

ACTION PLAN
Alberta Region AHHRI Roundtables
2008 – 2009

Background

The following is an Action Plan developed from information gathered at AHHRI Roundtables I, II & III. The purpose of the Roundtable activities was to address Participation and Retention of First Nations in Health Careers with the Nations themselves. The Action Plan focuses on the top 5 of the Priorities that were identified at Roundtable I (January 2008), prioritized at Roundtable II (September 2008), and then explored further to identify practical ways to achieve desired outcomes (May 2009). This chart identifies the specific barriers, opportunities to address each barrier, along with suggested activities, potential outcomes, and potential partners to be involved as recommended by the grassroots participants. Please refer to Roundtable I, II & III Summary Reports for more detailed information. Timeframes for the activities will vary (short-term and long-term outcomes).

The purpose of this Action Plan is to roll up the information/feedback provided by the First Nation community participants from Treaty 6, 7 & 8 to show how Nations can begin creating community-driven strategies to address the underrepresentation of First Nations people in health careers. At Roundtable II, it was acknowledged by all participants that the many issues and challenges affecting recruitment and retention of First Nations health care workers are interconnected, with most originating in the communities. No one single government, department, organization or program can address the identified barriers and challenges on their own. **If we hope to influence and encourage positive, long-term systemic change for the development of an Alberta First Nations health careers workforce to improve health status and service delivery, First Nation communities must be a part of the process and take the lead in HHR strategic planning, with support given for their community efforts.**

This Action Plan should be a considered a **starting point** for communities to begin acknowledging and identifying which root causes to address and which agencies have identified themselves as possible partners. It was agreed on by all roundtable participants that systemic change has to occur, and that communities also have an obligation to acknowledge and accept their role in assuring this happens.

Also note the suggested partners listed are just “suggestions” and a possible way to begin discussions and build partnerships to initiate action. Suggested activities are not listed in any order of significance, and communities should discuss which activities they could/should address first.

Please note that there were more than 5 factors identified by Roundtable participants for both Participation and Retention in health careers (refer to Roundtable I Summary Report), but for efficiency's sake at Roundtable III, participants were only able to explore and discuss the 5 that were identified as PRIORITY for each within the Roundtable timeframe. It is encouraged and recommended to include all of the factors for Recruitment and Retention when developing a community Action Plan to create and support a First Nation health care workforce in Alberta. The Treaty area Health Career Coordinators will be able to provide assistance in this regard, and can provide further information for strategic planning to include the other priorities that were not discussed at Roundtable III.

Factors Impacting on Participation in Health Careers

Barrier #1: PARENTAL INVOLVEMENT AND SUPPORT FROM COMMUNITY LEADERS – 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. Community leaders often deal with urgent issues, resulting in focusing their time and attention on ‘bigger’ services and programs. Consequently, Education programs struggle to achieve their mandate due to lack of necessary support. Experience and history has shown that the education of First Nations students cannot be left to the educators alone— for it is not their future that is at stake.

Identified Opportunities	Suggested Activities	Outcomes	Suggested Partners
1. Encourage and teach parental involvement.	a. Develop community learning centers.	Increased level of parent awareness about the importance of education. Provide opportunity for parents to increase their levels of education.	Education Programs, Health Centers, Schools, Elders, Alberta Education, Telehealth
	a. Parent Role Modeling Program.	Increased motivation to learn or acquire knowledge. Create a parenting support network.	Community Leaders, local parenting coaches, Elders, Health Centers
	b. Community Parenting Conferences.	Learned or enhanced parenting skills. Promote traditional child-rearing methods and knowledge.	Community Leaders, local parenting coaches, Elders, Health Centers, Child & Family Services
	c. Community Health Care Bridging Programs/ Adult Education.	Increased number of community health care workers and higher education levels for parents. Parents will be in a better position to provide more support to their children in educational endeavors.	Telehealth Program, Post Secondary Institutes
	d. Develop and implement a Parent Volunteer program to enhance Aboriginal Head Start.	Early and increased parental involvement in child’s education.	Community Leaders, local parenting coaches, Elders, Health Centers

Identified Opportunities	Suggested Activities	Outcomes	Partners
1. Encourage and teach parental involvement.	e. Encourage community leaders to speak to children and youth in schools to further ignite hope into education.	Youth are inspired and higher education is effectively promoted.	Community Leaders, Elders, Education Programs, NAAF Role Models, Schools
2. Take learning outside the schools.	a. Utilize Elders, local mentors and role models to offer and encourage knowledge-sharing sessions in the community. b. Develop a Community Role Modeling and Honouring Program.	Enhance members' overall education and life skills through recognizing, utilizing and honouring community knowledge base. Contribute to the development of good citizens/members. Role models are visible every day.	Community Leaders & Role Models, Elders, Education Programs, Schools Community Leaders & Role Models, Elders, Education Programs, Schools
	c. Community Leaders become aware of and promote holistic healthy lifestyle to their members.	Entire community contributes to child-rearing and mental wellness - reawakens "it takes a community to raise a child" philosophy.	Parents, Community Leaders, Elders, Education Programs, Schools
3. Role and Responsibility of Leaders	a. Develop or enhance Community Education Framework to include policies and procedures that will assist Community Leadership in capitalizing on partnerships with school districts. b. Have community sessions or activities with Leaders and membership to promote and support education awareness as part of self-determination efforts. These sessions could be done with local as well as external, specialized resources.	Encouragement of First Nation School Board members. Framework will also provide peripheral support for education workers. See more overall positive education results as the importance of education is recognized and Leaders are inspired to improve the quality of the community education system. Education becomes a community goal and a community effort.	Community Leaders, Elders, Education Programs, Parents, Schools Elders, Community teachers, Leadership, Role Models, Education Specialists, Education Strategic Planners, Holistic Health Educators, Mental Health Programs

Barrier #2: SCHOOLS FAILING FIRST NATION STUDENTS – Not enough is being done to encourage First Nation students in school and a greater emphasis must be placed on getting Aboriginal students into colleges and universities. Importance has to be placed on teaching math and science, and providing increased resources and support. The lack of career counseling is reflected in the general lack of career planning for First Nation students. Information on the variety of health careers should be made available to students in elementary programs.

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Promote the importance of starting early and applying discipline.</p>	<p>a. Communities create strategies to recognize the importance of discipline in education, and implement these in kindergarten.</p>	<p>Influence good academic learning at an early age and ensure community members have a voice on how discipline is maintained in schools.</p>	<p>Elders, Community teachers, Leadership, Role Models, Education Specialists, Education Strategic Planners, Holistic Health Educators, Parents, Mental Health Programs</p>
<p>2. Develop a different "take" on teaching/education.</p>	<p>a. Communities engage and work with Alberta Education and schools to review curriculum to create new learning methods and techniques for First Nation students.</p>	<p>Curriculum is more in line with learning traits of First Nation students and they will experience less difficulty in school. More First Nation students will have success in difficult or advanced science courses with appropriate guidance and support.</p>	<p>Elders, Community teachers, Leadership, Role Models, Education Specialists, Education Strategic Planners, Holistic Health Educators, Parents U of A (supportive research re: learning traits)</p>
	<p>b. Utilize videoconferencing to develop games that bring an Aboriginal focus to the sciences.</p>	<p>First Nation students will become aware of the sciences through technology and interactive methods to help them embrace the notion they can succeed in these courses. Traditional sciences and perspectives are highlighted and used as a foundation.</p>	<p>Elders, Community teachers, Leadership, Role Models, Education Specialists, Education Strategic Planners, Holistic Health Educators, Parents</p>
	<p>c. Develop rotating provincial/Treaty area Youth Summer Science Camps.</p>	<p>Create early interest within First Nation students in math, sciences and computer literacy.</p>	<p>Elders, Community teachers, Leadership, Education Specialists, Education Strategic Planners, Holistic Health Educators, Parents</p>

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>3. Improve career counseling.</p>	<p>a. Create a strategy/policy in Community Education Framework to educate parents and students on the importance of academic courses.</p>	<p>Students will take appropriate academic courses that will enable them to further their education beyond high school. Parents will link with Education Counselors. Parents and students are aware of the variety of health careers from elementary programs and up.</p>	<p>Elders, Community teachers, Leadership, Education Strategic Planners, Holistic Health Educators, Parents</p>
<p>4. Address lack of resources.</p>	<p>a. Gather support and develop strategy to assist Leadership in advocating for increased and comparable resources for on-reserve schools, specifically in the north.</p>	<p>Resources and materials will be up-to date. Lab equipment and supplies will be comparable to provincial schools.</p>	<p>Elders, Community Leaders & teachers, Leadership, Education Strategic Planners, Holistic Health Educators</p>
	<p>b. First Nations Leadership should demand/negotiate with provincial and federal governments for current technology, equipment, and software made available to First Nation learners and schools.</p>	<p>Technological advances and software will incorporate modern methodologies of learning for First Nation students on-reserve</p>	<p>Community Leaders, Education Strategic Planners, Holistic Health Educators, Prov. and Fed. Governments, Industry</p>
<p>5. General.</p>	<p>a. Change community focus from negative to positive.</p>	<p>Recognize and honour community strengths, resources, and opportunities. Improve mental wellness. Foster a "can do" attitude.</p>	<p>Community Leaders & Members</p>
	<p>b. First Nations leadership form partnerships with educational institutions, government and industry to address common long-term goals and interests.</p>	<p>First Nations can influence the development of relevant programs to address the shortcomings in First Nations education from the grassroots perspective. I.e. Tutoring and incentive programs are created to increase First Nation graduation rates in health careers.</p>	<p>Community Leaders, Educational Institutes, Elders, Industry, Provincials and Federal Government, Youth</p>

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>5. General.</p>	<p>c. Schools are encouraged to develop mutually beneficial outreach programs to parents and communities.</p> <p>d. Create and implement community mentorship programs.</p>	<p>Parents are aware of schools and their activities. Parents will become more involved with schools and participate in child's education.</p> <p>Generate interest in academic subjects amongst youth. Member roles' are identified and strengthened with recognition. Job shadowing at the community level will generate lasting interest in health careers. First Nations professionals mentor their own people.</p>	<p>Parents, Schools, Elders, Community Leadership</p> <p>Parents, Schools, Elders, Community Leadership, First Nation Inuit Youth Employment Strategies, Aboriginal Human Resources Development, Health Professionals</p>

Barrier #3: SOCIO-ECONOMIC BARRIERS, SOCIAL DEPENDENCY, NEGATIVE LIFESTYLES – Children are going to school hungry, impairing their capacity for learning, while lack of personal finances leads to dropouts when First Nation students cannot keep up with mainstream students. First Nations youth are taking the easy route and should be taught the value of sacrifice and perseverance as the links to success - this is a major dilemma and requires a change of attitude. Many young families are suffering from abuse of drugs and alcohol, resulting in communities struggling to maintain emotional and spiritual wellness, let alone focusing on the promotion of careers in health.

Identified Opportunities	Suggested Activities	Outcomes	Partners
1. Healthy Lifestyles.	<p>a. Community members and Leadership develop a community vision with short-term and long-term goals. Jointly they will design a complementary strategic plan to achieve the goals and make their vision a reality.</p> <p>b. Leadership will showcase and honour community and individual successes on a consistent basis.</p> <p>c. Leadership will support, promote and participate in Community Role Modeling and Honouring Program.</p> <p>d. Initiate Parent Advisory Committees to provide support and exercise community strength.</p>	<p>Members exercise choice to be resilient instead of victims by identifying ways that enable them to cope with their environment. They will recognize and utilize community strengths to assist in increasing the factors that lead to resiliency.</p> <p>Leadership will manifest and promote the value sets of working hard and taking charge of the future. Overcome “Crab in the bucket Syndrome.”</p> <p>Will rekindle the community spirit and emphasize the value of independence through a good work ethic and character. Honours educational achievements for all.</p> <p>Communities identify what they have to offer as positives to the world, and find ways to apply the experiences of good community role models towards the betterment of all.</p>	<p>Community Members & Leadership, Elders, First Nation Program Managers, Youth</p> <p>Community Leadership and Membership, Elders</p> <p>Community Role Models & Leadership, Elders, Program Managers, Youth</p> <p>Community Leadership, Parents, Educators, School, Youth</p>

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>2. Nutrition.</p>	<p>a. Initiate community garden and kitchen program (annual harvest festivals).</p>	<p>Provides good nutrition and contributes to community development by including whole families. Ability to transfer valuable skills through food preparation and canning group activities.</p>	<p>Community Leaders & Members, Health Programs, Elders, Mennonite Communities, Hutterite Colonies, Social Programs</p>
	<p>b. Develop a food-sharing partnership with schools.</p>	<p>Healthy, organic foods are part of the school menu. Community members are confident knowing they've contributed to students' well being in providing healthy food choices. Reduce fresh vegetable and fruit costs.</p>	<p>Community Members, Health Programs, Elders, Education Departments, Social Programs</p>
	<p>c. Establish a community food cooperative.</p>	<p>Improve members' sense of cohesion, improve diet and health, and promote cost-effective group buying. Ability to transfer valuable skills through food preparation and canning group activities.</p>	<p>Community Leaders & Members, Health Program, Elders</p>

Barrier #4: CULTURAL NORMS, IDENTITY, SELF-ESTEEM AND CONFIDENCE – The cultural norms of First Nations people are not readily compatible with western science, and students should be given access to literature that incorporates traditional teachings with science. Cultural programs are not generally understood by institutions, and there is not enough understanding and recognition of the diversity of First Nations. The focus of cultural programs should be on the “core values” of First Nations people. Aboriginal students have a different learning style and it needs to be accommodated. Past government policies 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 Nation students.

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Provide awareness of and incorporate cultural norms inside and outside the community.</p>	<p>a. Provide community education courses on traditional teachings and knowledge.</p> <p>b. Ensure existing or proposed cultural programs are developed to effectively instill and allow for the perpetuation of the “core values” of First Nations’ people.</p>	<p>Protect and preserve traditional knowledge. Community cultural norms are shared and documented.</p> <p>Traditional core values are identified and accepted by First Nation members. Members are aware of and perpetuate the traditional view of holistic health. Individuals are aware of personal responsibility to protect and preserve the positives of their existence as First Nation members.</p>	<p>First Nation Educational Institutes, Elders, Community Leaders & Members, Legal Counsel</p> <p>First Nation Educational Institutes, Elders, Community Leaders & Members</p>
	<p>c. Communities will collectively research, document and provide awareness of community history to members.</p>	<p>All members will take part in developing community identity and take pride in community accomplishments through historical awareness and information-sharing. Historical wounds are recognized and addressed.</p>	<p>First Nation Educational Institutes, Elders, Community Leadership & Members, Legal Counsel, Counselors, Therapists, Health Centers, IRS Services</p>
	<p>d. Research and identify alternative learning methods that incorporate traditional approaches to education.</p>	<p>Increased student success at all grade levels and increase health professional graduation rates.</p>	<p>Education Programs, Elders, Community Leadership, Alberta Education</p>

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Provide awareness of and incorporate cultural norms in and outside the community.</p>	<p>e. Ensure student exposure to traditional science teachings and relevance to western science.</p>	<p>Students become more comfortable with western concepts of science by linking these perspectives with traditional science activities and reasoning. Students are more inclined to pursue and succeed in western science courses. Students have knowledge of First Nations people as “traditional scientists.”</p>	<p>First Nation Education Institutes, Education Programs, Universities, Community Members, Elders, ACTUA, Discover E</p>
	<p>f. Provide cultural awareness and exposure to non-First Nation people providing any community services or delivering programs to members.</p>	<p>Common understanding and recognition of the diversity of First Nations, and awareness of the traditional holistic health view.</p>	<p>First Nation Education Institutes, Elders, Education Programs, Community Leadership & Members, Industry, Governments</p>
	<p>g. Recognize and utilize family role models as part of community Role Modeling Program (Mother, Father, Grand Parents, Uncles, Aunts, Males, Females, etc.)</p>	<p>Families are aware of their responsibility in learning about, exposing, and perpetuating cultural norms in the home. These concepts support the success of children.</p>	<p>Community Leaders & Role Models, Elders, Education Department, Social Development, Training Programs,</p>
	<p>h. First Nation Leadership will advocate and support efforts to engage and ensure post-secondary educational institutions incorporate cultural programs, curricula, and meaningful support programs that are relevant to First Nations.</p>	<p>All partners acknowledge, understand and accept that culturally-relevant programming is a necessity to ensuring and/or increasing higher First Nation post-secondary graduation rates. Non-First Nations understand and recognize the diversity of First Nations people.</p>	<p>First Nation Education Institutes, Community Leaders, Education Programs, Post Secondary Institutes, Treaty Organizations</p>

Barrier #5: FUNDING (subsistence support and education allowances) – Access to health careers is hampered by the insufficiency of subsistence support available to First Nation students outside their communities. Education allowances have not kept pace with rental increases, transportation and the high cost of living in urban centers.

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Personal Commitment.</p>	<p>a. Leadership ensures the development of a health careers post-secondary enhancement program within the Community Education Framework.</p>	<p>Collaborations between community programs are implemented through political strategic planning. Post-secondary funding is committed specifically for health career students. Student incentive programs are created. Provide letters of intent to employ students upon successful completion of their studies. Members in health careers have motivation to stay focused.</p>	<p>Community Leaders, First Nation Colleges, Post Secondary Institutes, Education Programs, Health Centers, Health Employers</p>
	<p>b. Leadership will advocate and support efforts to have post-secondary institutions, urban/off-reserve student support programs.</p>	<p>First Nations participate in program development to ensure the support systems perpetuate and respect First Nations cultural values and principles. Relevant housing, child care, and transportation programs for students are created. Students required to leave the community education purposes will have higher success rates.</p>	<p>Community Leaders, Elders, Education Programs, Provincial and Federal Governments, Post Secondary Institutes, Urban/off reserve programs, First Nations Programs</p>
	<p>c. Junior and senior high students, along with current post-secondary health careers students, are provided with effective budget management training and skills.</p>	<p>First Nation students manage both their education and the funding received so as to maximize benefit. Skills provided will strengthen the desire to learn and assist in achieving educational success.</p>	<p>First Nation Education Programs, University/ Post Secondary Aboriginal Advisory Liaisons, , Life Skills Training Agencies, Social Development , Parents, Elders</p>

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Personal Commitment.</p>	<p>d. Aboriginal health careers bursaries, scholarships and awards information is provided in a format/medium that is attractive, engaging and interesting to youth and current students.</p>	<p>Students tap into other available funding sources to increase support. Virtual tutorials, information, and guidance are provided to assist and guide through the application processes. Increased number of First Nation applicants, resulting in more successful First Nation recipients of the available bursaries, scholarships and awards.</p>	<p>University/ Post Secondary Aboriginal Advisory Liaisons, First Nation Education Programs, Parents, Learning Clicks, Treaty Area Health Career Coordinators</p>

Factors Impacting on Retention in Health Careers

Barrier #1: SUPPORT MECHANISMS FOR HEALTH CARE WORKERS – Working in the health field is very stressful, especially in smaller First Nation 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. The 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 and First Nation’s relevant programs could be more supportive of community health professionals.

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Community health care workers have access to appropriate supports.</p>	<p>a. Create a Mentorship Program linking Elders with community health care workers and health professionals.</p>	<p>Avenue created to enable health care workers/professionals to debrief following challenging work situations. Workers and professionals become aware of how First Nations people traditionally handled stress and can incorporate those mechanisms into modern day practice. Workers are more familiar with local culture, members, <u>needs</u> and resources.</p>	<p>Health Programs, First Nation Human Resource Department, Health Professionals, Health Workers, Elders, Community Leaders</p>
	<p>b. Develop an accessible network to connect health professionals with local and external support systems.</p>	<p>Provides encouragement and contributes greatly to improved working conditions. Provides opportunity for debriefing. Improve mental well-being. Professional mentorship programs are created and strengthened. Professionals will have support of colleagues and not work in isolation. Creation of a larger, supportive working environment. Create alternative communication methods. Assist in community adaptation.</p>	<p>Health Programs, Provincial Health Services, Health Canada, Local Health Regions, Alberta Mental Health Board, Health Associations</p>

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Community health care workers have access to appropriate supports.</p>	<p>c. Advocate for Health Canada to increase health professionals' supports, programs, incentives and resources in communities.</p>	<p>Provide opportunities for health professionals to attend professional conferences where networks can be developed and maintained. Conferences will provide an outlet while being of value in professional terms. Incentive programs will provide additional reasons to stay in the community. New ideas and opportunities to improve health and service delivery are brought back to communities for consideration and implementation.</p>	<p>Health Programs, Health Canada, Treaty Organizations, First Nation Tribal Councils, Training Institutes</p>
	<p>d. Leadership will support and advocate for the creation of community child care incentives and flexible scheduling opportunities for health care workers and professionals with other community programs and/or external agencies and stakeholders.</p>	<p>Increased retention of community health care workers by ensuring their children are cared for in a nurturing and supportive environment. Decrease in "burn out" with flexible schedules and hours made possible with the increase of retained workers. Establish partnerships within community programs. Access additional funding for contributing programs for enhancement activities.</p>	<p>First Nation Leadership, Community Daycare Programs, First Nation Programs, Elders, Education Programs</p>
	<p>e. First Nation communities acknowledge and honour the contributions made by health care workers.</p>	<p>Health professionals feel appreciated and valued by the community. Number of workers choosing to stay or work in communities increases. Traditional honouring ceremonies are revived.</p>	<p>First Nation Community Membership and Leadership, First Nations Programs, Elders</p>

Barrier #2: SALARY PARITY WITH HEALTH CARE WORKERS OUTSIDE COMMUNITIES – First Nation communities receive a set amount of funding from the Federal Government, and find it difficult – impossible for the most part – to pay health care workers competitive salaries.

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Communities are proactive in addressing salary parity</p>	<p>a. First Nation communities build a case to convince the Federal Government of the longer term benefits of establishing salary parity for Health Professionals and how that could impact health.</p> <p>b. Advocate for FNHI to work towards equal treatment and standards for all health care workers.</p>	<p>Contributions by Health Professionals to improve First Nations community health are recognized and their role reaffirmed. Government provides equitable salaries to Health Professionals. Increase of Health Professionals wanting to work in communities. First Nations stay in communities for their own gratification in an environment that is motivating and progressive.</p> <p>Health care workers are on same pay scales as Federal employees. Friction between Band and FNHI staff is reduced. All workers are treated the same.</p>	<p>First Nation Leadership, Health Professions Unions and Associations (Salary Comparisons), National Occupation Classification, Health Canada</p> <p>First Nation Leadership, Health Professions Unions and Associations (Salary Comparisons), National Occupation Classification, Health Canada</p>

Barrier #3: ADMINISTRATIVE BARRIERS AND LACK OF COLLABORATION – Lack of collaboration with and between other departments (federal, provincial, and First Nations) complicates service delivery and makes for difficult working conditions.

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Vision and Planning.</p>	<p>a. Communities develop a vision and long-term plan for 10 years and beyond.</p>	<p>Promotes community mind-set. Encourages and supports collaborative programming efforts. Provides a “big picture” to enable effective planning. Instills hope in members. Programs become more meaningful.</p>	<p>First Nations Leadership, First Nations Programs, Elders, Community Members, Strategic Planning Consultants, Provincial Employment Forecasts</p>
<p>2. Program and Service Integration based on First Nations’ requirements.</p>	<p>a. Community Health, Education, HRD and other programs work and plan together to address the broader health landscape.</p>	<p>All community-based programs are integrated and interagency networking is strengthened. Integration, collaboration and cooperation are part of all program and service delivery. Funding opportunities increase with effective strategic planning for program collaborations. Eliminate “stove-piping” program delivery and program territorialism.</p>	<p>First Nations Programs and Leadership</p>
<p>3. Communities invest into health governance.</p>	<p>a. First Nations invest in health governance development and accreditation to ensure a professional, structured work environment, with efforts supported by Health Canada.</p>	<p>First Nations understand health governance. Health programs operate at arm’s length from the political structure.</p>	<p>First Nations Program, Elders, Community Members, Health Canada</p>
<p>4. Improve working conditions.</p>	<p>a. First Nations provide necessary protection for community health care workers and professionals.</p>	<p>Work environment is structured to provide for safety and security. Infrastructure provides up-to-date equipment and work spaces.</p>	<p>First Nations Health Programs, Telehealth, Injury Prevention, Health Canada</p>

Barrier #4: 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.

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Address the needs of current and future health care workers.</p>	<p>a. First Nation governments include the needs of health care workers in their long-term plans.</p>	<p>Health professionals are provided the opportunity to voice their concerns and provide expertise in community planning. Workers are accepted and valued in the communities.</p>	<p>First Nation Leadership and Administration, First Nation Community Members, Elders, Economic Development</p>
	<p>b. Research available housing programs and feasibility of options such as on-reserve nursing cottages.</p>	<p>Create Housing program with acceptable housing conditions specifically for community health care workers. Health care workers will stay in community. More interest to work in community.</p>	<p>First Nation Leadership, First Nations Programs, Health Canada, Indian and Northern Affairs</p>
	<p>c. Research, apply for, and access funds to offer increased professional development opportunities for health care workers.</p>	<p>Provide adequate funding to support education opportunities for health care staff. Encourages strong interest in ongoing professional development. Provide opportunity for upgrading core competencies. Improved health service delivery. Prevents attrition.</p>	<p>First Nations Leadership, First Nations Programs, Training institutes, Health Canada</p>
	<p>d. Develop community health care workforce.</p>	<p>Members who are accustomed to community lifestyle and available amenities are trained to take on responsibilities for health care program and service delivery.</p>	<p>Health Programs, Health Canada</p>

Barrier #5: FAILURE TO BLEND 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. FNHI nurses and staff often come to First Nations with their own agendas and find it difficult to transition to community needs.

Identified Opportunities	Suggested Activities	Outcomes	Partners
<p>1. Advocate and develop programs that blend traditional and western practices for health, within and outside communities.</p>	<p>a. Leadership will advocate for the inclusion of traditional healing methods and herbal remedies in post-secondary health care education curricula, within a cultural competency component that is developed in partnership with First Nations.</p>	<p>Health care workers and professionals gain valuable knowledge and insight about traditional healing benefits. Potential First Nation students are more inclined to participate in education programs with a cultural focus. Post-secondary institutions accept and promote First Nations cultural values and perspectives. Members' health improves from being able to access western or traditional healing practices, or both. Share best practices between both perspectives to benefit overall health and well-being.</p>	<p>First Nation Traditional Knowledge Holders, Universities / Post Secondary Institutes, First Nation Colleges, Health Associations and Regulatory Bodies,</p>
	<p>b. Community health care workers and professionals participate in a knowledge exchange with community members.</p>	<p>Mutual respect and understanding between health care service providers and membership. Instills pride in Aboriginal knowledge. Promotes and perpetuates traditional view of holistic health. Assists in transition and acceptance of health care workers into community fabric. Workers are accepted for the professionals they are. Provision of services that respond to members' needs and community health concerns.</p>	<p>Health Professionals and Community Members</p>

KEEP IN MINDERS:

Roundtable III reminded participants of the importance of genuine partnerships, collaboration, and engagement at all levels (provincial, federal and Nations). There is a demonstrated need for creative planning and movement to action, and to remember the primary purpose of the stakeholders gathered at the Roundtables was to be servants of the people. Participants verbalized that there has to be an outcome to all the effort put into forums such as the Roundtables – First Nations should bring their departments together and government should be accountable for its obligations. There was a commitment by the AHRI Working Group to follow up with the Roundtable information, and provide information back to participants in the form of plans, strategies and action.

Community Leaders and Program Directors and other identified partners can take this Action Plan and prioritize opportunities and relevant activities to address participation and recruitment barriers of First Nations entering into health care professions. Some opportunities and advocacy efforts can be done in the community, within Tribal Councils, Treaty areas, provinces, or nationally. Communities should make the effort to find out what, if anything, is currently being done to address any of the activities identified here and by who, to get a better idea of what they can address at the community level and where partnerships are required.

Treaty area Health Career Coordinators can provide assistance, direction and other information to aid communities in strategic planning for health care workforce development. It should also be reiterated that AHRI itself does not have the resources to provide sustainable program funding, but it can be the catalyst in initiating change in our communities. **In the words of Chief Rose Laboucan (Treaty 8), “It is the way of Aboriginal people to help. That’s why health careers are key to making a difference in communities.”**

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 with members, since change has to come from them and hard choices. You cannot make change where change isn’t wanted, and it’s now time to believe that nothing is impossible!