

*Manitoba First Nations
Health Human Resource
Regional Strategic Framework*

**“A Call for Action for
Upstream Investments”**

May 2006



Intergovernmental Committee on First Nation Health

Disclaimer:

The contents of this framework reflect the views of the presenters and participants during the consultation process for First Nation Health Human Resource development, not necessarily those of the organizers/sponsors/governments.

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Intergovernmental Committee on First Nation Health Partners:

**Assembly of Manitoba Chiefs
Manitoba Keewatinook Ininew Okimowin
Southern Chiefs Organization
Manitoba Aboriginal & Northern Affairs
Manitoba Health
Indian & Northern Affairs Canada
First Nations & Inuit Health Branch
Health Canada**

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Intergovernmental Accord

Whereas First Nations, Canada and Manitoba have engaged in meaningful discussions through the Framework Agreement Initiative (FAI) on self government, intergovernmental relations and jurisdiction, and upon health through the Intergovernmental Committee on First Nations Health.

First Nations, Canada and Manitoba Agree That

Relevant First Nation, Federal and Provincial departments and agencies will work cooperatively to address First Nation Health Human Resource development to improve upon health delivery models of care and health system sustainability.

Priorities:

Manitoba First Nations, Health Canada and Manitoba Health recognize the need to improve education systems and attainment, health infrastructure, programs and services to address First Nation Health Human Resource development in Manitoba.

Each government will cooperatively develop and will jointly implement activities to meet the following Intergovernmental objectives that address First Nation Health Human Resource development:

- Ensure a comprehensive First Nations child care system that adopts a culturally safe and holistic approach in building the learning foundation.
- Promote health careers and improve student transition into post-secondary education by providing a strong academic foundation.
- Increase the admission and graduation rates of First Nation students in health human resource faculties, while ensuring a culturally safe learning environment.
- Employ a First Nation health work force that is reflective of community health needs and service requirements, which offer a high standard of professional development with competitive recruitment and retention incentives.
- Promote and provide life-long learning opportunities for community para-health professionals and health professionals.
- Ensure effective policies, programs and services are implemented and measured.
- Establish a First Nations led center that implements, monitors and strategically interconnects First Nation, federal and provincial HHR initiatives.

Guiding Principles:

The parties will address First Nation Health Human Resource development cooperatively and acknowledge that nothing in this Accord alters the legislative or other authority of the governments or the rights of any of them, with respect to the exercise of their legislative or other authorities under the Constitution of Canada.¹

The parties will address First Nation Health Human Resource Development cooperatively and acknowledge that nothing in this Accord negatively alters the processes and initiatives that exist between them for the overall improvement of their working relationship, including First Ministers Conference, Manitoba Framework Agreement Initiative, or any other intergovernmental relationships regarding health.

The parties will respect the diversities among First Nation communities, to include; culture, language and traditions of the Ojibway, Cree, Oji-Cree, Dene, and Dakota peoples.

¹ Canada Wide Accord on Environmental Harmonization. Guiding Principle 3 page 4 ICFNH.

Manitoba First Nation Health Human Resource Strategic Framework

The parties are committed to maintaining openness, transparency, accountability and the effective participation of stakeholders and the public.²

The parties agree to promote needs-based resource levels that support appropriate and accessible education systems, employment and training needs.

The parties acknowledge that accountability is reciprocal and includes the accountability of community controlled and mainstream health services between government and communities for health outcomes measures and effective use of funds.

The parties will avoid overlapping activities and inter jurisdictional disputes.³

Roles and Responsibilities:

Roles and responsibilities will be undertaken by the order of government best situated to effectively discharge them. In instances where a government is unable to fulfill its obligations under this Accord, the parties will develop an alternative plan within 6 months to ensure that no gaps are created.⁴

The parties will jointly develop and implement criteria to measure progress in addressing First Nation Human Resource development in Manitoba.

Signatories:

On this day of _____, we the following hereby declare the Manitoba First Nation Health Human Resource Strategic Framework now in force.

Assembly of Manitoba Chiefs

Federal Minister of Health

Provincial Minister of Health

Manitoba Keewatinook Ininew
Okimowin

Federal Minister of Indian and
Northern Development

Provincial Minister of Aboriginal
& Northern Affairs

Southern Chiefs Organization

Federal Minister of Human
Resources and Social
Development

Minister of Education,
Citizenship and Youth

Minister of Advanced
Education & Training

² Ibid.

³ Ibid.

⁴ Ibid

Executive Summary

A competent and sustainable health workforce is integral to ensuring that the health system has the capacity to address the needs of the Manitoba First Nation peoples. This Manitoba First Nations Health Human Resource Strategic Framework (HHR Framework) has been drafted as a 'call for action' for education and workforce reform and collaboration between federal, provincial and First Nation health and social sectors.

It recognizes that immediate action is required to design specific strategies to improve education, supply, recruitment and retention and continued learning for appropriately skilled health professionals, health educators, health service managers and health researchers in both mainstream and First Nation health and social services. A comprehensive and coordinated effort is required across all jurisdictions through both health and education branches, in partnership with academic institutions, and community controlled health providers to ensure the right skill mix to meet client/community needs and that health system reform is achievable.

This HHR Framework has been developed by the Inter-governmental Committee on First Nation Health (ICFNH) for the endorsement of First Nation leadership, Federal and Provincial Ministers of Health, Federal and Provincial Ministers of Indian/Aboriginal and Northern Affairs, and Federal and Provincial Ministers of Education and Training. It is intended that the objectives and key actions outlined in this document will be incorporated under the broader pan-Canadian health human resource strategies, education frameworks, primary health care frameworks and the Manitoba First Nation Health and Wellness Strategy to ensure alignment of key policy agendas.

All government and First Nation partners recognize the tremendous efforts to date for improving the educational attainments that contribute towards building First Nation health workforce. This HHR Framework presents high level strategies to assist in the development of comprehensive and coordinated ten year Action Plans between all sectors of the education and health workforce. It calls for the establishment of a competent health workforce and requires that the current health and education workforce receive upstream investments to be transformed and coordinated in the following priority areas:

1. Early Learning & Childhood Development
2. Secondary Education
3. Post Secondary Education
4. Workforce Recruitment & Retention
5. Continuing Education
6. Data, Research and Evaluation
7. Regional Supports and Infrastructure

Introduction

Through the collaborative efforts of the Inter-governmental Committee on First Nation Health, the government and First Nation partners call upon all relevant stakeholders to respond by developing measurable 10-year Action Plans to design a collaborative and comprehensive First Nation Health Human Resource Strategy that is reflective of learning and professional development throughout the continuum of academic and health service delivery that meets the preceding objectives.

With the participation of a diverse range of expertise in education, health and human resources, the ICFNH hosted three HHR strategic planning forums, in February 2005, December 2005 and January 2006. The participants informed the ICFNH that a comprehensive HHR strategy for First Nations must be reflective of a journey from early learners to adult students to meet the attainment of professional qualifications and employment within the health work force⁵. The ICFNH now presents the HHR framework and recommends a range of strategies to achieve, coordinate and measure a competent and sustainable health workforce for:

- Improved educational attainment for Manitoba First Nations to ensure the safe delivery of comprehensive primary health care services in the following areas: clinical/medical care; illness prevention services; population health programs; access to secondary and tertiary health care; and client/community support and advocacy; and
- First Nations utilizing services within the broader pan-Canadian health system – all of which must be responsive to the needs of Manitoba First Nations peoples and must provide culturally safe and accessible services.

Context Summary

Manitoba First Nations have long advocated that the status quo is no longer a viable option as it is not improving the health status of First Nation people. Wahbung of 1971 focused our direction on the inherent and treaty rights in the pursuit of self-determination and self-government. In more recent times the First Nations have called on the Government of Canada to work on implementing health care delivery as recommended by the Final Report of the Royal Commission on Aboriginal Peoples (RCAP, 1996)⁶. It is recognized there remain current challenges related to federal and provincial jurisdictional disputes over health services for First Nations and the First Nation leadership are prepared to forge strengthened relationships with Canada and Manitoba in pursuit of an equitable co-existence to improve the lives of First Nation peoples⁷.

⁵ Multi-Sectoral Meeting on First Nation Health Human Resources: Forum #1, (ICFNH February 2005).

⁶ Manitoba First Nations Health & Wellness Strategy: A 10 Year Plan for Action 2005-2015 (The Assembly of Manitoba Chiefs, 2005).

⁷ Ibid.

Since January of 2003, following the release of the Romanow Report (2002), the three levels of government in Manitoba, the Federal-Provincial-First Nation, have entered into discussions regarding the status of First Nation health. The Inter-governmental Committee on First Nation Health (ICFNH), formerly called the Romanow Joint Working Group (RJWG), is working on resolving the inter-jurisdictional issues affecting program responsibilities to create solutions for a more seamless health care delivery model. The committee's objective is to develop recommendations to improve the health status of First Nations' people by means of analyzing the current health services available to First Nations and exploring the inter-jurisdictional issues affecting service and program responsibilities⁸.

The ICFNH initiated four key projects in the 2004-05 fiscal year, in the following areas; First Nation Health Human Resource Initiative, Primary Health Care Conference, Two Health Research projects: An Overview on the Gaps in First Nation Health Services, and Fiscal Analysis and Projections on Health Expenditures for Manitoba First Nations.

As of late, First Nation health has been a provincial and federal priority and several initiatives and directives have been put forth. On February 5, 2003 the First Ministers Accord on Health Care Renewal was signed between the Federal and Provincial Governments. This Accord mandates an action plan be developed by Canada to include an Aboriginal Health section. It mandates the "Governments will work together to address the gap in health status between Aboriginal and Non-Aboriginal Canadians through better integration of health services." It also requires the First Ministers to direct their Provincial Health Ministers "to consult with Aboriginal peoples on the development of a comparable Aboriginal Health Reporting Framework".⁹

At the September 2004 First Ministers Special Meeting (FMM) on Aboriginal Health, National Chief Phil Fontaine tabled the Assembly of First Nation's Health Action Plan and was successful in securing \$700 Million for investments into Aboriginal health. The target areas for the federal investments of the \$700 Million are; \$200 Million for an Aboriginal Health Transition Fund, \$100 Million for Aboriginal Health Human Resources Initiatives, and \$400 Million for Upstream Investments into suicide prevention, diabetes and maternal & child health/Head Start programs¹⁰.

The \$100 Million earmarked for the Aboriginal Health Human Resources Initiative (AHHRI) is to begin addressing the acute shortages of Aboriginal health care providers and to find ways to make the health care system more responsive to

⁸ Inter-governmental Committee on First Nation Health, Terms of Reference: Version 2, 2005

⁹ Manitoba First Nations Health & Wellness Strategy: A 10 Year Plan for Action 2005-2015 (The Assembly of Manitoba Chiefs, 2005).

¹⁰ First Nations Health Action Plan, Assembly of First Nations, November 2004

the needs of Aboriginal people. Three broad objectives of the AHHRI have been established:

- To increase the number of Aboriginal health care providers
- To improve retention of health care providers working in Aboriginal communities
- To adapt present health care educational curricula to make them more culturally relevant.

While these investments into First Nation health and human resource development are a good beginning, further upstream investments are required to reach our objectives of building a competent and sustainable First Nation health workforce.

Rationale

The current shortage of various health professionals throughout Canada is well documented. When discussing new models of health service delivery, it is imperative that the required health human resources are available to provide care. The Commission on the Future of Health Care in Canada chaired by the Honorable Roy Romanow and the Senate Standing Committee on Social Affairs, Science and Technology chaired by the Honorable Michael J.L. Kirby are two recent federal government reports, which reiterate RCAP's recommendation to increase the supply of professionals in all health care disciplines (NAHO, 2003)¹¹.

According to an opinion poll conducted in 2002 by the National Aboriginal Health Organization, 43% of First Nation respondents said they prefer to visit an Aboriginal health care provider to a non-Aboriginal health care provider. The Canadian Medical Association recently reported that high tuition fees impede the diversity of the medical school population by representing an affluent segment of society; as a consequence, the physician work-force will not be representative of the people it ultimately serves¹².

There is scarce data available regarding the representation of Aboriginal health professionals in Canada; however RCAP stated that there was "significant and wide-spread under-representation." In 1993, there were approximately 40 Aboriginal physicians and 22 Aboriginal students enrolled in medical school. The Native Physicians Association of Canada reported 51 self-identified Aboriginal physicians. The estimated ratio of Aboriginal physicians to the Aboriginal population was approximately 1:33,000, whereas the mainstream ratio was reported being 1:515 (NAHO, 2003)¹³.

¹¹ Cited in Manitoba First Nations Health & Wellness Strategy: A 10 Year Plan for Action 2005-2015 (The Assembly of Manitoba Chiefs, 2005).

¹² CMA Ad Hoc Policy Working Group on the Physician Workforce. *Who has seen the winds of change? Toward a Sustainable Canadian Physician Workforce.*

¹³ Ibid.

According to the Canadian Nurses Association (CNA) “there will be a shortage of 78,000 registered nurses (RNs) in 2011 and 113,000 by 2016. Currently, the Aboriginal Nurses Association of Canada estimated that there are between 1,000 and 1,200 Aboriginal nurses as compared to 252,000 total nurses in Canada. A Health Canada study found that more than 800 new Aboriginal RN’s are needed in the near future¹⁴.

The Kirby Report also recognized that health human resource shortages are not limited to doctors and nurses. There are over 20 other disciplines reporting shortages. A few examples include; pharmacists (and assistants), dentistry (and assistants/hygienists) , lab, ultrasound and x-ray technicians, Mental health workers and psychologists, dieticians and nutritionists, physiotherapists, occupational health specialists, Information Technology experts and health information/record management personnel¹⁵.

More recently, the National Health Council’s Advice on Aboriginal Health (2005) recommends to:

- Develop an Aboriginal health work force that addresses linguistic and cultural barriers and provision of services closer to home;
- Target education programs at Aboriginal youth for health careers;
- Develop health profession training programs that recognize traditional healing practices and services in rural & remote communities;
- Develop Primary Health Care Models to address broader determinants of health and that are relevant to Aboriginal communities; and
- Accelerate the use of Information technology.

The development of a First Nation Health Human Resource Strategy that is comprehensive and forward thinking can take advantage of the enormous potential presented by a young First Nation population. This HHR Framework offers numerous strategies, that when implemented, will address all preceding plans and priorities over the past two decades.

¹⁴ Ibid.

¹⁵ Ibid.

Our Vision

In collective and respectful cooperation, create a sustainable and competent First Nation Health Human Resource Workforce to meet the health, social and spiritual needs of First Nation clients and communities that is built upon holistic principles of learning, growth and development along the continuum from early learners to adult learners and professional practitioners.

Our Mission

1. Ensure the future of First Nations through the nurturing of healthy and empowered children as health care providers and leaders of tomorrow.
2. Provide holistic supports to families and educators to assist & cultivate continuous learning and healthy development of students.
3. Reduce discrimination and inequalities for First Nation students in mainstream academic institutions.
4. Ensure standards of education (on & off reserve) are equivalent to provincial standards and meet First Nation students' needs.
5. Assure that First Nation human resource development is supported by appropriate financing for education and training and competitive recruitment and retention strategies.
6. Promote life-long learning for community members and working professionals.

Our Priority Areas & Objectives

A competent health workforce requires that the current health and education workforce receive upstream investments to be transformed and coordinated in the following priority areas and to develop actions to realize the stipulated objectives:

1. Early Learning & Childhood Development
 - Ensure a comprehensive First Nations child care system that adopts a culturally safe and holistic approach in building the learning foundation.
2. Secondary Education
 - Promote health careers and improve student transition into post-secondary education by providing a strong academic foundation.

3. Post Secondary Education
 - Increase the admission and graduation rates of First Nation students in health human resource faculties, while ensuring a culturally safe learning environment.
4. Workforce Recruitment & Retention
 - Employ a First Nation health work force that is reflective of community health needs and service requirements, which offer a high standard of professional development with competitive recruitment and retention incentives.
5. Continuing Education
 - Promote and provide life-long learning opportunities for community para-health professionals and health professionals.
6. Data, Research and Evaluation
 - Ensure effective policies, programs and services are implemented and measured.
7. Regional Supports and Infrastructure
 - Establish a First Nations led center that implements, monitors and strategically interconnects First Nation, federal and provincial HHR initiatives.

Our Strategic Recommendations for Action

OBJECTIVE #1

Early Learning and Childhood Development

Build a universal First Nations child care system that adopts a culturally safe and holistic approach to form the learning foundation by 2016.

Issue:

First Nations across Canada continue to suffer from exclusion and poverty; today, Aboriginal children are amongst Canada's most vulnerable. Nearly half of First Nations children do not have access to early childhood development services and child care¹⁶. Aboriginal Head Start On-Reserve serves about 7,700 children in 305 sites; and the First Nations and Inuit Child Care Initiative currently supports over 7,000 child care spaces in over 390 First Nation and Inuit communities nationally¹⁷.

¹⁶ Upstream Investments: Critical Path, Evidence to date and Initial Framework Design, November 2004. Assembly of First Nations.

¹⁷ Ibid.

The incremental social and economic benefits of a publicly funded system of early learning and child care services for children aged two – five exceed the costs by a margin of at least two to one¹⁸. The lack of infrastructure and chronic under funding is a key issue when developing and implementing new programs and policies for First Nations¹⁹.

Recommendation #1:

Universally fund Early Childhood Development (ECD) on-reserve programs to all First Nation communities that reflect the values and beliefs of First Nation people and ensure adequate funding is provided to build the necessary infrastructures and processes for capital, administration and evaluation for the following programs:

- Aboriginal Head Start on Reserve
- Maternal Child Health Programs
- Daycares on reserve
- Canada Prenatal Nutrition Programs
- Baby First & Family First Programs
- Fetal Alcohol Spectrum Disorder Programs
- Early Literacy and Speech Development Programs

Recommendation #2:

Design funding formulas and agreements that are responsive, supportive, and flexible and also decrease the reporting burden to allow for better program integration and a seamless continuum of the broad range of ECD services.

Recommendation #3:

Provide core funding for training and building the capacities of early parent mentors, childhood educators, program administrators, nutritionists, linguistic and literacy specialists.

¹⁸ Ibid.

¹⁹ Ibid.

OBJECTIVE #2

Secondary Education

Promote health careers and improve student transition into post-secondary education by providing a strong academic foundation that is culturally appropriate and holistically healthy.

Issue:

Significant education disparities continue to exist in the secondary education system, which continues to impede admission and enhance attrition rates for post-secondary education. The following was reported in the Health and Health Care Use: A population-based study (Martens et al., 2002):

- 34% of Manitoba First Nations (28% on reserve) completed high school compared with 59% of other Manitoban's.
- First Nations in Winnipeg: 28% (Point Douglas) to 62% (Fort Garry) complete high school.

According to the Manitoba First Nation Education Resource Center (MFNERC), all First Nations schools and teachers have had the opportunity to have professional development in science programming. Unfortunately, only marginal increases in students enrolling in Senior High Science programs such as Biology, Chemistry, and Physics have been reported.

Although some advancements in the knowledge and understanding of new science programming in all First Nations schools has been recognized; it is very difficult to recruit and retain teachers that have specialized in science to teach science programs during their post-secondary education. The majority of First Nation and Aboriginal teachers are Elementary and Middle Years teachers and are not extensively trained to teach science nor are they comfortable teaching the curriculum. In many cases professional development for teachers will be an ongoing need.

Other challenges include, the high turn over in staffing in several First Nation schools and its effects on the continuity of learning. Further to this, existing Provincial Standards testing does not include science. This de-emphasis may cause science to have a lower priority than other subject areas such as ELA and Math; "science time" may become Math or ELA time.

Recommendation #4:

Provide core funding to develop a broad range of health career promotion tools such as:

- Hosting annual Career Fairs in each First Nation community and in off-reserve First Nation communities for students; and involve parents and First Nation health professionals;
- Increase financial support related to tutoring expenses for university entrance courses in secondary school;
- Design and establish community-based role modeling programs between potential HHR students and community health professionals;
- Produce a “We Want You!” Recruitment DVD / Video on university health human resource faculties and careers in various health professions using First Nation role models;
- Develop a comprehensive resource manual inclusive of: Education & Training Programs identifying all health and social disciplines and faculties including pre-requisites for Career Planning; Health Presenters/Speakers for Career Fairs; Identify health career education and training modes of delivery (main stream/First Nation Universities, Colleges, Distance Education, Correspondence, Tele-health, satellite centers).

Recommendation #5:

Increase mental and emotional health support services to students through guidance counsellors and community mental health support workers.

- Enhance and provide specific training programs for support workers, teachers and guidance counsellors to build capacity and ongoing training for mental health services;
- Embrace Spirituality: Establish Elder and youth circle program in schools to assist in the development of culturally appropriate life-skills training;
- Establish personal leadership development programs for students, educators and administration.

Recommendation #6:

Address the math and science competencies for teachers by reviewing existing education models – policies, curriculum, and health promotion, design new culturally appropriate education models to improve the science and math competencies for teachers:

- Conduct an environmental scan on existing education resources, services and curriculums for base-line data collection and analysis;
- Partner with universities to design relevant curriculum components for Aboriginal teachers in the Math and Science specialties and by the incorporation of traditional teachings and practical learning models;
- Explore models of Alternative Education Programs – practical based learning;
- Include health promotion and illness prevention in post-secondary education curriculum.

Recommendation #7:

Design competitive teacher recruitment & retention initiatives by addressing wage parity and job security issues:

- Conduct a regional review of salary scales and benefit packages, salary classifications & standard human resource policies;
- Design a standardized salary and classification funding formula with First Nation and provincial education authorities;
- Provide sufficient funding to improve wage parity and recruitment and retention incentives for First Nation education authorities.

Recommendation #8:

Develop a standardized curriculum framework to be taught within all provincial and First Nation education authorities that includes First Nation culture and language, history and Treaty Rights.

OBJECTIVE #3

Post-Secondary Education

Increase the admission and graduation rates of First Nation students in health human resource faculties by 50% in 10 years, while ensuring a culturally safe learning environment.

Issue:

In 1996, only 3% of First Nations in Canada possessed a university degree as compared to 14% of Canadians²⁰. Currently, only 1% of the physician and nursing workforce populations in Canada is representative of Aboriginal health professionals.

²⁰ Health Canada, A Statistical Profile on the Health of First Nations in Canada. Ottawa: Health Canada 2003.

Promotion of health careers is severely hampered by a cap in federal post-secondary education funding and the unclear provincial role in student grants and loans systems for First Nation students²¹. According to HHR forum participants and Education Directors, these post-secondary education funding caps have been in effect since 1992 with the Department of Indian and Northern Affairs and Development.

The HHR forum participants also suggested that other academic, emotional, social and spiritual supports are required to increase the First Nation representation in the health human resource faculties. Indigenous worldviews in protocols, beliefs and practices are non-existent or limited in admission protocols and curriculum development. Students need to feel recognized, respected and comfortable in their new environments and have a strong sense of identity of who they are and where they come from. Students that feel supported have a greater chance of completing their degree program.

Recommendation #9:

Remove the financial barriers to attend post-secondary institutions for students and provide financial incentives to study in a health faculty:

- Increase Education Authority budgets to alleviate long student sponsorship waiting lists and increase monthly student allowances to appropriately reflect the cost of living (currently \$675/month for a single person);
- Improve upon communication processes and simplify grant application processes for students seeking bursaries and scholarships;
 - Establish a Manitoba First Nation Health Human Resource Foundation and pool all eligible First Nation scholarships and grants into a central agency for better coordination and access to funding.
- Design a University/College Tuition Waiver Program or Forgivable Student Loan Program for First Nations students that study and graduate from a health human resource faculty, awarded upon completion of program;
- First Nation Education Authorities to prioritize post-secondary education funding for health human resource studies;
- Health employers and government agencies to develop incentives for graduates to return to First Nation communities (e.g. education-employment exchange programs or return for service contracts).

Recommendation #10:

Provide increased financial supports to academic institutions for transitional and student support services.

²¹ Policy Statement on Health Human Resources, First Nations Health Action Plan, Assembly of First Nations, 2004.

- Universities and other academic institutions should actively engage in the broader K-12 educational system to provide early exposure to the sciences and health professions to populations who are under-represented in those fields²².
- Provide sustainable core funding for the proposed University of Manitoba Professional Health Education Strategy for Aboriginal People in the following five streams²³:
 - Pre-university Enrichment Programs
 - Transition & Preparatory Programs
 - Undergraduate Programs
 - Professional Health Support Programs
 - Graduate & Post-Graduate Training in Aboriginal Health
- Design support programs that assist students' transitioning from high school or a mature student program into health faculties by focusing on the following priority areas²⁴:
 - Academic enhancement
 - Admission preparation
 - Career Counseling
 - Personal/Cultural Counseling
 - Independent Living Skills
 - Motivation
 - Mentorship
 - Research Apprenticeship
 - Financial Support

Recommendation #11:

Reduce the burden of social and academic barriers to accommodate the needs of the student:

- Address accommodation/housing issues for students through a First Nation controlled Aboriginal residence on campus (e.g. Waterloo University – rural residency priority);
- Develop Peer Assisted Student Support Mentorship programs in all academic institutions that is better suited for mentoring professional students;

²² Pathways to Professional Health: A Convergent Strategy for the Entry of Aboriginal People into Health Careers at the University of Manitoba.

²³ Ibid.

²⁴ Ibid.

- Develop Aboriginal Student Centers to provide and coordinate additional supports to students studying in a health human resource field;
- Accommodate cultural needs for students that practice Traditional beliefs through the provision of on-campus Elders, sweat lodges, long houses, etc.

Recommendation # 12:

Develop appropriate recruitment and retention strategies for First Nation students into professional health faculties in order to correct the under-representation of First Nation physicians and other health professionals in Canada.

- Develop Articulation Agreements between a network of colleges and universities to recognize and transfer credits;
- Develop admission policies that formally recognize prior learning and work life experience in specific health related fields for community lay professionals seeking educational certification;
- Develop a specific stream for First Nation admissions and increase number of designated seats for every health faculty such as medicine, nursing, physiotherapy, etc.;
- Increase number of seats for the Aboriginal Health residency with the Faculty of Medicine;
- Education institutions must identify/confirm aboriginal identity by involving First Nations education authorities or First Nation community representatives when admitting First Nation self-identified students;
- The faculty selection committees, for First Nation admission streams, must include at least one person of First Nation ancestry on the interview team.

Recommendation #13:

Address institutional racial and cultural issues as they relate to curriculum development and cultural safety at all academic institutions to support students studying in health related fields, beginning with:

- Development of cultural awareness training/education for:
 - Staff of Academic Institute: Inclusive of support staff through to the executive level.
 - Students: First Nation community orientation at post-secondary level, should be a pre-requisite for all students prior to entering professional health fields
- Involvement of First Nations (Elders, Technicians, and Youth) representation in an Advisory capacity:
 - At the executive level through Board membership, Advisory Centers, etc.
 - At the Student level to address First Nation needs at institutes
- Establishment of less restrictions on course load and gear education load to student ability (i.e., First year students)

- Increasing support and diversified programming such as; formally obtain institutionalized recognition of Traditional Healing courses that focus on traditional medicines and spiritual care in health human resource faculties to be taught by traditional Elders and Healers.
- Increasing First Nation faculty members in health related faculties.

OBJECTIVE #4

Workforce Recruitment & Retention

Employ a health work force in First Nation communities that is reflective of community health needs and service requirements, which offer a high standard of professional development with competitive recruitment and retention incentives.

Issue:

The First Nations and Inuit Health Branch has been the primary employer of nurses and primary health care professionals working in First Nation communities. In the past decade a number of First Nation communities have accepted the employer responsibility through various transfer agreements with Health Canada. In either form or combination of management, the following categories emerge as consistent nursing workforce issues in First Nation communities²⁵:

1. Leadership – includes both nursing and community leadership supports;
2. Partnerships/Relationships – includes relationships with other systems in health delivery;
3. Client Services - includes the adequacy and availability of cultural, clinical and professional resources;
4. Human Resources – includes the recruitment of staff and pay and benefits, job descriptions, professional development, training and qualifications;
5. Information Management – concerns processes, mechanisms, and lines of communication within the health delivery system (documentation, databases, communications, etc.)
6. Environment – a range of access to comfortable or functioning physical infrastructure, equipment, and/or vehicles. Also includes threats and risks to personal well-being.

Although these workforce issues are cited specific to nursing on reserves under federal authorities, participants have related similar issues for other health

²⁵ Aboriginal Nurses Association of Canada: Summary Report on current Nursing Workplace Issues and Best practices in Aboriginal Communities. Final Report. 2002.

professionals and those employed by provincial jurisdictions under the mandate of Regional Health Authorities.

Other issues, specific to physicians, include the limited pool of family practitioners specialized in community medicine to practice an array of medicine in rural and remote communities. Furthermore, there are limited recruitment and retention incentives for physicians to practice in First Nation communities as compared to southern or urban centers.

First Nation people are pressing for care that integrates primary health care services and includes traditional healing. However, access to traditional healers is a barrier due to the lack of funding for programming or service provisions. The NAHO Opinion Poll, 2002, reported more than half of First Nations (51%) reported having used a traditional healer or medicines, of those 37% had done so in the previous six months.²⁶

Recommendation #14:

Design competitive nursing and other health professional recruitment & retention strategies by addressing wage parity and job security issues in First Nation communities:

- Conduct a regional review of salary scales and benefit packages, salary classifications & standard human resource policies;
- Design a standardized salary and classification funding formula with First Nation, provincial and federal health authorities;
- Design regional human resource personnel manual templates for health professionals and paraprofessionals working for First Nation organizations that can be adapted to be community specific by the appropriate employer.
- Provide core funding to harmonize salaries with federal pay scales to First Nation health authorities.

Recommendation #15:

Increase investments into family practice and reward general practitioners with a competitive recruitment and retention package for practicing in rural, remote and First Nation communities.

- The Faculty of Medicine needs to place greater emphasis and supports into medical students continuing to study in community health practice versus specialist residencies.
- Manitoba Health and the Manitoba Medical Association must consider an increase to baseline physician salaries by \$50, 000 – \$75,000 to be competitive with other provinces and recruit and retain physicians in Manitoba.

²⁶ Policy Statement on Health Human Resources, First Nations Health Action Plan, Assembly of First Nations, 2004.

Recommendation #16:

Traditional Healers must be recognized as essential to the primary health care team and appropriately remunerated for their services.

- Host a Traditional Healer/Spiritual Elders forum to define role and remuneration and mentorship/apprenticeships.

OBJECTIVE #5

Continuing Education

Promote and provide life-long learning opportunities for community para-health professionals and health professionals.

Issue:

Few professional opportunities have been cited as a severe enough concern for nurses working in isolated communities to leave employment. Employer and community support for learning opportunities for their nurses to grow as professionals attracts and retains health professionals.²⁷

Health professionals in attendance at the HHR forums also suggested that employers must have realistic expectations of 'entry to practice' level for First Nation nurses. The majority of First Nation nurses are diploma prepared and as the primary income earners they face enormous financial challenges in attaining an undergraduate nursing degree. With the entry to practice in an expanded scope now defined as a nurse practitioner with a graduate degree, the educational attainment and skill set of nurses in First Nation communities will be well below professional standards.

The skill set and professional development of other professionals and paraprofessionals must also be addressed by recognizing the years of experience of several community lay workers. The geographic, family and social issues also impede the professional in continuing their education.

Recommendation #17:

Secure sustainable funding to support assessment, planning, design and implementation of continuing education programs, modules, and distance or community-based delivery mechanisms.

²⁷ Aboriginal Nurses Association of Canada: Summary Report on current Nursing Workplace Issues and Best practices in Aboriginal Communities. Final Report. 2002.

Recommendation #18:

Ensure all community-based and continuing education training programs are affiliated with a post-secondary institution to facilitate laddering and credit recognition such as the following examples:

- Health Care Aids → Licensed Practical Nurse → Registered Nurse → Bachelor of Nursing;
- Business Administration Certificate → Project or Program Management Diploma → Health Administration Degree

Recommendation #19:

Design and deliver community-based education programs for community health professionals and paraprofessionals through a variety of mechanisms, utilizing information technology, that grant credit recognition for varying levels of education attainment, such as the following:

- Design and deliver training programs to meet the core competencies of community-based health programs for lay professionals such as; Community Health Representatives, Health Educators, Addictions Workers, and Mental Health Workers.
- Design and deliver community-based education programs in Health Administration, Human Resource Management and Finance Administration for certification that can be delivered modular through distance education and with a minimal residency component.
- Provide core funding and credit recognition to participate in continued education and training opportunities for all community based workers such as conferences and workshops as related to their area of responsibility,

OBJECTIVE #6

Data, Research and Evaluation

Ensure effective policies, programs and services are implemented, monitored and measured.

Issue:

Monitoring and measuring the outcomes of any given strategy is critical in evaluating its effectiveness and delivery of outcomes. Unfortunately, the data infrastructures for First Nation health and education systems are limited and require substantial investments to effectively monitor success.

First Nation health researchers are a limited cadre of professionals influencing the health system. This limitation is due to a number of factors ranging from financial barriers, geographical access to graduate study programs, and cultural discomfort with western approaches in academic research.

Recommendation #20:

First Nations must be invited to participate in evidence-based decision making in processes in developing and implementing healthy public policies, programs and services.

- Determine baseline of health information through a comprehensive statistical evaluation and research project to assess the current status of First Nation health.
- Conduct an Environmental Scan to determine current and projected First Nation Health and Human Resource requirements.

Recommendation #21:

Increase First Nation capacities and maintain First Nation ownership in research and information management systems through engagement with government as a jurisdictional authority.

- Launch an all-encompassing human resource initiative to invest into First Nation health professionals in research and graduate studies.
- Close the gap or 'digital divide' between First Nation communities and non-First Nations to access graduate level education programming.

Recommendation #22:

Develop community-based research and evaluation systems that are based on principles of Ownership Control Access and Possession (OCAP) that include traditional and indigenous knowledge.

- Determine available tools for research, evaluation and development of performance indicators for cultural and community adaptation.
- Build appropriate connectivity infrastructure to ensure that technology is available in communities to support the collection of data.

OBJECTIVE #7

Regional Supports and Infrastructure

Establish a First Nations led center that implements, monitors and strategically interconnects First Nation, federal and provincial HHR initiatives.

Issue:

Effective and efficient coordination, communication and governance of numerous health and social initiatives must be centralized and First Nations led. The forum participants highlighted several areas of duplication of activities, poor communication processes and unknown decision making bodies or consultations processes.

Recommendation #23:

Identify, develop and implement a governance structure for a First Nations HHR Center that is responsive to community and student needs, requirements and decision-making processes:

- Research national and international best practice models for a First Nation HHR Center, including the role of Elders and Youth, for enhanced development and delivery of programs and services to First Nations;
- Identify and develop the reporting structure, secretariat and advisory supports, which may include Director, Researchers, Policy Analysts, Legal, Labor Relations, Human Resource Expertise, Human Resource Technicians, Finance and the role of Elders and Youth Advisory Circles;
- Ensure sustainable financial supports are in place for the First Nation HHR Center;
- Ensure HHR strategies are implemented in each community within the province;
- Develop effective partnerships and linkages, through Memorandums of Understanding, with the broad range of health human resource stakeholders.

Promising Approaches

There are numerous promising approaches and best practices in education and health fields to build and sustain a competent health workforce. For the purposes of this report, only a few will be highlighted as examples of innovative advancements taken to address health and education needs along the continuum of learning.

Early Learning and Child Development - A Community Driven Approach:

In 2004, the local teachers and early childhood educators in Norway House, Manitoba developed a mobile library service to promote literacy to families with pre-school children. The early literacy team undertook several community book and toy drives to solicit donations from community members as well as from local businesses and the First Nation leadership. Literacy kits were packaged with the new and gently used toys and books, and all kits were cataloged and organized in the van by summer employment students and volunteers from the school system. The mobile library arrives at customer's homes on a weekly basis for book exchanges and feedback on the experience for their children with the literacy kits that were signed out.

This is an excellent example of a community building upon their resources to address a service gap in early literacy by designing a program that reduces the financial and transportation barriers for parents and families accessing age appropriate learning materials.

Manitoba First Nation Education Resource Center

The Manitoba First Nations Education Resource Centre provides support for First Nations schools in the communities by undertaking several activities including the development of support materials and professional development workshops, researching information for presentations, and generating dialogue in specialist consultations for school improvement.

There are on-going supports, professional development training, and projects involving First Nations school staffs. From the Math Numeracy Training Workshops (K – Gr. 4) to the Literacy Instruction at the Early & Middle Years Levels, program development and school improvement planning with schools.

In January 2006, work of the Science Specialists will further develop resources and workshop packages for proposed science projects for the 2006-2007 school year. These will include, but are not limited to the "First Nations Astronomy Project" and "Science Laboratory Training for Teachers Project".

Aboriginal Midwifery Education Program:

The AMEP is the first university program of its kind. It promises to be a unique and innovative learning opportunity for Aboriginal people to become registered midwives in Manitoba. The AMEP is a project of the Government of Manitoba in partnership with Nunavut and is jointly administered by Manitoba Health and Manitoba Advanced Education and Training²⁸.

²⁸ Aboriginal Midwifery Education Program, A program of the Manitoba Government.
www.amep.ca

AMEP will be a four-year degree program and will be designed specifically for Aboriginal students, particularly those living in northern Manitoba²⁹. The goals of the Aboriginal Midwifery Education program include³⁰:

- addressing maternal and newborn health practices for Aboriginal women, their families and communities;
- ensuring equitable access and quality services for Aboriginal communities and providing services closer to home;
- reducing recruitment and retention issues for health providers in Aboriginal communities;
- increasing the representation of indigenous health care providers in Manitoba; and
- improving health outcomes in Aboriginal communities over the longer term.

The Aboriginal Midwifery Education Program (AMEP) will provide midwifery students with a blend of traditional Aboriginal and Western methods of practice, and will include both classroom and clinical components. When their education is complete, the midwives will provide culturally appropriate birthing services primarily to remote and northern Aboriginal communities in Manitoba and in Nunavut and the Northwest Territories³¹.

"This new program will provide culturally appropriate, community-based education and will be the first Aboriginal midwifery education program in Canada to prepare its graduates for registration with their provincial regulatory body," said McGifford. "The Aboriginal Midwifery Education Program will not only improve access to career opportunities for Aboriginal women, but will also benefit families and communities across Manitoba's North."³²

"The Aboriginal Midwifery Education Program will take the best from First Nation traditions and from Western medicine, and will give the gift of sharing in the birth of a new life back to First Nation people," said Dennis White Bird, Grand Chief of the Assembly of Manitoba Chiefs. "It is important that First Nation communities have programs such as the AMEP, but it is also important that they have the infrastructure and access to modern medical tools that will allow our communities to be better prepared to care for our people—starting with their first breath."³³

²⁹ Ibid.

³⁰ News Release, Manitoba Government. First Aboriginal Midwifery Education Program To Be Established in Manitoba, December 2004. Legislative Electronic Publications, www.gov.mb.ca/chc/press/top/2004

³¹ Ibid.

³² Ibid.

³³ Ibid.

This degree-based education program will be delivered by the University College of the North. Nine students will be enrolled in the first cohort, five students at the Norway House site and four students at The Pas site.³⁴

Aotearoa / New Zealand Experience:

Between 1993 and 2000, the number of independent Maori health providers increased from approximately 20 to more than 2000 due to a statutory obligation of district health boards to foster Maori capacity³⁵.

Whakapiki Aki is an example of best practices among the Maori. At the University of Auckland, students attend this post-secondary institution for free; enrolments have more than double in the last two years³⁶.

- Medicine is a 6 year program entered directly from Secondary school;
- Bridging programs are offered for the first year;
- Application processes for Maori and Pacific Islander students are based on representation of New Zealand population;
- Medical schools applicants must identify Iwi, Marae or Island and village;
- The applicant must produce a Whakapapa /Family Tree from grandparents to applicant;
- The interview and selection process includes the whanau/family with the applicant.

Ontario Nurse Practitioner Initiative:

The "Grow Your Own Nurse Practitioner" initiative allows health care agencies, such as Community Health Centers, Family Health Teams, long-term care homes and aboriginal health access centers, to use government funding to fill nurse practitioner vacancies. This initiative:

- Pays the salary of a registered nurse while he or she is pursuing a Nurse Practitioner (NP) education
- Reimburses the nurse for some education-related expenses
- Ensures that the newly educated NP returns to work for the sponsoring health care agency.

The "Grow Your Own Nurse Practitioner" initiative is an exciting opportunity that will attract additional nurses to NP education and practice. The real benefit of this approach is that it provides a customized, local solution to address the

³⁴ Ibid.

³⁵ First Nations Health Action Plan, Assembly of First Nation, 2004.

³⁶ Human Health Resources: An Indigenous Perspective on Medical School Admissions and Curriculum. Dr. Lorne Clearsky, Assistant Professor, Faculty of Medicine, University of Manitoba. 2005

current shortage of primary care providers' especially in rural and remote communities," (Willi Kirenko, President of the Nurse Practitioners' Association)³⁷.

Burntwood Regional Health Authority:

On February 13, 2002 a partnership agreement was signed between Aboriginal & Northern Affairs Manitoba and the Burntwood Regional Health Authority to work together in the development of a partnership for Aboriginal employment. As a result the Aboriginal Representative Strategy was created. The Aboriginal Representative Workforce Strategy (ARW) focuses and supports the BRHA's long term initiative of building a workforce that is reflective of the Aboriginal population in the Burntwood region. The five objectives of the ARW Strategy are: Recruitment, Retention, Education, Awareness and Communication. Through these objectives the BRHA plans to build a partnership between Aboriginal and non-Aboriginal people of the region. This strategy will develop an environment of fairness, equity, dignity, respect, open communication, consistency and trust between the Aboriginal and non-Aboriginal communities³⁸.

³⁷ Ministry of Health and Long-Term Care, McGuinty Government Creating More Nurse Practitioners. Government of Ontario, Canada, News Release February 6, 2006.

³⁸ BRHA Aboriginal Representative Workforce Strategy, <http://www.thompson.ca/dbs/brha/dyncat.cfm?catid=2537>

Our Implementation Plan

This HHR strategy will take a distinction based approach, specific to First Nations in Manitoba, to be approved in principle by the ICFNH senior officials in the 2006-07 fiscal year. The HHR strategy will then be forwarded to provincial and federal Ministers and First Nation leadership for final endorsement with anticipated departmental directives to implement the strategy.

Once Ministerial and First Nation endorsement has been received, initial implementation of the HHR Strategic Framework will occur at two levels.

Firstly, the implementation of regional level strategies will be overseen by the ICFNH technical working group. This group is co-chaired by members of the Assembly of Manitoba Chiefs and the First Nations and Inuit Health Branch and comprises of other members from the Southern Chiefs Organization, the Manitoba Keewatinook Ininew Okimowin, the Department of Indian and Northern Affairs Development, Manitoba Aboriginal and Northern Affairs, Manitoba Health, and the Department of Family Services and Housing. Invitations to implement this initiative will be extended to the provincial department of Education, Citizenship and Youth, the department of Advanced Education and Training and the federal Department of Human Resources and Social Development.

Secondly, each of the ICFNH government and First Nation partners will forward the HHR Strategic Framework to all education and health authorities within their responsibility areas as a 'Call for Action for Upstream Investments'. Each education and health organization will respond with their Health Human Resource Action Plan, specific to First Nations. These Action Plans will set out specific activities, timelines and deliverables to meet the objectives and strategies within the HHR Strategic Framework. Approval, negotiation and agreement on these plans will occur at the appropriate departmental level as advised by the ICFNH.

The regional HHR Action Plans will support better coordination across all sectors beyond health and community services, particularly into the education and training sectors.

Our Closing Remarks

Improving the health of First Nations is a shared responsibility requiring partnerships between First Nation organizations and communities, and educational institutions. It requires a concerted effort, across and beyond the health sector, as well as all levels of governments to address the multiple and inter-related factors that contribute to system transformation.

Upstream commitments are urgently required to design and implement a comprehensive and coordinated approach; while the task is vast, it is not insurmountable. Progress has been made over the past decade to improve the health and education needs through several promising approaches. It is apparent that this strategic framework tasks all of us to design and implement our action plans.

“Let us put our minds together and see what kind of life we can make for our children”. Chief Sitting Bull

Our Acknowledgments

This HHR Framework would not have been possible without the effort of the participants in the health and education workforce who contribute to improving the lives of Manitoba First Nation people and communities everyday.

There were many contributors to the development of this framework. There are no omissions intended, this document attempts to capture the knowledge and ideas of all participants.

The ICFNH also wishes to acknowledge the wisdom and ongoing guidance of Elder George Campbell of Norway House Cree Nation and Traditional Elder Keith Pashe of Dakota Tipi First Nation.

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Health Human Resource Framework Draft

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References

- Aboriginal Nurses Association of Canada. (2002). Summary Report on Current Nursing Workplace Issues and Best Practices in Aboriginal Communities: Final Report. Ottawa, Ontario
- Assembly of First Nations. (2004). First Nations Health Action Plan. Ottawa, Ontario.
- Assembly of First Nations. (2004). Upstream Investments: Critical Path, Evidence to date and Initial Framework Design. Power Point Presentation.
- Assembly of Manitoba Chiefs. (2005). Manitoba First Nations Health & Wellness Strategy: A 10 Year Plan for Action 2005-2015.
- Burntwood Regional Health Authority. (2002). BRHA Aboriginal Representative Workforce Strategy. Retrieved May 6, 2006 from, <http://www.thompson.ca/dbs/brha/dyncat.cfm?catid=2537>
- Canada Wide Accord on Environmental Harmonization.
- Canadian Medical Association. (2004). CMA Ad Hoc Policy Working Group on the Physician Workforce. *Who has seen the winds of change: Toward a Sustainable Canadian Physician Workforce.*
- Clearsky, Lorne. (2005). Human Health Resources: An Indigenous Perspective on Medical School Admissions and Curriculum. University of Manitoba, Faculty of Medicine. Power Point Presentation.
- Government of Canada. (2003). A Statistical Profile on the Health of First Nations in Canada. Ottawa: Health Canada.
- Government of Canada. (1996). Royal Commission on Aboriginal Peoples, Final Report. Ottawa: Indian and Northern Affairs Canada.
- Government of Manitoba. (2005). Aboriginal Midwifery Education Program: A program of the Manitoba Government. Retrieved May 24, 2006, from <http://www.amep.ca>
- Government of Manitoba. (2004). First Aboriginal Midwifery Education Program To Be Established in Manitoba, December 2004. News Release, Legislative Electronic Publications. Retrieved on May 24, 2006 from, <http://www.gov.mb.ca/chc/press/top/2004>

- Government of Ontario, Ministry of Health and Long-Term Care. (2006).
McGuinty Government Creating More Nurse Practitioners. News Release.
Retrieved on May 6, 2006 from,
<http://www.ogov.newswire.ca/ontario/GPOE/2006/02/06>
- Inter-governmental Committee on First Nation Health. (2005). Multi-Sectoral
Meeting on First Nation Health Human Resources: Forum #1 Report.
Unpublished.
- Inter-governmental Committee on First Nation Health. (2005). Terms of Reference:
Version 2: 2005.
- Martens, P., Bond, R., Jebamani, L., Burchill, C., Roos, N., Derksen, S., et al., (2002).
The health and health care use of registered First Nations people living in
Manitoba: A population-based study. Winnipeg: Manitoba Center of
Health Policy.
- Senator Kirby. (2002). Interim Report on the state of the health care system in
Canada: The health of Canadians – The Federal Role, volume two:
Current trends and future challenges. Ottawa: The Standing Senate
Committee on Social Affairs, Science and Technology.
- University of Manitoba. (2005). Pathways to Professional Health: A Convergent
Strategy for the Entry of Aboriginal People into Health Careers at the
University of Manitoba. ACCESS Program.