career coordinators*

Health practitioners can do much to encourage one another.
Establish a database on health care professionals – a health professions directory.

Health career coordinators should be linked to someone at the local level – school, health office, and other agencies.

(f) *Connect – nationally & internationally*

Connections should be made with professionals and organizations:

- ❑ AISES – American Indian Science and Engineering Society
- ❑ CASTS – Canadian Aboriginal Science and Technology Society
- ❑ FNAHEC and international indigenous bodies
- ❑ Native Physicians Association
- ❑ National and provincial nursing associations

(g) *Community partnerships and support*

Parental involvement and community support is crucial.

Connect school counselors to the health area.

Community support systems should be identified and promoted.

Everything needs to be community based and driven.

(h) *Industry relationships*

Industry can provide an important support function by investing in bursaries and scholarships.

IX. Salient points – Day One

- ❑ Common theme – Practitioners need more opportunities to gather and share information.
- ❑ Importance for curriculum to be culturally driven.
Integrating Aboriginal and western elements in the curriculum.
- ❑ Lack of funding and support for students represent distinct barriers – scholarships, housing, daycare, mental- and emotional health.
- ❑ Importance of including Elders in any program development.
- ❑ Value of partnerships – Education, Health, Band Office, Child Welfare.
- ❑ Lack of academic preparedness among students – inadequate focus on science and mathematics in schools.
- ❑ Parental involvement.
- ❑ Using assets existing in communities.
- ❑ Youth issues – self-esteem and confidence.
- ❑ Use of First Nations professionals.
- ❑ Treaty areas to work collectively.

- ❑ Celebrate successes.
- ❑ Importance of research.
- ❑ Establish baseline data and know what is needed.
- ❑ Flow funding through communities directly.

Participants saw the Roundtable as a precedent – the start of something valuable.

Feedback is important to success, but action would depend on the development of a plan to address priorities, issues, and strategies – a work plan with time lines and a budget.

X. Advancing priorities

On Day Two participants identified a number of priorities they would like to see advanced:

(a) Governance

Quality assurance in the provision of programs and services.
 Knowledge and expertise should be available in support of staff; as well as opportunities for continuing education, mentoring, and promotion from within.

(b) Leadership capacity building

Board training and appropriate training for health care managers.

(c) Forum for leadership

Bring leadership to the table – Elders, politicians, professionals, and special speakers – to develop clear objectives and work plans to address solutions that have been under discussion for years.

(d) Treaties 6, 7 and 8 – and the province – in partnership

Develop a work plan with specific details on collaboration.
 Regular meetings between Treaties – with clear agendas, plans, objectives, and strategies.

(e) Program and services integration model

Integration, yes – but based on First Nations' requirements and no externally dictated process.

"Strength comes from unity and collective effort."

(f) *Planning*

Determine collective priorities together and plan for the longer term – 3 to 5 years at minimum.

Work plans developed in consultation with First Nations communities.

(g) *Strategies*

Strategies are required to guide

- Recruitment and retention
- Communication
- Information and data sharing
- Human resource development and education

(h) *Community involvement*

- Views should be heard – with sensitivity and support
- Elder participation has to be meaningful
- Culturally relevant content to be provided in schools, etc.

(i) *Motivators for youth*

- Connections in a context the youth can appreciate
- Career counseling in junior- and senior high.

(j) *Academic standards*

- Mathematics and science bridging programs
- Lowering of standards is not acceptable and educators must ensure that this does not happen.

(k) *Better known AHHRI*

- Even among Roundtable participants, many were not adequately aware of AHHRI's role and goals.

(l) *Improved funding regime*

- Funding policies have to be made more relevant.

(m) *Human resource needs of health professionals*

(n) *Technology use*

- Internet; website development; uses of Facebook; and feedback mechanisms.

"Our youth need supports, not lower standards."

Follow-through is critically important.

(o) *Follow-up*

- ❑ To have meaningful results, the Roundtable information garnered must be followed by plans, strategies, and action.

XI. Closing imprint

Chief Rose Laboucan's comments:

- ❑ Health careers address one of the utmost needs in communities. Healthy families and communities are essential and First Nations need people who are interested in that goal.
- ❑ Dreams are not just dreams, but can become reality.
- ❑ First Nations have enough Chiefs – doctors and nurses are needed.
- ❑ First Nations have geared programs to their needs (NDAPP), but have become complacent. The thinking has to be about life-long professions that fit community needs.
- ❑ The youth are not interested in work and learning – they sleep until 2:00 p.m. The challenge for First Nations lies in how to get to the root of the problem.
- ❑ Trained people drop out of jobs. How to address this? The total human being has to be looked at – mind, body and spirit.
- ❑ A dependency mentality has taken over. Social assistance is not a Treaty Right – life is about hard choices.
- ❑ There is much talk about barriers, but they are easier to walk over if people are strong. Stick it out.
- ❑ First Nations have to address their 'own' barriers by making people strong. Without an identity and a sense of belonging, people cannot survive.
- ❑ Parents and youth have to be motivated to understand that education is key to success. The residential school syndrome has not gone away and people still think that the school is responsible for raising their children. This is wrong, and much work lies ahead. The mindset of people has to be changed – change has to come from them and from hard choices.
- ❑ If something is not done now, First Nations are in trouble. Things are not going to get better, but worse if nothing is done.
- ❑ Community workers have to motivate the youth, whatever it takes.
- ❑ First Nations need programs to provide careers. Leadership must take a serious look at promoting health careers.

A very strong message.

"Social assistance is not a Treaty Right – life is about hard choices."

"It is time to believe that nothing is impossible."

- It is time to believe that nothing is impossible. Youth and leaders have to get on their feet to make a difference.
- It is the way of Aboriginal people to help. That is why health careers are key to making a difference in their communities.

Janice Chalifoux:

- Our ways will always be around and activities such as the Roundtable will perpetuate that.
- We have faith that the valuable workers in communities know what is best for First Nations people and the youth.
- We do not know what we can accomplish until we try.
- More of these gatherings are desired – and possibly bigger ones – in future. The process of clarifying what we want to achieve must go on.

"We do not know what we can accomplish until we try."