



# **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



Tripartite Agreement between First Nations Leadership Council, Federal and Provincial Governments (2006)

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 PERSPECTIVES 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 PERSPECTIVES 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”
  - Listen
  - Compassion
  - Understanding
  - Motivated
  - Empathy
  - Respect
  - Assertiveness
  - Problem solving
  - Confidential
  - Don't be shy
- Have life experience
  - Think on your feet
  - Sensitive
  - Trustworthy
  - Detach and be objective
  - Don't be judgmental
  - Adaptable
  - Patient
  - Good communicator
  - Turn jargon into 'sense'
  - Good winter driving skills!

## Findings from First Nations Communities Focus Groups



*“I love the flexibility”*

*“I love the people – very real”*

*“OI have a passion”*

*“Its good to see the progress we’ve made over the years”*

*“Highly rewarding – makes up for everything”*

*“A complete role in many ways”*