ABORIGINAL HEALTH WORKFORCE ISSUES IN BC

Feedback from Focus Groups with Aboriginal Students and First Nations communities
(Jan – Feb 09)

Kahui Tautoko Consulting Ltd
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Background


10 year First Nations Health Plan 2005 -2015: 29 action points. The specific Action Point from First Nations Health Plan relevant to AHHRI is:

**Action 25:** *First Nations and the province will work with the Federal government to increase the number of professional and skilled trades in First Nations in health professions*

This work is being led by the First Nations Health Council on behalf of the partners, who commissioned Kahui Tautoko Consulting to undertake the work.
Environmental Scan on Health Human Resources

The scan was required to include:

• A review of some best practice models for indigenous health workforce development initiatives in US, New Zealand and Australia (COMPLETED)

• A survey of the current workforce operating within First Nations community health services (IN PROGRESS)

• A summary of key health human resource issues as determined through a set of focus groups with Aboriginal tertiary students from both mainstream and Aboriginal tertiary institutions; Aboriginal staff from health authorities and staff from First Nations communities (COMPLETED)
Findings from Aboriginal Student Focus Groups

FACTORS INFLUENCING ENTRY TO HEALTH STUDIES

- **Mainstream PSIs**
  - Improve health of own communities – particularly mental health and addictions; children and youth
  - Better career; following a role model in the family
  - Promote traditional ways of healing

- **Aboriginal PSIs**
  - Better career – family encouragement
  - Help own people overcome racism in the system; improve mainstream health care system
  - Improve health of own communities – particularly mental health and addictions
Findings from Aboriginal Student Focus Groups

INTENTIONS AFTER COMPLETING HEALTH STUDIES

• **Mainstream PSIs**
  - Move home and help own community
  - Travel overseas; make money
  - Get experience in mainstream before returning home

• **Aboriginal PSIs**
  - Not return to community immediately – dynamics unattractive
  - Work and get experience – then return home
Findings from Aboriginal Student Focus Groups

ENTRY OR PRE-REQUISITE REQUIREMENTS

- **Mainstream PSIs**
  - Problems with transfer of credits
  - Some did not know about requirements
  - Some had life experience – made it easier
- **Aboriginal PSIs**
  - Many lacked sciences, biology – had to go back and get these
  - Some did not know requirements – want better more user friendly information. Hard to get information
  - Want help writing applications and writing assignments
Findings from Aboriginal Student Focus Groups

SOURCES OF FINANCIAL SUPPORT TO STUDY

- **Mainstream PSIs**
  - Band Councils / Friendship Centers
  - Student Loans
  - Work
  - Grants and Scholarships

- **Aboriginal PSIs**
  - Band Councils
  - Welfare
  - Family Grants
  - Personal loans
  - Scholarships and grants
Findings from Aboriginal Student Focus Groups

CHALLENGES ENTERING POST-SECONDARY LEARNING

• *Mainstream PSIs*
  • Isolation and loneliness
  • Being away from family
  • Feeling “out of place” in mainstream environment – being judged
  • Accessing and paying for living, transport fees

• *Aboriginal PSIs*
  • Isolation and distance from family
  • Moving from reserve to the city – finding accommodation, transport, learning ways of the city
  • Absence of elders and other traditional forms of support
Findings from Aboriginal Student Focus Groups

READINESS TO STUDY

• *Mainstream PSIs*
  • Many not prepared for workload – unprepared
  • Thankful for support of Aboriginal / FN team where available
  • Aboriginal Tutors / Mentors great

• *Aboriginal PSIs*
  • Some better prepared than others – workload and level of writing unexpected
  • Challenges with “jargon” of the institution – learning academic terms
  • Overwhelmed with more formal style of teaching - unprepared
Findings from Aboriginal Student Focus Groups

**HOW CAN UNIVERSITIES BETTER SUPPORT STUDENTS**

- **Mainstream PSIs**
  - Formal orientation for new Aboriginal students to meet others and make instant connections – showcase existing students to be role models
  - Use more Aboriginal tutors (should be permanent not casual)
  - Dedicated Aboriginal student space and resources to practice traditional ways (e.g. smudging)

- **Aboriginal PSIs**
  - More dedicated seats
  - Improve workload “too heavy” to make it easier to manage – spread courses/papers to increase chances of success
  - Aboriginal mentors, financial counsellors
  - Pre-school / daycare services; housing, transport
Findings from Aboriginal Student Focus Groups

CURRENT SUPPORT THAT IS BENEFICIAL

• **Mainstream PSIs**
  • First Nations Center on campus – a “place” to be and meet others
  • Office for Aboriginal students; elders; mentors
  • Aboriginal Tutors

• **Aboriginal PSIs**
  • Aboriginal Tutors and Elders – want more one on one time
  • Having schedules well in advance to plan childcare
  • Aboriginal instructors, tutors, mentors
  • More flexibility to meet community / family commitments
Findings from Aboriginal Student Focus Groups

OTHER INCENTIVES SUGGESTED TO HELP ABORIGINAL STUDENTS

• Mainstream PSIs
  • Pre-entry courses / preparation phase / orientation (in regions)
  • Link First Nations Community Health services into courses – make it “real”

• Aboriginal PSIs
  • Mentors
  • Financial counsellors
Findings from First Nations Communities Focus Groups

GENERAL PERSPECTICES ON THE HEALTH SYSTEM

• Workforce issues
  – lack of Aboriginal people in all levels of health – particularly mental health and addictions
  – Lack of young Aboriginal men in health
  – Mainstream staff needing to be more culturally competent

• Funding
  – Lack of funding to run viable services and attract good staff
  – Pay parity issues between FNs and mainstream
  – Having to apply for multiple grants just to run a service
  – NIHBs a huge issue
Findings from First Nations Communities
Focus Groups

GENERAL PERSPECTICES ON THE HEALTH SYSTEM (continued)

• Insufficient or Inappropriate Services
  – lack of sufficient services to meet needs – particularly for people with disabilities, elders and youth, women’s health and sexual abuse, mental health and addictions
  – Hospital services generally considered culturally inappropriate and unsafe, being mistreated, racism
  – Need more services delivered BY Aboriginal people FOR Aboriginal people
  – Need acknowledgement of role of Community Health by peers

• Other Issues
  – Improve NIHB availability
  – Access issues for services (particularly IRS survivors)
  – Better information and communication by mainstream
Findings from First Nations Communities Focus Groups

**Ideas to Improve Cultural Competency of FN Health Organisations**

- RHAs should fund cultural services as part of core services (e.g. elders) and acknowledge their role
- Concern about Aboriginal roles in RHAs being held by non-Aboriginals
- Greater recognition of culture and language in services / programs being funded
- Allow communities to provide more cultural interventions such as Cultural Camps; Sessions on Language and Traditional ways
Findings from First Nations Communities
Focus Groups

IDEAS TO INCREASE NUMBERS STUDYING IN HEALTH

- Financial support for students e.g. fees = barrier; not enough scholarships or grants for health
- Health Career Information for Youth - Target younger age groups; let kids know they can be “anything” – give hope; target parents; broaden career options
- Improve mainstream post-secondary institutions – establish more Aboriginal-specific programs within mainstream universities; disseminate better information that is not full of unfamiliar jargon
- Aboriginal role models - use existing Aboriginal role models to promote the sector
- Band Support - make more grants available; celebrate local successes
Findings from First Nations Communities Focus Groups

IDEAS TO INCREASE NUMBERS STUDYING IN HEALTH

• Pay Parity – support communities to pay same as mainstream; extra for remote areas
• Funding Models – change calculations from ‘per capita’ to actual cost of services based on environment
• Professional Development – promote rotations between community and mainstream to ‘grow’ health professionals’ attitudes and make health professionals more familiar in communities
• Innovative Workforce Development Models – development initiatives that are fundamentally Aboriginal in their design and delivery and not just adapting or tacking onto mainstream models
• Improve health curricula to include traditional ways
Findings from First Nations Communities Focus Groups

RESOURCES FOR PEOPLE WHO WANT TO STUDY AND WORK IN HEALTH

• Lack of sufficient financial support for study and ongoing learning (including funding for non-reserve and existing staff)
• Lack of information about study options and choices in a form people can understand – if written is foreign, then the environment and study will also be foreign; scares people off
• Support workers for new and adult students
Findings from First Nations Communities Focus Groups

DESIRED TRAINING AND PD FOR STAFF AT FN HEALTH CENTERS

• Working with people with Disabilities
• Cultural awareness and cultural competency; identity; language
• Management
• Financial management
• Conflict resolution
• Stress management
Findings from First Nations Communities 
Focus Groups

RECRUITMENT AND RETENTION ISSUES

• Pay parity and working conditions not comparative to mainstream
• Cannot offer other incentives (moving expenses; health insurance; clinical supervision’ CME; etc)
• Qualifications of Aboriginal staff vs non-Aboriginal favors non-Aboriginal and does not recognise ‘community’ skills
• Support for mature workers returning to work – daycare; retirees
• Facilities / environment – not as good as mainstream in many instances
• Challenges working in communities – it is HARD, 24/7
• Often a lack of sound HR infrastructure
Findings from First Nations Communities
Focus Groups

CHALLENGES OF WORKING IN COMMUNITIES

• Time commitment – 24/7, constantly on call
• Capacity shortages – you have to be versatile
• Passion vs compassion – take things personally; often not recognised or appreciated
• Usually a lack of resources
• Travel and distance, remoteness
• Community apathy or mistrust
• Attitudes of peers in mainstream environments
• Pay parity
Findings from First Nations Communities Focus Groups

**WHAT IT TAKES TO WORK IN COMMUNITIES - SKILLS**

- Be “crazy”
  - Have life experience
- Listen
  - Think on your feet
- Compassion
  - Sensitive
- Understanding
  - Trustworthy
- Motivated
  - Detach and be objective
- Empathy
  - Don’t be judgmental
- Respect
  - Adaptable
- Assertiveness
  - Patient
- Problem solving
  - Good communicator
- Confidential
  - Turn jargon into ‘sense’
- Don’t be shy
  - Good winter driving skills!
Findings from First Nations Communities
Focus Groups

“I love the flexibility”

“I love the people – very real”

“I have a passion”

“It’s good to see the progress we’ve made over the years”

“Highly rewarding – makes up for everything”

“A complete role in many ways”