



ASSEMBLY OF MANITOBA CHIEFS
Comprehensive Inventory of First Nations Health Staff

1. What is the name of your facility?

2. In which First Nation community is your facility located in?

If your facility is not located within a First Nation community, please specify the location.

3. What type of facility you are providing information on behalf of?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Health Centre/Health Office | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Nursing Station | <input type="checkbox"/> School |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> First Nation Wellness Centre | |

If you have chosen "Other", please specify.

4. How many Health Care Providers are working within your facility?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Other |
| <input type="checkbox"/> Casual | |

If you have chosen "Other", please specify.

5. Does your facility employ First Nations people?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If you have indicated "Yes", please proceed throughout the survey.

If you have indicated "No", you may submit the survey now as the remaining survey questions pertain to facilities that employ First Nations Health Care staff.

Thank you for your time and contribution to this important initiative.



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6. Please answer the following for each Health Care Position filled by a First Nation staff member by selecting the corresponding letter for each. If you require additional space for more positions, please photocopy a blank copy for yourself.

IMPORTANT NOTE: To avoid double counting of positions, you have the option of selecting part time (.25 FTE) or (.5 FTE) under TYPE OF EMPLOYMENT if an employee is filling multiple positions.

HEALTH CARE PROFESSION	TYPE OF EMPLOYMENT A. Part Time .25 FTE B. Part Time .5 FTE C. Full Time 1.0 FTE D. Practicum Student E. Casual F. Contract G. Other	GENDER A. Male B. Female	EMPLOYEE ORGINATES FROM A. Within Community B. Manitoba C. Outside Manitoba D. Outside Canada E. Unknown	LENTH OF EMPLOYMENT A. Unknown B. Less than 1 year C. 1-2 years D. 3-4 years E. 5-9 years F. 10-19 years G. 20+ years	EXPECTED TO RETIRE IN A. Unknown B. Less than 1 year C. 1-2 years D. 3-4 years E. 5-9 years F. 10-19 years G. 20+ years
<i>Example: Physician</i>	B	A	B	D	E



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**7. What strategies do you use to RECRUIT First Nations staff?
(Please choose all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Student Placement/Practicum | <input type="checkbox"/> Recruitment Agency |
| <input type="checkbox"/> Career Fairs | <input type="checkbox"/> Community word of mouth |
| <input type="checkbox"/> Aboriginal Newspaper | <input type="checkbox"/> None |
| <input type="checkbox"/> Non-Aboriginal Newspaper | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community Newsletter | |

If you have chosen "Other", please specify.

**8. Please select the CHALLENGES you have experienced in "RECRUITING"
First Nation health care employees:
(Please choose all that apply)**

- No funding available for positions needed
- Lack of qualifications
- Lack of applicants
- High cost of living
- Lack of Full Time positions, can only offer Part Time positions
- Can not offer competitive wages
- No accommodations for staff in Community
- None
- Other

If you have chosen "Other", please specify.



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**9. What strategies do you use to RETAIN First Nations staff?
(Please choose all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Internships | <input type="checkbox"/> Time off to study |
| <input type="checkbox"/> Mentorships | <input type="checkbox"/> Creating positive workplace environment |
| <input type="checkbox"/> Living incentives | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Employment incentives | <input type="checkbox"/> None |
| <input type="checkbox"/> Paying tuition fees | <input type="checkbox"/> Other |
| <input type="checkbox"/> Competitive salary | |

If you have chosen "Other", please specify.

**10. Select the CHALLENGES you have experienced in "RETAINING" First Nation health care employees.
(Please choose all that apply)**

- Over-worked staff
- Underpaid staff
- Insufficient funding
- Lack of Full Time positions, can only offer Part Time positions
- Capped Salaries, current funding does not allow for salary increases
- Can not offer competitive wages
- None
- Other

If you have chosen "Other", please specify.



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11. Please list the top 10 health care providers that are needed within your community in the order of importance and chose the Type of Employment needed according to the corresponding letter.
(Most important to less important)

Qualified Health Profession	Type of Employment A. Part Time .25 FTE B. Part Time .5 FTE C. Full Time 1.0 FTE D. Practicum Student E. Casual F. Contract G. Other
<i>Example: Physician</i>	C
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



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14. Are you interested in receiving information on the findings of the Manitoba First Nation Human Health Resources (MFNHHR) Environmental Scan?

_____ Yes

_____ No

15. Please submit your contact information below. The information will be used to for the following purposes:

- Enter your name into the draw win a *1 YEAR PRE-PAID SUBSCRIPTION TO SIRUS SATELLITE RADIO*
- If you have answered YES to Question 12, your facility will be contacted to assist in populating the voluntary Manitoba First Nations Health Human Resource (MFNHHR) electronic database.
- If you have answered YES to Question 14, your facility will be receiving information on the findings of the MFNHHR Environmental Scan.

First Name _____

Last Name _____

Job Title _____

Email Address: _____

Phone Number: 204-_____

Address _____

City/Town/Province _____

Postal Code _____

Ekosi

Miigwech

Mahsi Cho

Wopida

Thank you for taking the time to contribute to our survey.

Please fax a copy back to the AMC office.

To the attention of: Leona Star Fax number: 204-942-0253

If you have any questions about completing the survey, please contact Leona Star, Health Policy Analyst/Researcher at 204-957-8457 or by email at lstar@manitobachiefs.com