

"Coming Out of Hibernation": A First Nations Health Human Resource Strategy

Full Report for the
Assembly of First Nations



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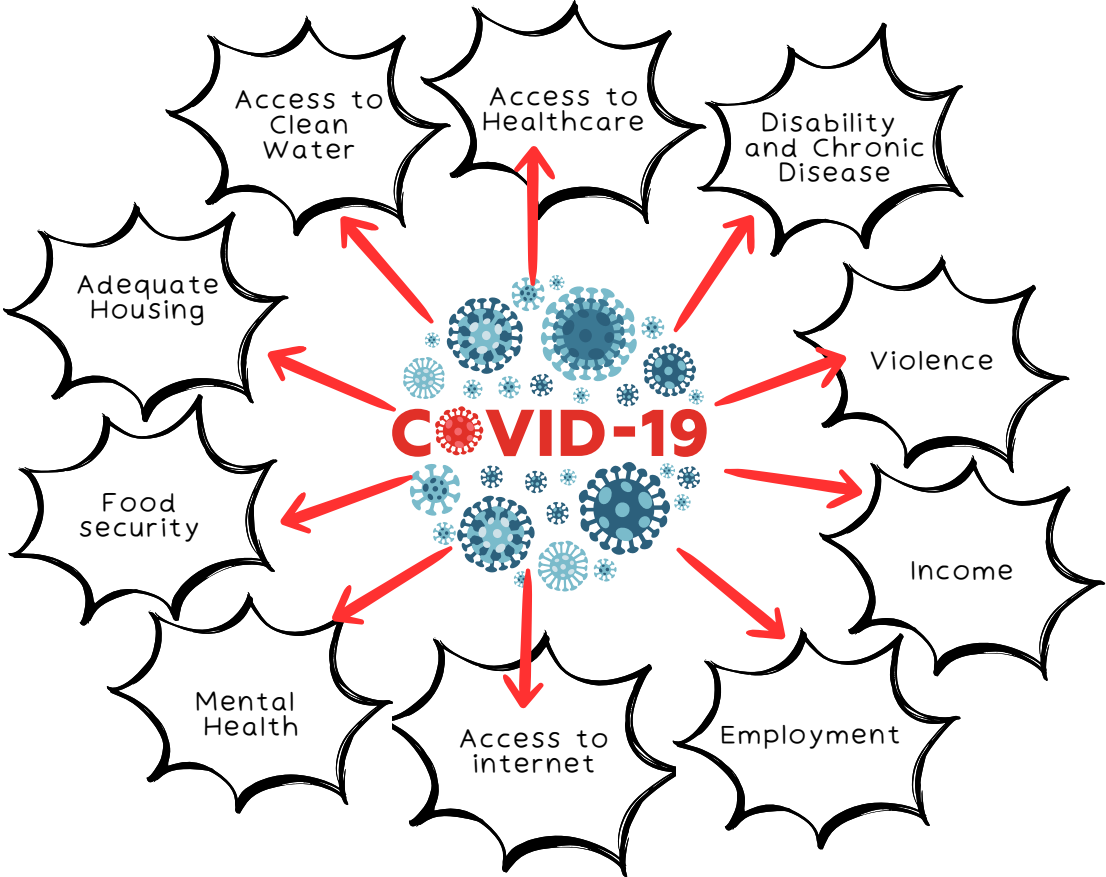
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Executive Summary

The purpose of this project was to develop a comprehensive First Nations Health Human Resource Strategy for the Assembly of First Nations (AFN). The questions that guided this project are:

- What is the state of health human resources in First Nations communities?
- How has COVID-19 impacted health human resources in First Nations communities?
- What strategies support health human resources in First Nations communities?

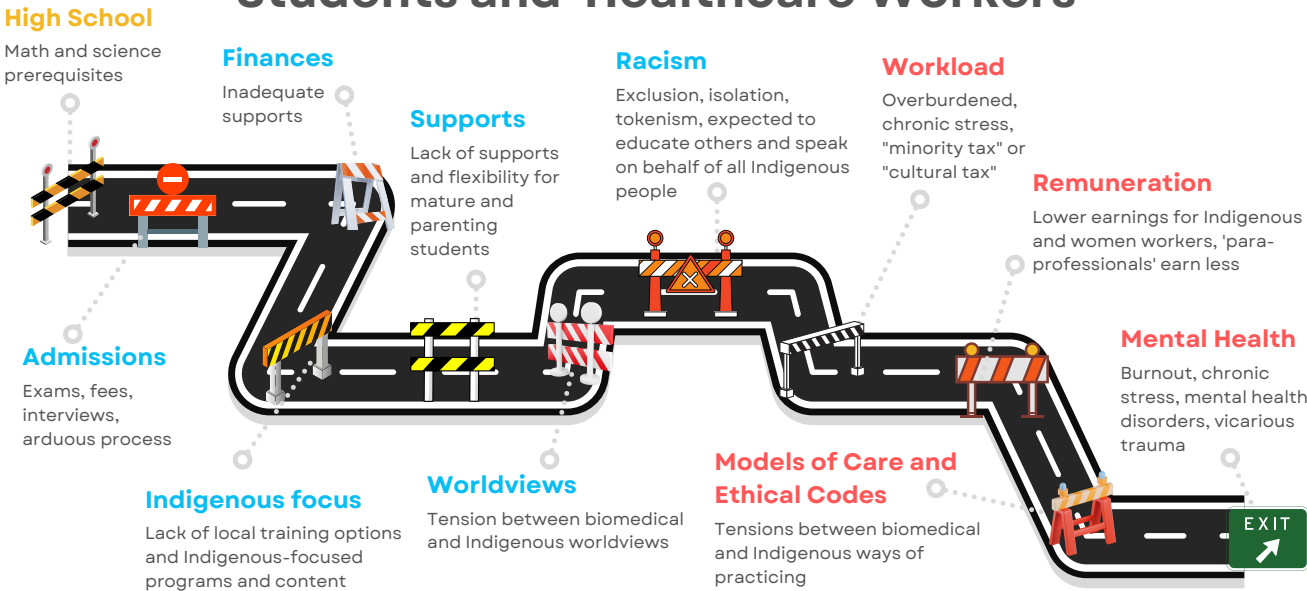
The COVID-19 pandemic exacerbated pre-existing disparities and gaps, including financial hardship, food security, intimate partner violence, and poor mental health. Researchers and Indigenous community organizations reported top COVID-19 concerns to be: homelessness and inadequate housing, domestic violence, opioid use, employment, access to water, food insecurity, deteriorating mental health, the inability to access Indigenous cultural services, lack of access to internet, the need to travel for health services, and higher rates of chronic disease associated with COVID-19.



Indigenous-led care providers were able to pivot to provide essential services to their communities. This included: disseminating information and personal protective equipment; supplying food, medicines and teas; providing Indigenous-specific testing sites; assisting with contact tracing; and leading vaccine roll-out.

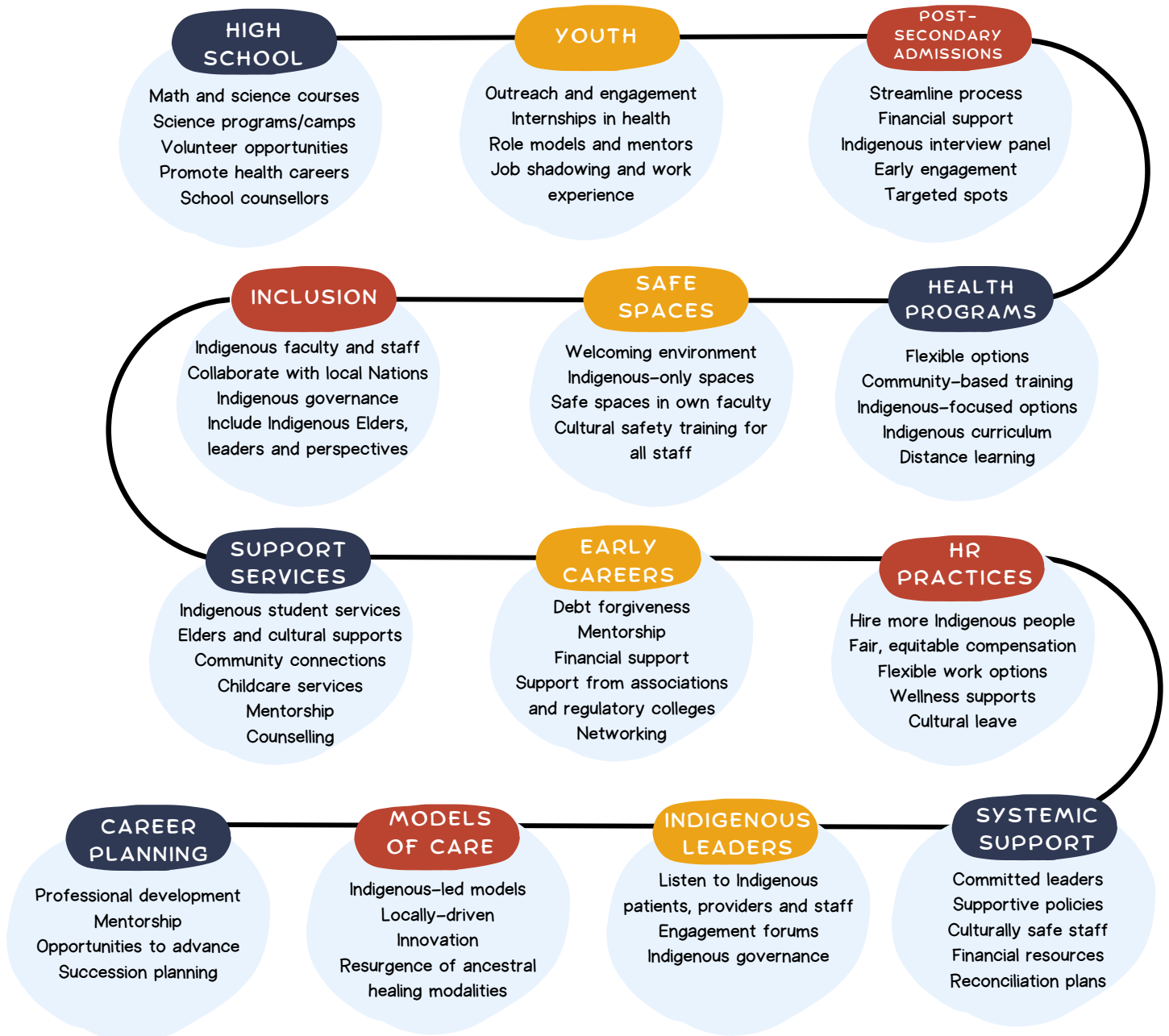
First Nations youth represent an important portion of the future health care workforce in Canada. Yet, First Nations youth face significant barriers to entry into health care professions.

Roadblocks for First Nations Students and Healthcare Workers



First Nations health care students and professionals deserve policies, processes, programs and environments that support their recruitment and retention (see graphic on next page).

SUPPORTING FIRST NATIONS HEALTH STUDENTS AND WORKERS



The health professionals who participated in the engagement portion of this project confirmed many of the barriers to recruitment and retention that were identified in the environmental scan, including racism, insufficient funding, and jurisdictional barriers. They also highlighted politics, lateral violence, gender inequity, administrative burden, and lack of appropriate supports.

The participants identified opportunities and incentives for improving recruitment and retention. They described the importance of work environments that recognize, support, honour and value First Nations ways of knowing and being. Themes that emerged were connection to land and community, involvement of Elders and Knowledge Keepers, relationality, and holistic healing modalities. The participants stressed the importance of health care for us, by us.

All of the people interviewed named ways that their careers and work environments were impacted by the COVID-19 pandemic. Many of the participants described significant career transitions and disruptions since the onset of COVID-19, including pivoting to virtual work, and having to pause or restructure their work. Participants described significant mental and emotional health impacts.

Lastly, the participants spoke to our current time period as a time for both rest and action. Many of the participants described the need for rest and recovery as individuals, healing and connection as communities, and action and evolution at institutional and systemic levels.

The AFN can play an important role in supporting improvements to health human resources for First Nations through its leadership and advocacy. The recommendations to AFN are:

1. Amplify the voices of First Nations health professionals, leaders and associations.

- Create spaces for First Nations health professionals and students to gather, listen, share and uplift one another.
- Support First Nations-led health training and education efforts.
- Engage First Nations health leaders and professionals in advocacy and political work.
- Pass resolutions to support the ongoing work of First Nations health professionals and associations.

2. Work in partnership with health organizations, educational institutions, professional associations, regulatory bodies, and other stakeholders to promote wise practices to increase First Nations health human resources.

- Encourage educational institutions to adopt wise practices that remove admissions barriers and improve student experiences and outcomes.
- Promote First Nations leadership in governance structures.
- Monitor action and accountability toward strategic goals and reconciliation plans.
- Provide education on, and promotion of, First Nation values and how to create psychological and cultural safety for First Nations in the workplace.

3. Advocate and lobby to government for legislative and policy changes, and increased funding to support health human resources for First Nations.

- Advocate for increased funding and removal of barriers to funding for First Nations health training programs and health service delivery.
- Advocate for expansion of governmental supports for health students and professionals who work in remote, rural and First Nations communities.
- Advocate across governments to optimize and expand on the scopes of practice of regulated health professions.
- Call on governments to fulfill commitments to Jordan's Principle, Joyce's Principle, ending boil water advisories, and increasing First Nations access to high-speed internet.

4. Work with First Nations leaders and communities to raise awareness and build support for Indigenous women, and traditional healing and helper roles.

- Advance gender equity by advocating to end gender violence and gender inequity, and calling on First Nations leaders to confront these issues in our own communities.
- Launch campaigns to educate and raise awareness in First Nations communities about women's health issues.
- Support communities to building internal health human resource capacity through reclamation and resurgence of traditional healing modalities.
- Raise awareness within systems and governments about the important role of Elders, Knowledge Keepers, and traditional healer roles.

Purpose

The purpose of this project was to develop a comprehensive First Nations Health Human Resource Strategy, as commissioned by the Assembly of First Nations (AFN) in 2023. This comprehensive strategy examines the state of health human resources within First Nations communities, describes pathways and governmental supports for First Nations to enter into health careers, and provides recommendations to strengthen health human resources for First Nations.

This report describes five components of this project:

- An environmental scan that examines the state of health human resources within First Nations communities, particularly as a result of the COVID-19 pandemic;
- An engagement summary of targeted professionals and professional organizations to understand barriers, opportunities, and incentives for First Nations recruitment and retention and how the pandemic affected health human resources;
- A summary of governmental supports for increasing recruitment and retention of health human resources for First Nations communities;
- A summary of health career pathways and supports to increase recruitment of First Nations people into health careers; and
- A set of recommendations to support and improve the state of health human resources within First Nations communities.

Situating My Self



Éy swáyel. Tilyen tel shwelméxwelh skwíx. Miranda Kelly tel skwíx. Teli tsel kw'e The'wá:lí. I am of Stó:lō and mixed settler ancestry. I was raised in my home community, Soowahlie First Nation (near Chilliwack, BC) and have ties to Cowichan, Snuneymuxw, and Sumas First Nations. I currently live on the beautiful unceded, ancestral lands of Musqueam, Squamish and Tsleil-Waututh Peoples.

I carry the ancestral name of Tilyen, and I strive to bring honour to this name and my ancestors by working to improve the well-being of Indigenous peoples across these lands called Canada. I have worked for sixteen years in the field of Indigenous health, in roles in health leadership, planning, policy, evaluation, education, and research. I hold a Bachelor of Science degree and a Master of Public Health degree, but I credit most of my learning to my lived experience as an Indigenous woman, daughter, sister, mother, auntie, and community member. I thank my ancestors, Elders, family, peers and community members as my teachers.

When the COVID-19 pandemic began, I was immersed in community-based birth work as a full spectrum doula serving Indigenous families in Vancouver, BC. Doulas were not considered essential health care workers, and therefore our access to support clients in clinical settings was quickly restricted. Like many health care workers, I had to quickly adapt my practice to evolving policies and restrictions. Meanwhile, my husband was completing his residency in clinical psychology at a local hospital, and was considered an essential health care worker. Our school and daycare both closed, leaving me on-call for birth work with no childcare. This quickly became unsustainable.

About a year into the pandemic, I transitioned into a senior leadership role in a regional health authority. This role focused on systems transformation to respond to anti-Indigenous racism in the health care system, and to operationalize the United Nations Declaration on the Rights of Indigenous Peoples and TRC Calls to Action within the context of a regional health authority with over 20,000 staff. There was a noticeable shift in the health care landscape – a willingness to name and call out anti-Indigenous racism – that created an increasing demand for Indigenous leadership. It was exciting, but also extremely challenging to try to hardwire Indigenous cultural safety and humility into a system that was overwhelmed by concurrent crises – pandemic, opioid crisis, and climate change crises.

Then my oldest sister died of a drug overdose in the fall of 2022, and I felt moral distress to continue working within a health system that continues to fail to meet the needs of Indigenous people. The same health system that was able to quickly change policies and procedures in the face of the COVID-19 pandemic, continues to see little progress with respect to Indigenous health disparities and opioid overdoses and deaths. In fact, the COVID-19 pandemic has largely exacerbated these issues.

With the hope to increase my impact on the system, while protecting my own health and well-being, I have reoriented myself to practice as a full-time external consultant. It is with these personal and professional lived experiences that I approach this project to develop a comprehensive strategy for First Nations health human resources. I have conducted this work and prepared this report with the hope to disrupt status quo, and inspire changes that will make the health care system safer and more effective for us as Indigenous peoples, both as recipients and providers of care.

Kw'ás hóy,

Miranda Kelly



Part I: Environmental Scan

Introduction

The COVID-19 pandemic emerged at a time when the Canadian health care system was already challenged by overlapping structural inequities and concurrent crises, including:

- Anti-Indigenous racism in healthcare;
- Accessibility barriers between rural and remote and urban settings;
- Opioid and overdose crises; and
- Climate crises such as heat waves, wildfires and floods.

The COVID-19 pandemic significantly increased demand on the healthcare system, exacerbated inequities, coincided with escalating climate and overdose crises, and overburdened the healthcare workforce.

The purpose of this environmental scan is to examine the state of health human resources within First Nations communities, particularly as a result of the COVID-19 pandemic.

Methods

The questions that guided this environmental scan are:

- What is the state of health human resources in First Nations communities?
- How has COVID-19 impacted health human resources in First Nations communities?
- What strategies support health human resources in First Nations communities?

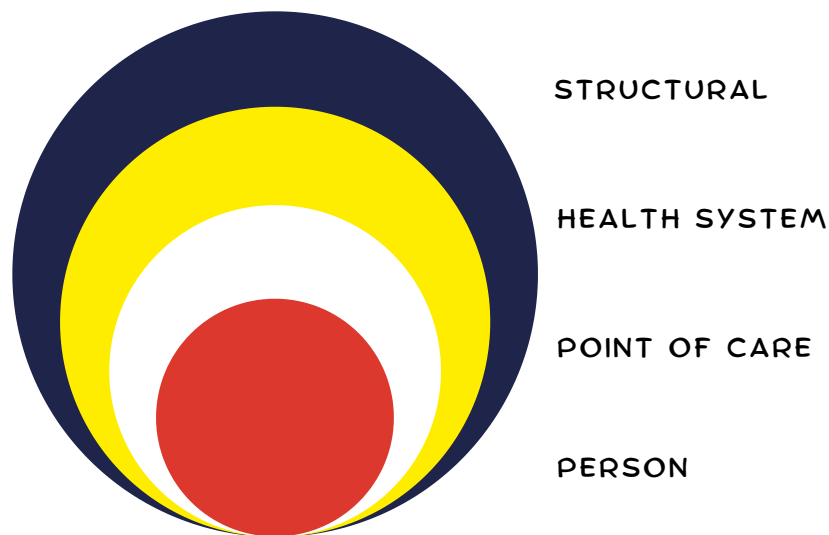
This environmental scan includes a review of peer-reviewed and grey literature. To the extent possible, the research cited in this environmental scan is specific to First Nations populations in Canada; however, where research evidence was lacking, a more inclusive approach was taken to include research involving the collective Indigenous peoples across Canada (First Nations, Inuit and Métis) and Indigenous peoples in countries with experiences of settler-colonialism comparable to Canada (United States, New Zealand and Australia).

The literature search was conducted using PubMed, SAGE Journals, ResearchGate, and Google Scholar for peer-reviewed articles and Google for grey literature. The search terms used were: "Indigenous"; "Native"; "First Nation*"; "Aboriginal"; "health*"; "workforce"; "worker*"; "health human resource*"; "HHR"; "health career*"; "health professional*"; "doctor*"; "physician*"; "nurse*"; "midwi*"; "education"; "retention"; "recruitment"; "training"; "recruit*"; "COVID-19"; "COVID"; "pandemic"; "impact"; and "Canada". Peer-reviewed articles were limited to those published from 2020 onward, in an effort to focus on the literature published since the onset of the COVID-19 pandemic.

The environmental scan was conducted from May 24 to July 3, 2023.

Results

“...structural racism operates across multiple systems and pathways to result in a compounding or crushing weight that eventually begins to degrade one’s health and facilitates an ecosystem in which poor health and chronic disease can prevail.” (Stelkia, 2023)



The majority of the literature that was reviewed highlighted the need to contextualize Indigenous health disparities, service gaps and health human resources in terms of ongoing settler-colonialism and anti-Indigenous racism (Horrill et al., 2022; Morgan et al., 2021; Nguyen et al., 2020; Phillips-Beck et al., 2020; Stelkia, 2023; Walizada et al., 2022; Wilson et al., 2022). There was a demand to shift the discourse from one of deficit-based, victim blaming to one that centres Indigenous realities in the context of survival and resilience within intersecting systems of oppression.

Landscape of Indigenous Health

The COVID-19 pandemic coincided with an evolving landscape of Indigenous health in Canada. In the years preceding and during COVID-19, the healthcare system has been called to address inequities and improve health experiences and outcomes of Indigenous Peoples.

UNDRIP

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is a human rights framework that asserts Indigenous peoples' right to the highest attainable standard of health (UN General Assembly, 2007).

TRC Calls to Action

The TRC Calls to Action 18 – 24 call for actions to improve health, including cultural safety training and recruitment and retention of Indigenous healthcare workers (Truth and Reconciliation Commission of Canada, 2015).

Reclaiming Power and Place

The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls calls for the end of violence against Indigenous women and 2SLGBTQQIA people, and action to uphold their rights to health (Canada, 2019).

Joyce's Principle

Racism contributed to Joyce Echaquan's tragic death in hospital on September 28, 2020. Joyce's Principle calls for the right of all Indigenous people to equitable access to social and health services without discrimination, and the best possible health (Council of the Atikamekw of Manawan & Atikamekw Nation Council, 2020).

In Plain Sight

This report calls out widespread Indigenous-specific racism in the BC healthcare system experienced by both Indigenous recipients of care and healthcare staff, and calls for systemic change across government, health, and education (Turpel-Lafond, 2020).

State of HHR for First Nations

There were a limited number of peer-reviewed research publications that examined health human resources in First Nations communities since the onset of the COVID-19 pandemic. This may be due, in part, to publication lag time. There was also a noticeable lack of research focused on the perspectives of Indigenous health care workers. A search of grey literature yielded more results; however, there persists a need for more research that focusses specifically on health human resources in First Nations communities, and the perspectives of Indigenous health care workers themselves.

Service Gaps

Literature from years preceding the pandemic demonstrated longstanding services gaps for First Nations communities that have likely persisted since COVID-19, including primary care, mental health, emergency medicine, and rural and remote access (Huot et al., 2019; Lavoie et al., 2021; Kue Young et al., 2018; Malatzky et al., 2020; Mashford-Pringle, 2021; Mew et al., 2017; Oosterveer & Kue Young, 2015). Indigenous people continue to face barriers in accessibility and cultural safety, including: difficult communication with health professionals, medication issues, dismissal by healthcare staff, wait times, mistrust and avoidance of healthcare, racial discrimination, poverty, and transportation issues (Graham et al., 2023; Mashford-Pringle, 2021; Nguyen et al., 2020; Phillips-Beck et al., 2020).

The rapid uptake of telemedicine during the pandemic posed an opportunity to improve accessibility of services in rural and remote communities; however, the effectiveness of telemedicine depends on infrastructure, accessibility, reliability, affordability, digital literacy (on part of both the provider and the patient), privacy and confidentiality, familiarity between patient and provider, and patient experience (Barnabe et al., 2022; Gillespie, 2023; Malatzky et al., 2020; Petry Moecke et al., 2023).

“...COVID-19 has highlighted how the enduring health workforce urban/rural maldistribution heightens the vulnerability of rural communities.” (Malatzky et al., 2020)

“There is a risk that shifting to remote provider models alone will result in reduced provider knowledge of a community’s culture, making it difficult to utilize this care facilitator in practice.” (Barnabe et al., 2022)

"I believe the current rush towards reconciliation activities must include voices of Indigenous healthcare workers." (Geboe, 2021)

Indigenous Workforce

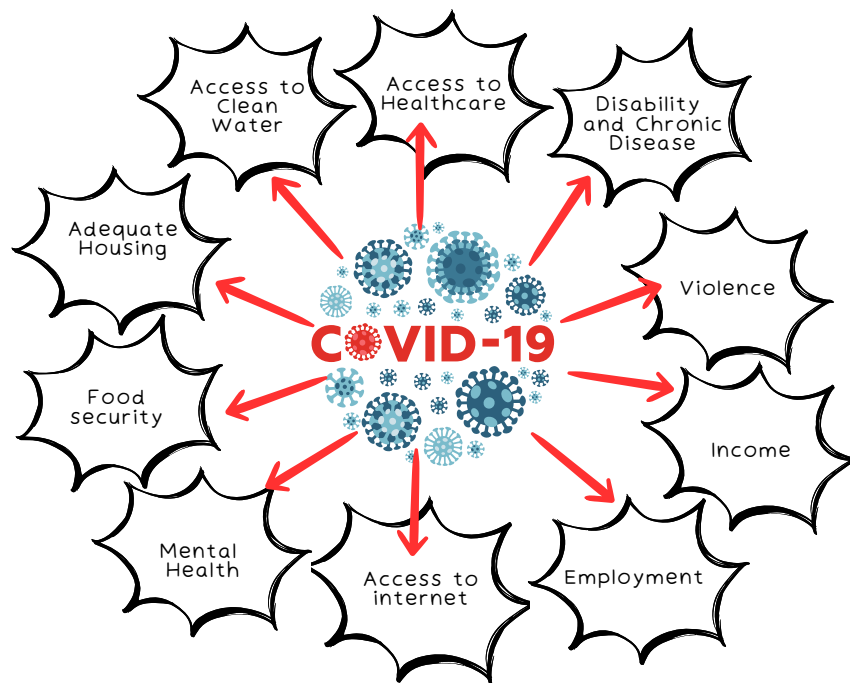
The literature overwhelmingly recommends increasing the number of Indigenous healthcare professionals as a best practice (Brockie et al., 2023; Metheny & Dion Fletcher, 2021; Peacock, 2021; Tomblin Murphy et al., 2022; Turpel-Lafond, 2020). Indigenous leadership is essential to change health systems and Indigenous healthcare workers are the cornerstone of providing culturally safe care (Brockie et al., 2023, Violette et al., 2021).

- Data on Indigenous healthcare workers are not routinely counted, meaning that this crucial workforce is often invisible in health workforce statistics (Bourgeault et al., 2019; Brockie et al., 2023, Kozin et al., 2021).
- A higher proportion of Indigenous people (14.4%) than non-Indigenous people (12.7%) in Canada are employed in health care and social assistance (Durand-Moreau et al., 2022).
- 30% of Indigenous women worked in health care and social assistance-related industries compared to only 6% of Indigenous men (Park, 2021).
- 3% (n = 13,200) of regulated nurses in Canada, are Indigenous (Brockie et al., 2023). Indigenous nurses are the largest component (74.5%) of the Indigenous health workforce in Canada (Brockie et al., 2023).
- 5% of registered midwives in Canada are Indigenous (Metheny & Dion Fletcher, 2021).
- Less than 1% of doctors in Canada are Indigenous. Indigenous physicians faced increasing demands, stress and burnout during the COVID-19 pandemic (Canadian Medical Association, 2021).
- In BC, Indigenous students make up 7.9% of students in health professional programs (Turpel-Lafond, 2020).
- 52% of Indigenous healthcare workers in BC reported experiencing racial prejudice at work (Turpel-Lafond, 2020).
- Indigenous healthcare workers experience social exclusion and barriers to exercising self-determination and sovereignty when practising within mainstream healthcare settings (Monkman & Limoges, 2023).

Impacts of COVID-19

The COVID-19 pandemic has exacerbated pre-existing disparities and gaps (Benji et al., 2021; CADTH, 2021), including financial hardship (Native Women's Association of Canada, 2020), food security (Alabi & Robin, 2023), intimate partner violence (Native Women's Association of Canada, 2020; Moffitt et al., 2022), and poor mental health (Arriagada et al., 2020; Canadian Mental Health Association et al., 2020; Lawal et al., 2021; Lee et al., 2022; First Nations Health Authority, 2023; Mandin, 2022).

Researchers and Indigenous community organizations reported top COVID-19 concerns to be: homelessness and inadequate housing, domestic violence, opioid use, employment, access to water, food insecurity, deteriorating mental health, the inability to access Indigenous cultural services, lack of access to internet, the need to travel for health services, and higher rates of chronic disease associated with COVID-19 (CADTH, 2021; Howard-Bobiwash et al., 2021; Huyser et al., 2022; Mashford-Pringle, 2021).



"The COVID-19 pandemic—which has made these pervasive health inequities and injustices impossible to ignore—has underscored the critical importance of addressing and embedding [inclusion, diversity, equity and accessibility] in healthcare and health research as one way to begin to address anti-Black racism, anti-Indigenous racism, and dismantle systemic colonial structures." (Mullin et al., 2021)

"...providers are worried about the pandemic's impact on their patients, in terms of exacerbating anxiety, isolation, and economic difficulties, as well as increasing maladaptive coping and other negative outcomes such as return to use, overdose, increased substance use, suicide, child abuse/neglect, and domestic violence. These concerns are especially worrisome in light of greatly reduced withdrawal management, outpatient, and residential treatment services." (Wendt et al., 2021)

Unmet health service needs



First Nations people living off reserve (21%) were more likely than non-Indigenous people (15%) to report an unmet need for such services in the first year of the pandemic, including treatment and monitoring of a chronic condition; screening or diagnostic services; surgery; and mental health or addiction services such as counselling or therapy (Hahmann & Kumar, 2022).

Declining mental health



In one national survey, 54% of Indigenous respondents report deteriorating mental health, 20% of Indigenous respondents report suicidality and self-harm, 29% of Indigenous respondents report increase in alcohol use, and 24% of Indigenous respondents report increase in cannabis use (Canadian Mental Health Association et al, 2020).

Overdose deaths



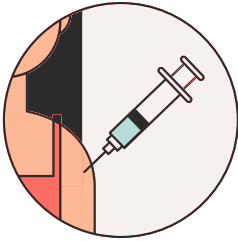
In BC, there were 373 toxic drug-poisoning deaths among First Nations people in 2022, a 6.3 per cent increase compared to 2021. First Nations people died at 5.9 times the rate of other BC residents in 2022. First Nations women are disproportionately impacted; First Nations women died at 11.2 times the rate of other female BC residents in 2022 (First Nations Health Authority, 2022).

COVID-19 Hospitalizations



In Toronto, First Nations, Inuit and Métis people with COVID-19 had higher rates of hospital admission compared to the general population, possibly due to a high burden of co-morbid chronic disease among First Nations, Inuit and Métis people in Toronto, which could result in more severe COVID-19 (Smylie et al, 2022).

COVID-19 Vaccination



93% of individuals aged 12+ years residing in First Nations communities have received a second dose, while nearly 40% have received a third dose and 50% of children aged 0 to 17 residing in First Nations communities have received at least 1 dose (Government of Canada, 2023a).

Smylie et al. (2022) found lower rates of vaccine uptake for First Nations living off reserve compared to those living on reserve, suggesting that provincial policies in vaccine rollout may have delayed access to vaccination among First Nations, Inuit and Métis living in cities compared with First Nations living on reserve.

Community-led responses to COVID-19 were essential (Benji et al., 2021; CADTH, 2021; Howard-Bobiwash et al., 2021; Mandin, 2022; Smith et al., 2021). First Nations communities asserted sovereignty by restricting travel and implementing their own public health orders (Hillier et al., 2020; Huyser et al., 2022; Mallard et al., 2021; Weaver, 2020). First Nations demonstrated collectivism in their approaches to care for one another, especially in efforts to protect Elders (Huyser et al., 2022; Smylie et al., 2022; Weaver, 2020). Many First Nations seized opportunities to spend more time on the land and engage in cultural practices (Benji et al., 2021; Weaver, 2020).

Indigenous-led care providers were able to pivot to provide essential services to their communities (Howard-Bobiwash et al., 2021; Smylie et al., 2022). This included: disseminating information and personal protective equipment; supplying food, medicines and teas; providing Indigenous-specific testing sites; assisting with contact tracing; and leading vaccine roll-out.

"We retain aspects of sovereignty and continue to demonstrate resilience forged through adversity. Indigenous responses to COVID-19 have been both active and proactive. Native communities have developed channels for sharing information, have implemented culturally appropriate precautions (including stay at home orders and travel restrictions), and continue to encourage traditional ways of fostering wellbeing." (Weaver, 2020)

Strategies to Improve HHR

The literature reviewed in this environmental scan focused primarily on the strategies to improve health human resources as outlined in the TRC Calls to Action 23 and 24 (Truth and Reconciliation Commission of Canada, 2015). The barriers and wise practices for each will be described in the next few pages.

Number	Call to Action
23	<p>We call upon all levels of government to:</p> <ul style="list-style-type: none">• Increase the number of Aboriginal professionals working in the health-care field.• Ensure the retention of Aboriginal health-care providers in Aboriginal communities.• Provide cultural competency training for all health-care professionals.
24	<p>We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.</p>

"The stress of COVID-19 has exacerbated the shortage of care providers and substantially increased family caregiver work and anxiety. This worker shortage and care crisis is even greater in First Nations Communities." (Ward et al., 2023)

Increasing the Indigenous Workforce

Barriers	Wise Practices
<ul style="list-style-type: none">• Inadequate math and science in elementary and secondary school• Inadequate funding and support services• Expensive academic preparation and exams (MCAT)• Students who leave community for training may not return• Inadequate supports for mature students/students with families• Lack of Indigenous content and community training opportunities• Indigenous students expected to educate others• Isolation/Lack of belonging/Only Indigenous person in the room• Tension between biomedical and Indigenous models of care• Conflicting sense of identity• Viewed as "not deserving" their spot in the program• Tokenism/being singled out to speak on behalf of all Indigenous People• Lack of safe space in their own faculty	<ul style="list-style-type: none">• Science programs/camps for high school students• Promote health careers to youth• Volunteering and internship opportunities• Streamlined application processes• Admissions: all-Indigenous interview panel and early engagement• Indigenous-led community engagement and outreach• Increased supportive services for Indigenous students• Flexible and distance learning options• Community-based training and clinical rotations• Indigenous-focused programs• Indigenous support services (Childcare, counselling, Elders)• Indigenous space on campus• Include Indigenous perspectives and leaders (Strengths-based)• Collaborations with Elders, knowledge keepers, and local Nations• Indigenous representation in governance• Mentorship programs and increased role models• Hire Indigenous faculty and staff• Cultural safety training for all faculty and staff

(Adams et al., 2023; Atay & Murry, 2023; Brockie et al., 2023; Dhont et al., 2022; Dreifuss et al., 2022; Galloway, 2020; Geboe, 2021; Hop Wo et al., 2022; Indigenous Services Canada, 2019; Joy-Correll et al., 2022; Kennedy et al., 2022; Kozin et al. 2021; McDougall, 2023; Metheny and Dion Fletcher, 2021; Nguyen et al., 2020; Peacock, 2021; Richardson & Syring, 2022; Stelkia, 2023; Tomkins, 2022; Turpel-Lafond, 2020; Union of Ontario Indians, 2010; Van Bower et al., 2021)

Retaining the Indigenous Workforce

Barriers	Wise Practices
<ul style="list-style-type: none">• Students who leave community for training may not return• Tensions in ethics/codes of conduct (dual relationships)• Traditional and cultural supports are categorized as “para-professionals” (invalidating and lower paid)• Experiencing racism and social exclusion at work• Overworked/overburdened staff• Burnout, stress and mental health of Indigenous providers and staff• Vicarious trauma• Lack of understanding of Indigenous staff roles• Lack of data on Indigenous workforce	<ul style="list-style-type: none">• Draw on expertise of Indigenous health professionals• Local, regional, national forums to come together• Hire more Indigenous practitioners and administrators• Fairly compensate Indigenous professionals• Hire more than one Indigenous person• Purposeful and committed organizational leadership, with accompanying policies and processes• Engagement with Indigenous staff, patients and local Nations• Welcoming physical environment• Flexible work options• Wellness programs and access to cultural events• Indigenous career planning, professional development and succession planning• Indigenous employee network and mentorship• Financial investment in reconciliation action plans• Cultural safety training for all staff• New models of healthcare delivery (Indigenous-led)

(Brockie et al., 2023; Campbell et al., 2020; Deroy & Schutze, 2021; Dhont et al., 2022; Durand-Moreau et al., 2022, Erb & Loppie, 2023; Monkman & Limoges, 2023; Nowrouzi-Kia et al., 2023; O’Loughlin et al., 2022; Park, 2021; Rankin et al., 2022; Stelkia, 2023; Taylor et al., 2020; Tomkins, 2022; Turpel-Lafond, 2020)

Cultural Safety Training

Barriers	Wise Practices
<ul style="list-style-type: none">• Lack of evaluation evidence of impact on health outcomes• Lack of application to daily practice• Healthcare providers over-estimate their cultural safety practice• Insufficient institutional investments in resources• Lack of uptake by staff when optional• Lack of structural support to integrate learning into daily practice• Cultural safety competes with dominating biomedical mindset/tasks	<ul style="list-style-type: none">• Ongoing professional development• Policies that reinforce new practices• Leadership to champion change• Resourcing• Make training required/part of orientation for staff• Gather data to measure impacts• Accountability measures (performance management)• Develop and implement in partnership with local Nations• Both online and in-person offerings• Indigenous facilitators, including Elders and knowledge keepers• Space training over multiple days• Simulation-based learning

(Corso et al., 2022; Erb & Loppie, 2023; Horrill et al., 2021; Horrill et al., 2022; Hulko et al., 2021; Mashford-Pringle et al 2023; McGuire-Adams, 2021; Nguyen et al., 2020; Peacock, 2021; Rissell et al., 2023; Sauvé et al., 2022; Tomblin Murphy et al., 2022; Tomkins, 2022; Turpel-Lafond, 2020; Ward et al., 2023; Webb et al., 2023; Wilson et al., 2022)

Health Professionals Curriculum

Barriers	Wise Practices
<ul style="list-style-type: none">• Focusing on Indigenous disparities (reinforcement of negative stereotypes and blaming of individual choices)• Lack of expertise/skilled educators• Overburdened Indigenous faculty• Lack of Indigenous core curricula (often optional or combined with other topics)• Time-constraints• Lack of practical skills-based training• Lack of exposure to Indigenous cultures• Lack of targeted funds or resources• Lack of program evaluation• Resistance to displacement of other core curriculum• Deflection of responsibility	<ul style="list-style-type: none">• Critical self-reflection (challenging status quo, willingness to be uncomfortable)• Listening to Indigenous faculty, practitioners and students• Hire more Indigenous faculty• Value and prioritize Indigenous knowledge and healing practices• Involve Elders, knowledge keepers and local Nations• Indigenous governance• Accountability mechanisms (engage Indigenous students and professionals in accreditation and compliance audits)• Educational field trips

(Blanchet Garneau et al., 2021; Brant-Birioukov, 2021; Castleden et al., 2022; Doria et al., 2021; Francis-Cracknell et al., 2022a; Francis-Cracknell et al., 2022b; Leung et al., 2022; Maar et al., 2022; McKivett et al., 2020; Melro et al., 2023a; Melro et al., 2023b; Metheny & Dion Fletcher, 2021; Rashid et al., 2023; Swidrovich, 2020)

Promising Practices

In addition to the four preceding strategies to support health human resources in First Nations (increasing the Indigenous workforce, retaining the Indigenous workforce, cultural safety training, and health professions curriculum), there were a few additional promising practices that emerged in the environmental scan:

Telemedicine

When developed in close collaboration with the community, telemedicine is a promising strategy to provide culturally appropriate, accessible healthcare to Indigenous populations (Barnabe et al., 2022; Gillespie, 2023; Malatzky et al., 2020; Petry Moecke et al., 2023). However, this required overcoming the potential barriers to its effective use, including internet reliability and affordability, digital literacy, privacy and confidentiality issues.

Governance

First Nations leadership is essential to the success of healthcare improvements (Brockie et al., 2023; Graham et al., 2023; Poirier et al., 2022; Wilson et al., 2022). Many First Nations are engaged in work to transform health through First Nations-led health governance structures. The First Nations Health Authority in BC is one example, and Canada has signed partnership agreements to partner with First Nations in Manitoba, Nova Scotia, Ontario and Quebec to enhance First Nations health governance models (Government of Canada, 2023b).

Funding

Many researchers and organizations have called for stable and adequate funding in order to enact strategies to improve health human resources for First Nations (Geboe, 2021; Howard-Bobiwash et al., 2021; Mashford-Pringle et al., 2021; Peacock, 2021; Rankin et al., 2022; Rashid et al., 2023; Wakerman et al., 2019). This includes funding for education, ongoing training, skill upgrading, professional development, and fair compensation for the Indigenous Elders, knowledge keepers and informants who lead and contribute to the work.

Indigenous-led Models of Care

The evidence from this environmental scan favours models of care for Indigenous people by Indigenous people. (Allen et al., 2020; Brockie et al., 2023; Corso et al. 2022; Graham et al., 2023; Richardson & Syring, 2022; Stelkia, 2023; Tomkins, 2022; Ward et al., 2023). The importance of these models is that they are embedded in Indigenous ways of knowing, cultural safety, holistic understanding of health, and relationality.

Emerging Practices

There are a few new and emerging approaches underway that are worth exploring further for their potential to influence health human resources for First Nations. These topics may be explored further in the subsequent community engagement component of this project.



Competencies and Standards of Practice

A lack of oversight and accountability in the health system has perpetuated harms against First Nations (Stelkia, 2023; Wilson et al., 2022). Across Canada, regulatory colleges are implementing cultural safety competency guidelines and practice standards for health professionals (ACOTRO, ACOTUP, & CAOT, 2021; BC Health Regulators, 2022; College of Alberta Psychologists, 2021; Saskatchewan Association of Social Workers, 2022). Some regulatory colleges have initiated reviews of their complaints processes to improve the process for Indigenous people.



Alternative Payment Models

The pandemic has highlighted problems with the fee-for-service payment models for health professionals and amplified calls for alternative payment models (Glauser, 2020; Mitra et al., 2021; Tomblin Murphy et al., 2022). The Province of BC implemented a new payment model for family physicians on October 31, 2022 (British Columbia, 2022).



Legislation

Although legislation has been a colonial tool to oppress Indigenous people (Stelkia, 2023), legislative changes may support transforming Indigenous health and our health workforce. The Province of BC enacted the Declaration on the Rights of Indigenous Peoples Act in November of 2019 and Canada passed the United Nations Declaration on the Rights of Indigenous Peoples Act on June 21, 2021.

Gaps in the Environmental Scan

Some gaps in the environmental scan were noted:

- Research that examined health human resources in First Nations communities since the onset of the COVID-19 pandemic was limited.
- There was a lack of research data available on Indigenous health workers (Bourgeault et al., 2019; Kue Young et al., 2018); perspectives of the Indigenous care providers themselves (Geboe, 2021); Northern, rural and remote First Nations (Kue Young et al., 2015); 2SLGBTQQIA people (Graham et al., 2023); and Indigenous peoples disaggregated into distinct groups of First Nations, Métis and Inuit (Huyser et al., 2022).
- The literature reviewed in this environmental scan had a limited focus on non-regulated healthcare workers and traditional Indigenous healing and caregiving roles.

The community engagement component of this project that follows supports filling in some of these gaps.



Part II: Engagement

Overview

The purpose of this section is to provide a summary of the engagement activities that were conducted as one component of this project. Interviews were held with targeted First Nations health professionals and professional organizations to understand barriers, opportunities, and incentives for First Nations recruitment and retention and how the pandemic affected health human resources. This section describes the engagement outcomes from those interviews.

The results of the interviews have been themed and summarized under four categories:

- Barriers to Recruitment and Retention
- Opportunities and Incentives for Recruitment and Retention
- Impacts of the COVID-19 Pandemic
- Recovery and Looking Forward

Methods

An engagement guide was created in collaboration with the AFN's Senior Policy Advisor. The questions were designed to inquire about the impacts of the COVID-19 pandemic on First Nations health human resource capacity, and best practices or approaches to support and improve health human resources for First Nations communities. These questions, presented below, were developed and used as a guide for semi-structured interviews.

Engagement Guide

1. How has the health human resource capacity of your community/ organization/self been impacted by the COVID-19 pandemic?
 - How has the COVID-19 pandemic impacted the mental, emotional, physical and spiritual health of your health care workforce?
 - What does recovery for your community/organization/self look like post-pandemic?
 - What factors impact your recovery (such as policies, funding, services or other social and cultural factors)?
2. What are your successes, challenges and anecdotal experiences as a First Nations health professional in the healthcare field during the COVID-19 pandemic?
 - Can you share any stories of resilience and strengths as a First Nations health professional during the COVID-19 pandemic?
 - Have your experiences been impacted by concurrent crises, such as the opioid crisis, wildfires, floods, or heatwaves?
3. Were there any unseen benefits or “silver linings” for health human resources since the onset of the COVID-19 pandemic (such as expansion of telehealth, flexible work arrangements, lifestyle changes, others)?
4. Is there anything else you'd like to share about your experiences working in health during the COVID-19 pandemic?

Engagement Guide (continued)

5. What are some examples of best practices or approaches to support and improve health human resources for First Nations communities?
 - What is needed to support First Nations students to enter into health careers?
 - Can you think of other strategies to implement to support and improve health human resources?

6. The landscape of healthcare is changing, with more acknowledgement of and response to anti-Indigenous racism, and implementation of TRC Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples.
 - Some jurisdictions have implemented new legislation, alternative payment models, and cultural safety practice standards. Have you seen these in action? What might the benefits and challenges of these approaches be?
 - How can success be measured in implementing improvements to health human resources for First Nations communities?

7. Are there any challenges for you as a First Nations health professional working in your own community?

8. Do you notice any new challenges to health human resources in your community, or anticipate any new challenges in the future?

9. Is there anything else you'd like to share?

Targeted Recruitment

A list of potential participants was created in collaboration with the AFN's Senior Policy Advisor. This list included targeted First Nations health professionals and Indigenous-focused professional organizations, service providers, and education programs. Effort was made to compile a list with varied regional and national perspectives, and inclusive of urban, rural, remote, on- and off-reserve perspectives. Potential participants were contacted via email and provided with a copy of the engagement guide.

As the interviews were scheduled and conducted, I identified potential gaps in the representation (e.g., specific regions of Canada, key health professions), and efforts were made to recruit targeted key informants to enhance representation in the engagement.

Semi-structured Interviews

Prior to each interview, I said a prayer to ground myself and prepare to enter into the conversation with an open heart and an open mind. All semi-structured interviews were scheduled and conducted remotely, via Zoom or Microsoft Teams. Interviews were scheduled for one hour, with the exception of one interview that was 30 minutes due to the participant's availability.

Participants were offered an honourarium via e-transfer in appreciation of their time and contributions to the project. Participants were asked if they were comfortable with being identified as a participant in the project, or if they wished for their contributions to remain anonymous. All quotations included in this summary and the final report were first shared back to the participant to confirm accuracy and if the participant was comfortable with their quotation being included. Participants were offered a copy of the final report from the project, to be provided to them upon its completion.

Results

A total of 26 individuals were contacted for recruitment to participate. Of those, seven declined to participate, and 11 did not respond to the request, or initially responded but did not follow through to schedule an interview. Of the seven who declined, five recommended other individuals to reach out to. Of all those who agreed to participate, three invited a colleague to join their interview. Therefore, a total of 12 interviews were conducted with 15 individuals. Interviews were completed from July 21 to August 21, 2023.

Of the 15 participants, nine identified as First Nations; two identified as Métis; and four identified as non-Indigenous.

Participants currently worked in the following regions of Canada:

- British Columbia (n=4)
- Alberta (n=1)
- Saskatchewan (n=2)
- Manitoba (n=2)
- Ontario (n=6)

One participant preferred to remain anonymous, while the others agreed to be acknowledged here:

- Beverly Keeshig-Soonias, Registered Psychologist (now retired) and Chair of the Canadian Psychological Association – Indigenous Peoples’ Psychology Section
- James Andrew, Associate Director, Indigenous Initiatives, Faculty of Medicine, University of British Columbia
- Dr. Shannon Waters, Medical Health Officer, Island Health
- Dr. Sheri McKinstry, Paediatric Dentist, and Co-Founder, Indigenous Dental Association of Canada
- Judith Eigenbrod, Director of Programs, First Nations Health Managers Association
- Marion Crowe, CEO, First Nations Health Managers Association
- Dr. Marcia Anderson, Vice Dean for Indigenous Health, Social Justice and Anti-Racism, University of Manitoba
- Dr. Sarah Williams, Senior Advisor, Canadian Medical Association
- Karey Shuhendler, Senior Advisor, Canadian Medical Association
- Ellen Blais, Executive Director, National Council of Indigenous Midwives
- Megan Davies, Advocacy & Policy Advisor, National Council of Indigenous Midwives
- Alexandra Carroll, Program Coordinator, Medical Careers Exploration Program, Panam Clinic
- Cheryllee Bourgeois, Exemption Métis Midwife, Call Auntie Clinic and Seventh Generation Midwives Toronto
- Amy Lamb, CEO, Indigenous Pharmacy Professionals of Canada

Barriers to Recruitment and Retention

The participants confirmed many of the barriers to recruitment and retention that were identified in the environmental scan, including racism, insufficient funding, and jurisdictional boundaries. The themes that emerged from the interviews are summarized below.

Racism

Participants spoke to the challenges of working in colonial health systems, and the racism they encounter. This includes tensions between biomedical and Indigenous health modalities and models of care. Some participants mentioned a lack of Indigenous peers in their field and/or organization, and feeling a lack of support and understanding from non-Indigenous counterparts. One participant specifically named racism as the reason for leaving a job, and reported that the experience was traumatic and the effects are ongoing.

Jurisdictions

The differences in health service delivery and funding between federal and provincial governments, and inter-provincially, was mentioned as a barrier to health care practice. One participant mentioned challenges in moving from one province to another, while another highlighted the need for a pan-Canadian licensure process.

Funding

Multiple participants spoke to the importance of funding, and the current barriers due to: insufficient funding; focused streams of funding that do not support the capacity that is needed; bureaucratic delays in accessing funding; aspects of health care that are not publicly funded (such as dentistry and holistic health care); and payment models for health care providers. One participant also described fear of speaking about systemic barriers to funders, because it may result in retaliation and a decrease in future funding.

Politics

Participants spoke to the influence of politics, including at federal and provincial levels, as well as at the Nation/community level. Changeover of leadership, political instability, interpersonal conflict, and a polarized political climate (especially during and since the COVID-19 pandemic) were all mentioned as barriers to long-term stability in health care and health careers.

Lateral Violence

Multiple participants mentioned lateral violence in community and organizations as a barrier. One participant described feeling “not part of the club” and another noted that in working for your own community, it was “hard at times not to take it personally”.

The Right Supports

Participants described struggling to access the kinds of supports they needed, such as support from colleagues and leaders, adequate resources, space to network and connect with other First Nations health care professionals, equitable salaries and benefits, and benefit packages that support and acknowledge First Nations cultural and traditional healing modalities. One participant also named the need for clear job descriptions and scope of work, and permanent rather than term staff positions.

Brand New Roles

Some participants noted their personal experiences of being the “first ever” First Nations person in a role, or holding newly created positions. This may create challenges regarding the scope of their role, orientation, and professional isolation. However, it was also noted as an exciting opportunity.

Gender Inequity

Numerous participants spoke to the struggle of being a leader in health care as a First Nations woman. One participant felt there was a glass ceiling as a First Nations woman, and another described it as “a constant battle”. Gender inequity also manifests as less resourcing and support for women’s health issues and reproductive health care.

Location of Work

One participant noted fewer health career opportunities for First Nations people living in their own communities than in urban settings, despite the expansion of remote working since the COVID-19 pandemic. She also described how the health system fails to value the perspectives that First Nations staff living in their own community can offer to policy analysis and advocacy work.

Administrative Burden

Health care practitioners are experiencing heavy administrative burdens that reduce their time, energy and resources; this in turn poses a challenge for providing person-centred, holistic care to First Nations clients.

Voices of Health Professionals

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"We'll never get there until we're adequately resourced."

-Marion Crowe

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"It is overwhelming, the mountain we feel that we have to climb in order to make this system functional, especially for underserved populations."

-Dr. Sarah Williams

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Voices of Health Professionals

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"Right now, what we are finding is, we are being left out of the conversations... Advocacy around keeping our voices around the table would be helpful."

-Ellen Blais

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"It takes a colossal effort to change a system, which is, part of that system, it's set up to protect itself, it exists that way, so they set the standards, right? They decide what is "good practice"."

-Beverly Keeshig-Soonias

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Opportunities and Incentives for Recruitment and Retention

The participants described the importance of work environments that recognize, support, honour and value First Nations ways of knowing and being. This includes First Nations worldviews, values, connection to land, community, and culture; and inclusion of Elders, knowledge keepers, and leaders.

Connection to Land

Participants spoke to the importance of connection to the land and water as integral to their practice as health care professionals, and to sustaining their own health and well-being. One participant spoke to the necessity of land-based interventions, not only for the health of patients but for the care providers too. She noted that First Nations people find safety and stability on the land, which felt especially needed during the pandemic. Another participant described how integrating advocacy for environmental health into her role made the work feel more sustainable and meaningful.

Elders and Knowledge Keepers

Participants spoke to the need to involve Elders and Knowledge Keepers in programs, services, education, cultural safety training, and youth engagement. Elders and Knowledge Keepers can offer holistic support to students and staff, facilitate re-connecting to and re-claiming of culture, and offer access to traditional medicines and healing knowledge. Participants noted the need to ensure that Elders and Knowledge Keepers are themselves adequately supported, including remuneration.

Connection to Community

Multiple participants described the need for "getting back into community". For one participant, this meant creating opportunities for health care practitioners to engage in community outreach activities, education and service provision, and promoting health careers by having a presence in community. Another participant noted that First Nations health leaders need to be supported if they want to move back to their First Nation, with the option to work remotely. She noted that staff are able to support their own health and wellness through land- and cultural-based activities when they live in their home territories, and employers should recognize this as a value-add.

Relationality

Many participants spoke to the need for connection to one another. One participant described how First Nations healing paradigms are grounded in relationships. The youth she worked with called her 'nohkom' which means 'my grandmother'. Multiple participants described the importance of creating opportunities for networking and peer support, and bringing back face-to-face events after the COVID-19 pandemic.

Holistic Healing Modalities

Participants described how the scope of working in Indigenous health often extends beyond the scope of their non-Indigenous counterparts, to include 'cultural responsibilities' as well.

Indigenous practitioners employ holistic models of care to meet the needs of the community. In the context of COVID-19, this meant being able to quickly mobilize resources to respond to community needs and to advocate for equity-based pandemic response measures.

Participants called for holistic approaches to other crises, including the opioid crisis and climate crises.

Meeting People Where They Are At

Participants described the importance of health professional training programs that meet individuals and communities where they are at, both in readiness and accessibility. Participants named the need for community-based education programs, as well as virtual learning options. Participants spoke to the importance of work experience for students, career laddering opportunities, mentorship, ongoing professional development, and encouraging Indigenous practitioners to pursue further training. One participant described how she never thought she'd become a practitioner, nor earn a medical specialty. Now she mentors and encourages others.

For Us, By Us

Many of the participants identified the need for health programs and services "for us, by us". They spoke to our inherent wisdom and abilities to care for one another. In addition to Indigenous regulated health care professionals, participants spoke to the importance of unregulated health care workers, and the resurgence of traditional healing roles and helper roles in communities. One participant highlighted the critical role these helpers played during the pandemic in meeting the needs of community.

Research and Knowledge Sharing

Multiple participants spoke to the importance of encouraging First Nations students and health care practitioners to engage in research as a means of shifting the discourse, telling our own narratives, and generating knowledge and evidence to inform policy and funding decisions. Research was mentioned as a potential avenue for mobilizing funds to initiate or expand services in community, and having pre-existing research partnerships in place already at the start of the pandemic facilitated this kind of work to happen quickly in response to needs in community.

Voices of Health Professionals

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“What we have to offer is not in a book. Much of it is lived experience. You can't find that in a book.”

-Beverly Keeshig-Soonias

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“What I love about Indigenous Peoples is, we're really open and honest about who we are and through the examples that we share about ourselves, we can teach our non-Indigenous counterparts that in any of the work that we do, we bring who we are, we bring all our experiences, and only by recognizing our humanity [strengths, flaws, hopes, fears, etc.], can we change the system and the way that it's structured.”

-Dr. Sarah Williams

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Voices of Health Professionals

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“One of the most beautiful and visual examples [of COVID-19 responses] I can provide was very simple. It was a community in Manitoba who, like all other Nations, were making deliveries of PPE to households. One Manitoba community decided to send out harvesters as well, and so in their home packs was this marriage of western and inherent knowledge beautifully in a basket. I think if there could be a visual of what we need in Canada, it would be that basket; how the two worlds enhance and support and [offer] a holistic model, using Indigenous perspectives and worldviews to tackle a crisis that was happening worldwide. I just have to recognize that I saw resilience in culture and a resurgence in claiming some of those practices and ceremonies again. So while a lot of [the pandemic] was bad, I'd like to [emphasize] some of the strengths-based pieces that we thrive on.”

-Marion Crowe

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“That’s the part that excites me, is being able to do the good stuff, because always fighting the system, it just wears you, it just drags you right down.”

-Dr. Sheri McKinstry

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Voices of Health Professionals

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“There’s a real opportunity to look at what would keep Indigenous people in the workforce or recruit people. It has to be a positive work environment, culture based, meaningful work that is aligned with one’s values and worldviews, as well as adequate resources so that you’re not burned out just because of the sheer volume of work or the structure is not supportive.”

-Dr. Marcia Anderson

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“We know, as Indigenous people, how to take care of each other. And it’s just a matter of feeling confident enough to actually do it.”

-Cherylee Bourgeois

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Voices of Health Professionals

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“Med school is a 12-year journey and that’s not for everyone. There are those 20 week courses to become a health care aide if that’s more your journey.”

-Alexandra Carroll

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“[Holistic health care] not only benefits the patient, it benefits the practitioner... because they get to practice in a way that makes them feel like they’re actually making a difference. As opposed to this swimming upstream, and knowing that you did about 50% of what that patient actually needed from you, and just hoping that you didn’t harm them as opposed to help them. I think that’s how most practitioners are feeling, is that they’re walking this line, like, 'I’m not sure if I actually helped that person; it’s possible I could have harmed them!’”

-Amy Lamb

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Impacts of the COVID-19 Pandemic

All of the people interviewed named ways that their careers and work environments were impacted by the COVID-19 pandemic. Many of the participants described significant career transitions and disruptions since the onset of COVID-19, such as changing roles or employers, pausing clinical practice or research activities, delayed professional exams, and even delayed retirement. The impacts of the COVID-19 pandemic were wide-reaching across dimensions of physical, mental, emotional and spiritual health, and some impacts are still ongoing.

Virtual Work

Some participants described how pivoting to virtual work during the pandemic had both advantages and disadvantages. Virtual options saved students and staff costs of travel and provided more flexible options. However, one participant described virtual work as a barrier to building relationships with clients. Another participant described an increase in meetings, pace and outputs during the pandemic, and that the pace has not slowed. Some participants noted a movement toward hybrid work models for work settings and education programs.

Pausing and Restructuring Work

Many of the participants described restructuring of their work during the pandemic, for example pausing certain projects or activities, and redistributing time and resources into pandemic response. For some participants, the restructuring meant getting more support or being able to hire more people. Two participants shared that they had to cease seeing patients in clinical settings for months during the pandemic.

Mental and Emotional Health

Participants described fear, stress, grief, burnout and hyper-vigilance during the COVID-19 pandemic, and some noted that they still feel cautious working in clinical settings. Many of the participants described how the stress of the pandemic coincided with other events and crises (such as the death of Joyce Echaquan, the opioid crisis, unmarked graves at residential school sites, and climate crises) that exacerbated fear, overwhelm, and burnout. This mental and emotional stress was named as a contributing factor to high workforce turnover.

Professional Isolation

Some participants described feeling a sense of isolation and a lack of support in their work during the pandemic. People in leadership positions described having no one to turn to for support. One participant noted that if it wasn't for professional associations that provided networking and support to community health leaders, they anticipate the turnover rate would have been much higher due to the isolation.

Responsibility

Participants described a sense of responsibility to take care of the communities they served, and to lead their organizations in responding to community needs. This involved long work days, staying informed, offering expertise, updating skills and knowledge, functioning at the top of their scope of practice, navigating complex systems, synthesizing and communicating streamlined information, calling on partner organizations for support, and advocating for equity across all levels of systems and governments.

Remembering

Two of the participants spoke to the devastating impacts of communicable diseases on our First Nations ancestors, and the memories that live in our communities. They also spoke to the experiences of First Nations during H1N1, and the impacts of poorly executed government responses at the time. The COVID-19 pandemic brought those memories to the surface.

Voices of Health Professionals

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“It wreaked havoc on my ability to work and to make money from private practice... it just put a hold on basically everything as a practitioner, that I was able to do, so it impacted me profoundly.”

-Dr. Sheri McKinstry

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“I also thought about my ancestors, and historically, the ravages of communicable disease have been known to our communities before and I was like, this feels scary. And then I was like, wow, 200 years ago, how did my ancestors feel, the medicine men and medicine women in the community, with what was coming. Like, I have tools that they don't have, like surveillance data, and then we had vaccine. So just really being grateful and acknowledging the tools that we did have that people in the past hadn't had, and how I had an opportunity but also a responsibility in some ways to play a role to help get those tools out to the community.”

-Dr. Shannon Waters

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Voices of Health Professionals

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“Everybody is sort of trying to heal at the same time, so you’ve got all these people who are really activated because it’s the early stage of healing, which is usually you’re opening a can of worms, right? So, that’s got people activated. Then you add on the pandemic, right? Then you add on things like, finding the graves, the children’s graves... There’s a lot going on in our communities because of our recent history.”

-Beverly Keeshig-Soonias

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“If it wasn’t for the networks that a lot of the health directors have, either through our association or their regional networks, I would venture to say we would have lost 50% of our health directors during COVID because of the isolation. It’s already a heart-pulling, demanding position, just by the nature of it being community and kin that we’re caring for. Then to take it a step further, during all of this, we have to remember that the country was also divided. A lot of these health directors were facing attacks during COVID, about advocating for vaccines and the science, versus the hesitancy of some of our community members who remember what smallpox blankets looked like, and wondered why are we being prioritized? Is this a way to eradicate us further? And there were life threats on the health directors because of their stance on science.”

-Marion Crowe

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Voices of Health Professionals

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“We were doing everything. I had to be up to date on all the vaccine stuff because I was participating and advocating for equitable vaccine rollout, same thing with all the testing stuff, had to know about testing modalities, and all the sensitivity and specificity... we had to know about the acute management of COVID-19 and treatment... and allocation of scarce resources, like we had to do literally everything. Whereas my colleagues in public health, like other MOHs, most of them had like, one thing that they did. They did case and contract management or they were on the vaccine taskforce or the testing taskforce. Whereas as a First Nations public health professional, it was literally everything plus doing all of this operational planning that MOHs in general, never do, right? No one else was developing a budget to open up an alternative isolation accommodation and a harm reduction focused model. So the expectations on us were far greater than the expectations on our non-Indigenous colleagues.”

-Dr. Marcia Anderson

Voices of Health Professionals

“We’re struggling with finding health human resources in our own realm, due to burnout. And I think part of burnout comes from, of course, tackling a crisis and doing the right thing, and then the aftermath of it, you know? It’s, ‘Okay, we’re out of crisis mode, I have to heal myself’, but the type of practice that our health care providers are in is not healing for the practitioner.”

-Amy Lamb

Recovery and Looking Forward

Beverly Keeshig-Soonias framed this time period of recovery as 'coming out of hibernation'. She described how she supported clients to prepare for coming out of lockdown during the pandemic by asking, "What are you going to be like when you come out of hibernation? What kind of bear will you be?"

Many of the participants described the need for rest and recovery as individuals, healing and connection as communities, and action and evolution at institutional and systemic levels.

Need for Rest and Recovery

A major theme was exhaustion, and the need for rest and recovery. Participants described long hours, the physical demands of working in health care clinics, and the tendency of health care workers to take care of everyone else before taking care of themselves. Participants called for self-care, and time and space to truly rest. This means generous paid time off to overcome exhaustion and burnout.

Career Transitions

One participant had recently retired, and a few others had recently started new roles. Two other participants described regularly thinking about changing jobs; evaluating if their role is the right fit for them, or sustainable in the long-term. One participant described how she is now at a stage in her career when her focus is shifting to mentoring others in the profession. Another called for a greater emphasis on succession planning and noted the stress on staff when there are no succession plans and a high staff turnover.

Space to Process and Share

Two participants spoke about in-person gatherings since the pandemic, and the need to release emotions in a safe space of peers. This involved tears, hugs, emotional conversations, witnessing one another's grief, loss, happiness, and resiliency, and meeting one another with compassion. Four of the participants specifically named the need we all have to do our own healing. One of the participants called for mental health workers to support these processes of healing.

Moving Forward Thoughtfully

Participants spoke to the need to "not just charge ahead", but to thoughtfully reflect and apply lessons learned, and take the time to build and maintain relationships. One participant described the need to apply the same approaches used during the pandemic to other concurrent and ongoing crises. Another participant articulated the desire to focus efforts first on improving quality of programming before moving ahead with expansion of programming.

Cultural Safety

Many participants described the current climate as a time for confronting and addressing racism in the health care system. Participants spoke to the continued need for cultural safety training and anti-racism education for non-Indigenous health care professionals. One participant spoke to the importance of institutional reconciliation plans, and the staff and resources required to ensure action and accountability in implementing those plans.

Awareness and Understanding

Participants spoke to the need for raising awareness and creating understanding, by sitting together, being in community, hearing multiple perspectives, and telling our own narratives. One participant stated the need for health care providers to get out into community to raise awareness of the profession and build relationships, and that doing so would help overcome medical trauma as a barrier to community members entering into health careers. Another participant noted how the mainstream health system itself has poor understanding of the role of midwives, and especially so of Indigenous midwives. Multiple participants called for campaigns to raise awareness of the importance of midwives and access to reproductive health care.

Status Quo

Many participants noted that despite government commitments and supports, there has not been enough evidence of true systems transformation yet. There was a sentiment that expression of 'interest' in Indigenous health is not enough – there needs to be concrete actions and accountability to create lasting and meaningful change across institutions and systems, and at all levels of government.

Planning Ahead

Participants stressed the importance of planning for our future and creating health systems that work for us. The participants specifically mentioned the need for workforce planning, environmental health and protecting water, and psychological safety in the workplace. Participants highlighted the importance of systems that reflect First Nations people, worldviews, values, languages, cultures, and holistic health and healing.

Partnerships and Collaborations

Nearly all participants spoke to the need for partnerships and collaborations. One participant noted that we benefit more from collaboration and coordination across systems than we do from competition. There was a desire to share stories, support each other, and avoid duplication of efforts. Participants emphasized that nobody has it perfect, and we need to learn from each other and work together. Having partnerships in place before the onset of the pandemic facilitated more coordinated and quick responses, and we need similar partnerships to address other ongoing crises.

Measuring Progress

Participants expressed the importance of telling our own narratives as we measure progress in health human resources for First Nations. One participant noted that we need to hold safe spaces for Indigenous health care workers to share how they are doing. Two participants spoke to noticeable progress in their areas, such as more First Nations students graduating from high school, and more Indigenous physicians. Another participant highlighted the importance of not just focusing on short-term improvements, but measuring progress across generations.

Voices of Health Professionals

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“All Indigenous people will benefit from whatever seeds that we’re able to plant now, just as we’re benefiting from what folks fought for and went through generations before us.”

-Cherylee Bourgeois

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“The silver lining for me was that even when things are unknown and scary and the stakes are really high, we have a conversation and we can work through it together. But that’s also the irony of it all, ok, so now we need to apply this in other areas. The silver lining is the ability to see what was possible, but you can’t go back, like you can’t unsee it now, I know we can do this, then you realize what lack of will is there. The silver lining is helping to still uncover the racism and white supremacy.”

-Dr. Shannon Waters

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Voices of Health Professionals

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“I get really worried about the non-Indigenous health system taking resources out of community. And so, that has to be a part of the conversation as well. If [First Nations] don't have equitable pays of scale, with connectivity supports, professional development, and all the other things, those that aren't in community just to serve kinship will then be taken out to go work for a hospital or a ministry or an authority, and we don't have room in our workforce to let go of some of these. So, we're in this conundrum where we're saying, we need to be at the table, owning our spaces with our elbows out, but, at what cost to our community or Nation do we do that? We see that in our own work, all the things we get asked to sit at, but then where's the time for our own organization? So, I just worry that there is good intent with the TRC Calls to Action, but, at what point will they not be good intent, and detrimental, when we can't keep and retain our health care workers because they're going to get paid better or differently in a non-Indigenous health system.”

-Marion Crowe

”

“The evaluation has to be just as important because you don't necessarily see the outcomes in the first or second generation, but sometimes you see them ripple out amongst families or out amongst generations going forward.”

-Cherylee Bourgeois

“

Voices of Health Professionals

“

“I want to make sure that when this is up and going, that the person who I pass the torch to, it’s going to be a better environment for them. That’s always my way forward.”

-Dr. Sheri McKinstry

”

“For a lot of people who worked through the pandemic, the depth of exhaustion and burnout are unlike anything that I have seen before. And so, what I think is actually really important is a generous amount of COVID recovery paid time off. So if organizations are struggling with retention right now, or even in recruiting new people, think about that paid time off. The rest that people need, I think we have not paid nearly enough attention to that. There is no recovery without rest. We really need to think about that and how to make that happen.”

-Dr. Marcia Anderson

“

Voices of Health Professionals

“

“When I think about ways to heal, it comes back to youth. And I think the way to help that happen is to have that representation. ... It’s important for the Indigenous people to be the ones doing the teaching. ... the best way to do that is inspiring youth and bringing them into the profession.”

-Alexandra Carroll

”

“If they want to know about Indigenous ways of knowing, then they need to have relationship with us. And that’s not going to happen if they’re meeting in their little closed circle. If they add more Indigenous folk to the circle, that will enrich the conversation. The narrative has been controlled by these colonial institutions for so long.”

-Beverly Keeshig-Soonias

”

Limitations

Engagement activities were conducted in a short timeframe during the summer, which impacted the number of interviews that could be completed and the availability of potential participants. Although best efforts were made to engage a representative sample of health professionals, there was a notable lack of representation of professionals in the North, Quebec and Atlantic regions of Canada, as well as 2SLGBTQQIA+, student and youth populations. There were also many regulated health professions that were not represented in this sample, as well as unregulated and First Nations cultural and traditional-based healing roles.

Summary

The health professionals who participated in these interviews were keen to support efforts to improve health human resources for First Nations. They confirmed many of the barriers to recruitment and retention that were identified in the environmental scan, including racism, insufficient funding, and jurisdictional barriers. They also highlighted politics, lateral violence, gender inequity, lack of appropriate supports, administrative burden, navigating new roles, and limited opportunities in First Nations communities as barriers.

The participants also identified opportunities and incentives for improving recruitment and retention. They described the importance of work environments that recognize, support, honour and value First Nations ways of knowing and being. Themes that emerged were connection to land and community, involvement of Elders and Knowledge Keepers, relationality, and holistic healing modalities. The participants stressed the importance of health care for us, by us. This includes creating educational and work opportunities that meet people where they are at, and utilizing research and knowledge sharing to tell our stories and inform systems transformation.

All of the people interviewed named ways that their careers and work environments were impacted by the COVID-19 pandemic. Many of the participants described significant career transitions and disruptions since the onset of COVID-19, including pivoting to virtual work, and having to pause or restructure their work. Participants described significant mental and emotional health impacts. Other themes included professional isolation, a sense of responsibility to community, and remembering the intergenerational impacts of communicable diseases on First Nations people.

Lastly, the participants spoke to our current time period as a time for both rest and action. Many of the participants described the need for rest and recovery as individuals, healing and connection as communities, and action and evolution at institutional and systemic levels. They also described the need to thoughtfully look ahead. Beverly Keeshig-Soonias offered this reminder: “When we’re thinking about responses to this, we need to think in terms of seven generations.”



Part III: Governmental Supports

First Nations Health Human Resource Strategy:

Governmental Supports

Overview

The purpose of this section of the report is to provide a summary of governmental supports for increasing recruitment and retention of health human resources for First Nations communities, and First Nations health human resources specifically.

The governmental supports are presented here by federal, provincial and territorial governments. Although this project is focussed on First Nations specifically, Nunavut is included to provide examples of governmental supports designed for other Indigenous groups in Canada. Governmental supports are presented under the categories of:

- Recruitment and Retention Incentives
- Supports for Students and Recent Graduates
 - Financial Support
 - Work Experience and Internships
- Other Supports
 - Professional Development
 - Legislation
 - Partnership Agreements
 - Data and Research



Recruitment and Retention Incentives

Canada Student Loan forgiveness is available to family doctors, residents in family medicine, nurse practitioners, and nurses who work in under-served rural or remote communities.

Indigenous Services Canada (ISC) nurses working in remote and isolated locations can receive an initial recruitment allowance of \$6,750, plus \$9,750 after 12-months, and an annual retention allowance of \$16,500.

Supports for Students and Recent Graduates

Financial Supports

Indigenous Services Canada's Post-Secondary Student Support Program provides financial assistance to First Nations students who are enrolled in eligible post-secondary programs. Funding for this program is provided to First Nations or First Nations-designated organizations as part of core funding agreements with Indigenous governments and organizations.

The Aboriginal Health Human Resources Initiative's scholarship and bursaries stream \$3 million in scholarships and bursaries annually for Indigenous students pursuing post-secondary health and dental programs, administered through Indspire.

The Canada Student Financial Assistance Program provides Canada Student Grants and Loans to help students pay for their post-secondary education. The Program works in partnership with provinces and territories to deliver student aid.

The University and College Entrance Preparation Program provides non-repayable financial support for First Nations (registered Status) students who are enrolled in accepted university and college entrance preparation programs.



Governmental Supports

Federal

Work Experience and Internships

The [First Nations and Inuit Youth Employment Strategy](#) funds the [First Nations and Inuit Summer Work Experience Program](#) and [First Nations and Inuit Skills Link Program](#), which are administered by First Nations and Inuit governments and organizations.

The [Federal Student Work Experience Program](#) is open to full-time students in a secondary or post-secondary academic institution to apply for student jobs with the Government of Canada.

The [International Youth Internship Program](#) is part of the Government of Canada's Youth Employment and Skills Strategy. It offers Canadian youth, especially those facing barriers to employment, with an opportunity to gain professional experience abroad in the field of international development; and acquire skills that will prepare them for future employment or further their studies.

Other Supports

Legislation

On June 21, 2021, the [United Nations Declaration on the Rights of Indigenous Peoples Act](#) (UN Declaration Act) received Royal Assent. The UN Declaration Act Action Plan was released in June of 2023. The action plan outlines a whole of government roadmap for advancing reconciliation with Indigenous peoples through a renewed, nation-to-nation, government-to-government relationship. The action plan identifies shared priorities related to health services, including “[s]upport for and capacity building in health human resources” and support for Indigenous people to “access post-secondary education, skills training and employment.”

Data and Research

The Government of Canada offers support of data and research through:

- [Census](#) – Data are available for the Indigenous-identifying population.
- [Indigenous Peoples Survey](#) – a national survey of First Nations people living off-reserve, Métis and Inuit living in Canada.
- [Statistics Canada's Indigenous Liaison Program](#) – offers partnership and promotes statistical capacity of Indigenous peoples and organizations.
- [Canadian Institutes of Health Research – Institute of Indigenous Peoples' Health](#) – fosters the advancement of research, knowledge translation and capacity building.



Governmental Supports British Columbia

Recruitment and Retention Incentives

BC Loan Forgiveness Program

Recent graduates of select occupations can have their BC student loans forgiven by agreeing to work at publicly-funded facilities in underserved communities in BC. Eligible occupations include nurses, physicians, midwives, medical laboratory technologists, diagnostic medical sonographers, speech language pathologists, audiologists, occupational therapists, physiotherapists, respiratory therapists, polysomnographers; as well as occupational therapists, physiotherapists and school psychologists who work with children.

Supports for Students and Recent Graduates

Financial Supports

Provincial Tuition Waiver Program – waives tuition and eligible fees for B.C students who are former youth in care studying at the undergraduate level.

Nurses Education Bursary – \$2,000 bursary funding for nursing applicants who demonstrate the greatest financial need.

Work Experience and Internships

BC Indigenous Youth Internship Program – This program provides a 12-month paid internship for up to 25 Indigenous youth in British Columbia, ages 19 to 29. Interns are placed with a government ministry for nine months, then with an Indigenous organization for three months.

Other Supports

BC Tripartite Framework Agreement on First Nation Health Governance

The Framework Agreement between Canada, the Province of BC, and BC First Nations ensures that BC First Nations are fully involved in health service delivery and decision-making regarding the health of their people. As part of this agreement, Health Canada transferred its role in First Nations health programming in BC to the First Nations Health Authority.

Legislation

The Province of BC passed the Declaration on the Rights of Indigenous Peoples Act (DRIPA) in November of 2019. The DRIPA Action Plan includes commitments to improve education and skills training, accessibility and cultural safety of health services, and implement the recommendations from In Plain Sight, which includes recommendations specific to health human resources.



Recruitment and Retention Incentives

The Rural Capacity Investment Fund (RCIF) Relocation Initiatives – provides \$10,000 – \$15,000 incentives to nurses who relocate employment worksites.

The Northern Incentives Program provides non-pensionable allowances to employees whose work sites fall within specific areas in Northern Alberta.

The Health Care Aide Bursary Program assists individuals starting their health care aide careers.

The Alberta Health Services (AHS) and Northern Alberta Development Council (NADC) Joint Bursary Partner Program provides up to \$6,000 per year to healthcare students who sign Return of Service agreements with both AHS and NADC.

The NADC provides non-repayable Health Bursaries for medical, dentistry, nurse practitioner, and pharmacy students who agree to live and work in the north for one year of full time employment.

The First Nations, Métis and Inuit Bursary provides a non-repayable bursary for students if they agree to live and work in the north for one year of full-time employment.

Supports for Students and Recent Graduates

Financial Supports

Advancing Futures Bursary – Funding and supports available for youth who have been in care, as they pursue post-secondary studies.

New Beginnings Bursary – low-income nursing students are eligible for a one-time non-repayable bursary of \$5,000.

Alberta Graduate Excellence Scholarship – provides \$11,000 to \$15,000 to graduate students who demonstrate outstanding academic achievement.

Health Care Practicum Funding Program – provides funding for designated practicum positions to help with the costs of travel and accommodations in northern communities.



Governmental Supports Saskatchewan

Recruitment and Retention Incentives

The Saskatchewan Student Loan Forgiveness for Nurses and Nurse Practitioners program encourages nurses and nurse practitioners to work in smaller communities.

The Rural Physician Incentive Program supports physicians providing health services to rural and remote communities with a total incentive of up to \$200,000 over five years.

The Rural and Remote Recruitment Incentive provides an incentive of \$30,000 to \$50,000 for a three-year return-of-service agreement to new employees in high-priority positions of the Saskatchewan Health Authority or an affiliate.

The Saskatchewan Cancer Agency Bursary Program provides a one-time \$2,000 bursary to new graduates of health discipline programs to fill hard-to-recruit positions within the Cancer Agency.

The Graduate Retention Program provides a rebate up to \$20,000 of tuition fees paid by eligible graduates who live in Saskatchewan and who file a Saskatchewan income tax return.

Supports for Students and Recent Graduates

Financial Supports

The Saskatchewan Student Grant provides up to \$800 per academic year for part-time students, and up to a maximum of \$125 per month or \$30 per week (equivalent to \$1,000 per eight-month school year) for full-time students, based on their income and family size.

Work Experience and Internships

The Ministry of Health's Final Clinical Placement Bursary is offered to students in an eligible health discipline that requires the completion of a final clinical placement as part of training.



Recruitment and Retention Incentives

The Rural and Northern Clinician Bursary provides bursary assistance to teachers or local university students who are willing to obtain further training in speech-language pathology, psychology, occupational therapy, physiotherapy or other specialty areas.

The Nurses Recruitment and Retention Fund provides grants and funding assistance to support recruitment and retention of Registered Nurses (RN), Registered Nurses – Extended Practice (RN-EP), Registered Psychiatric Nurses (RPN), and Licensed Practical Nurses (LPN) in Manitoba.

The Health Care Aide (HCA) Personal Care Home (PCH) Grant assists in recruiting HCAs and uncertified HCAs to work in personal care homes.

Supports for Students and Recent Graduates

Financial Supports

Through the Manitoba Scholarship and Bursary Initiative, the provincial government matches private donations, which schools then distribute through different types of non-repayable scholarships, grants and/or bursaries.

The Prince of Wales/Princess Anne Awards provide non-repayable assistance to Indigenous students studying full-time in Manitoba (or in a program elsewhere in Canada not available in Manitoba) with financial need.

Work Experience and Internships

Southern Health's Indigenous Health High School Internship Program provide volunteer and job shadowing in health care for school credit; and summer employment in health care for school credit and salary.

Southern Health's Indigenous Health Adult Internship Program provides job shadowing opportunities and a paid work practicum to adults (18–30 years) who dropped out of school and are unemployed.



Other Supports

Memorandum of Understanding

In 2018, Manitoba Keewatinowi Okimakanak (MKO) signed a Memorandum of Understanding with Canada committing to First Nation-led health care transformation in MKO territory. In 2020, MKO established the Keewatinohk Inniniw Minoayawin, a northern First Nations led-health organization that is exploring innovative primary care services models tailored specifically for northern Manitoba First Nations communities and preparing to assume the responsibility for service delivery.

In 2020, the Southern Chiefs' Organization signed a Memorandum of Understanding with Canada to establish a new health governance model focused on equitable and culturally appropriate health care for First Nations in southern Manitoba. The MOU signals the beginning of health transformation for First Nations in southern Manitoba, including equitable access and culturally appropriate health care for Elders, youth, families, and communities that is central to wellness and the success of Anishinaabeg and Dakota peoples.



Recruitment and Retention Incentives

The Northern and Rural Recruitment and Retention Initiative offers taxable financial incentives between \$80,000 and \$117,600 to physicians who establish a full-time practice in an eligible community.

The Northern Physician Retention Initiative provides an annual \$7,413.53 retention incentive to physicians who practice full-time in northern Ontario.

The Resident Loan Interest Relief Program provides medical residents with the option to not pay principal or interest on government students loans during residency.

The Ontario Learn and Stay Grant provides funding for students studying in nursing, paramedic, and medical laboratory technology in exchange for a commitment to work in the same region where they studied.

The Community Commitment Program for Nurses provides \$25,000 in grant funding to nurses in exchange for a two-year commitment to an eligible employer.

The Physician Assistant Career Start Program provides grants to employers who are committed to integrating and financially supporting Physician Assistants within their organizations on a long-term basis.

Supports for Students and Recent Graduates

Financial Supports

The Tuition Support Program for Nurses offers tuition reimbursement to recent nursing graduates from rural and remote communities who are new registrants and who choose to do a return-of-service agreement in an eligible under-served community.

The Indigenous Student Bursary provides bursaries of \$1,000 to \$3,500 to Indigenous post-secondary students with financial need.

The Ontario First Generation Bursary provides bursaries of \$1,000 to \$3,500 to post-secondary students whose parents have never attended post-secondary studies.



Work Experience and Internships

The [Indigenous Youth Work Exchange Program](#) offers Indigenous students summer employment and experience and skills in: monitoring the health of forests, helping in a lab, working in an office, performing daily fish culture activities, and assisting with water quality monitoring.

The [Indigenous Internship Program](#) provides Indigenous post-secondary graduates an entry-level internship with the Ontario Public Service. The program provides a 12-month placement in select fields.

The [Youth Job Connection program](#) offers paid training, mentorship and job-coaching for unemployed youth aged 15-29 years.

The [Ontario Internship Programs](#) offers full-time paid internships with the Ontario Public Service.

[TalentEdge](#) offers students or recent graduates hands-on experience working with industry in the fields of research, development and commercialization.

Other Supports

Professional Development

The [Allied Health Professional Development Fund](#) provides up to \$1,500 in financial support to nine allied health professions to provide continuing education opportunities that contribute to increased quality of patient care in Ontario, and to encourage allied health professionals to stay and work in the province.

Trilateral Statement

In 2021, the Nishnawbe Aski Nation (NAN) signed a [trilateral statement](#) with Canada and the province of Ontario, committing to work together in partnership to support the establishment of a First Nations health services delivery system in NAN Territory.

Legislation

Ontario's [Midwifery Act](#) has an exemption for Indigenous midwives, which supports traditional Indigenous midwives "to practise in Ontario as an aboriginal midwife", outside of the regulation of registered midwives.



Recruitment and Retention Incentives

Nurses who work in Nunavik will receive an increase to their annual retention bonuses by 21%, from \$14,000 to \$17,000 (announced June 2023). For nurses working in more remote parts of the region, bonuses are increasing from \$20,447 to \$24,829. Nurses who have worked half a year will be eligible for six trips out of their community annually, up from four. Also, southern nurses will have more opportunities to go on leave from their employers to take temporary nursing positions in Nunavik.

Supports for Students and Recent Graduates

Financial Supports

The Québec Perspective scholarships (\$1500 at the college level and \$2500 at the university level) are offered to students who have completed their full-time study in strategic economic sectors faced with workforce shortages.

The Loan Remission Program allows students to reduce their student loan debt by 15% if they studied full-time and completed a program of study within the expected number of terms and years.

Work Experience and Internships

Services Québec offers internships and job shadowing to gain first-hand work experience and network with people in the field. Child care and transportation expenses are reimbursed under certain conditions.

Québec emploi is a website that is designed to help students to find a student job or paid internship.



Other Supports

Trilateral Statement

In 2019, the First Nations of Québec and Labrador Health and Social Services Commission signed a [tripartite Memorandum of Understanding with Canada and the province of Québec](#), which committed the partners to work towards a new health and social services governance model.

Legislation

Québec's [Midwives Act](#) has an exemption for Indigenous midwives to practice without being registered midwives, provided that the nation, group or community where they practice recognizes them as midwives and has entered into an agreement with the government. However, this exemption clause has not yet been activated.



Governmental Supports Newfoundland

Recruitment and Retention Incentives

The Family Practice Programs provides funding to family physicians to help alleviate the financial burden of opening or joining a fee-for-service family practice in the province.

The Provincial Physician Bursary provides bursaries to fourth-year medical students and residents in exchange for fulfillment of provincial service agreements.

Signing bonuses of \$5,000 to \$10,000 are available for selected health occupations, targeting difficult-to-fill positions, and tiered to address geographic considerations.

Retention Bonuses are available to CUPE and AAHP frontline healthcare workers for a return-in-service commitment.

Long Term Care Recruitment and Retention Bonuses are available for nurses and personal care attendants working in long-term care.

The Come Home Initiative provides health professionals born or educated in Newfoundland and Labrador an incentive of \$50,000 – \$100,000 in exchange for signing three- to five-year service agreements.

Health Careers Bursaries are awarded for difficult-to-fill Health Professional positions in exchange for fulfillment of a service agreement.

The Educational Salary Advance Program allows employees to finance a planned leave of absence, of between six and 24 months, to complete an education program on a full-time basis.

Supports for Students and Recent Graduates

Financial Supports

The Bachelor of Nursing Practice Course Grant provides financial assistance of \$750 for tuition and practice related expenses for two clinical courses: NURS 3523 Extended Practice III and NURS 4516 Consolidated Practicum.

The Rural Nursing Student Incentive Program provides travel-related funding assistance (up to \$1,500) to nursing students in their fourth year of studies to undertake community placements in rural areas of the province.



Governmental Supports New Brunswick

Recruitment and Retention Incentives

Recruitment Incentives to New Physicians, Specialists and Medical Residents are available to those who will be completing their residency training within two to three years. Recipients are required to sign a Return-of-Service agreement and commit to establishing a full-time practice within six months of receiving the recruitment incentives or completing their residency training.

The Recruitment Incentives for Hard-to-Recruit Nursing Positions program offers newly hired employees who accept a hard-to-recruit full-time position or hard-to-recruit part-time position an incentive of up to \$10,000 in exchange for a three-year return of service agreement.

Other Supports

Professional Development

The Critical Care Nursing Program provides preparation for the speciality of critical care nursing, and is open to nurses employed by New Brunswick Regional Health Authorities who are newly graduated or new to critical or emergency care.



Governmental Supports

Nova Scotia

Recruitment and Retention Incentives

Nova Scotia offers retention incentives of up to \$10,000 for frontline nurses, and \$5,000 for other healthcare workers, including paramedics, telehealth staff, respiratory therapists, continuing care staff, ward clerks, housekeeping and food service staff.

The Department of Health and Wellness offers incentive programs to family physicians and specialists of up to \$125,000 over a five-year period.

Physicians may be eligible to receive stipends in support of their continuing professional development.

Supports for Students and Recent Graduates

Financial Supports

The Student Loan Forgiveness Program offers graduates five years of loan forgiveness, up to \$20,400.

The Graduate to Opportunity program offers employers a salary incentive that makes it easier to hire recent graduates of post-secondary programs.

The Innovate to Opportunity program provides an incentive to hire recent masters and PhD graduates for jobs in research and innovation.

Work Experience and Internships

Nova Scotia Health Authority offers job shadowing to those interested in learning about careers in health care.

The Student Summer Skills Incentive program offers wage assistance to non-profit organizations that hire post-secondary students for summer jobs.

The Co-op Education Incentive provides wage assistance to organizations that offer career-related work experiences for university and college co-operative students.

Other Supports

Trilateral Memorandum of Understanding

In 2023, Tajikeyimik signed a Trilateral Memorandum of Understanding with Canada and the province of Nova Scotia declaring ongoing partnership and mutual support toward transforming the design and delivery of health services serving the Mi'kmaq in Nova Scotia.



Governmental Supports Prince Edward Island

Recruitment and Retention Incentives

Healthcare Workforce Recruitment Incentives include: \$5,000 for licensed practical nurses; \$8,000 for recent registered nurses, nurse practitioners and midwives; and \$18,000 for experienced nurse practitioners and midwives. A Rural Incentive provides an additional \$5,000 to help fill vacant positions in rural areas. A new Student Loan Incentive is available for registered nurses, nurse practitioners, and licensed practical nurses who are not eligible for the Canada Federal Student Loan Forgiveness Program

Return-in-service Grants offer family medicine physicians a grant up to \$115,000 with a return-in-service commitment; and specialists up to \$130,000 with a four-year commitment.

PEI offers multiple compensation models: salary, fee-for-service and contract.

Supports for Students and Recent Graduates

Financial Supports

The Island Medical Residency Interest Relief Program allows medical residents to stop paying their PEI provincial student loan during residency.

The Debt Reduction Grant Program assists post-secondary graduates with their provincial student loan repayment and encourages graduates to live and work in our island communities after graduation.

The Community Service Bursary is available to students who volunteer in their community.

Work Experience and Internships

The Nursing Student Summer Employment Program offers summer employment opportunities for nursing students.

The Health Care Futures Program offers students in health programs jobs in the public health care sector.

The Graduate Mentorship Program offer unemployed recent post secondary graduates work experience in their field of study.

The Student Employment Programs supports employers who hire students during summer.



Recruitment and Retention Incentives

The retention and signing bonuses for nurses include bonuses for Registered Nurses, Nurse Practitioners and Licensed Practical Nurses working for the Yukon government.

The Recruitment and Retention program provides incentives to physicians to reside and practice in a designated rural Yukon community for at least three consecutive years.

The Yukon CME (Continuing Medical Education) Program reimburses eligible physicians for costs incurred to maintain and enhance knowledge, skills and competency.

The Preceptor and Mentorship Support program provides a stipend to resident physicians who serve as Preceptors and/or mentors for medical students, residents, new graduates, or physicians changing scope of practice.

The New Graduates of CCFP and RCPSC Programs provides financial incentives to physicians who sign a five-year return of service agreement.

The Attachment and Attraction Program supports physicians with financial support for the cost of practice operation (overhead).

Supports for Students and Recent Graduates

Financial Supports

The Yukon Nursing Education Bursary supports people who live or have lived in Yukon to attend a undergraduate nursing education program.

The Resident and Medical Student Support program provides financial assistance for travel and accommodation costs incurred by residents or medical students who do elective rotations in the Yukon.

The Health Professionals Education Bursary supports people who live or have lived in Yukon to attend a health education program.

The Medical Education Bursary supports family medicine residency for people who live in the Yukon or have lived in the Yukon.



Supports for Students and Recent Graduates

Work Experience and Internships

The Student Training and Employment Program provides students with a way to earn a wage while gaining work experience in their field of study. Wages are at least \$20.80 per hour.

Full and part-time co-op jobs are available in several Yukon communities and last a minimum of 12 weeks. Areas of employment include engineering, geology, information technology, health care and many other technical fields.



Governmental Supports Northwest Territories

Recruitment and Retention Incentives

The GNWT Recruitment and Retention of Health Care Workers efforts include:

- **Friends and Family Travel Program** – this program offers all casual, term, and indeterminate front-line nurse practitioners, registered nurses, and physicians the opportunity to bring up to two loved ones to their northern place of employment during the holiday season.
- **Referral Program** – GNWT employees may be eligible to receive \$1,000 if they refer a registered nurse or nurse practitioner, who is then hired by the GNWT to fill a hard-to-recruit, front-line indeterminate or term position.
- **Locum Licensing Fees** – To reduce the barriers that may prevent some locum physicians from accepting contracts in the NWT, the GNWT will expedite the licensing process for locum physicians so they can work sooner after being hired. The health care system will also reimburse the licensing fees paid by locums.
- **Onboarding Specialists** – GNWT is creating four new Onboarding Specialist positions to provide an in-depth orientation for all new staff.

Supports for Students and Recent Graduates

Financial Supports

The GNWT Student Financial Assistance program provides financial assistance to eligible Northwest Territories residents to assist with post-secondary education-related expenses. Northern Indigenous Residents can receive \$875 for books and up to \$3,320 for tuition per semester.

Work Experience and Internships

The Summer Student Employment Program offers summer jobs to students who are returning to a college or university program in the fall or winter.

The Internship Program helps NWT graduates find a first job and gain work experience and skills in or outside the public service.



Recruitment and Retention Incentives

A Northern Allowance, which varies from \$15,016 to \$34,455 per year, helps to offset the higher cost of living and working in a remote location.

For full-time, permanent nurses, recruitment bonuses include: \$5,000 on start date, \$5,000 at 18 months of service and \$10,000 at 30 months of service. Additional premiums include a \$9,000 Annual Frontline Allowance and a \$375 Monthly Retention Bonus of \$4,500 per year.

The 'Bring a Friend or Family Member' incentive provides nurses with one return flight for a friend or family member to accompany the nurse to the community. The friend or family member must not be a resident of the community where the nurse is scheduled to work. The nurse and the companion will share accommodations.

The Inuit Training Travel Fund pays the travel costs of Government of Nunavut (GN) employees who are enrolled Inuk and must leave their home communities in order to attend a job and career-related training.

Supports for Students and Recent Graduates

Financial Supports

The Financial Assistance for Nunavut Students offers a number of benefits that are intended to help offset the costs of a post-secondary education.

The Amaqtaarniq Education program sponsors long-term post-secondary education leave for GN employees who are on Inuk and wish to qualify for a hard-to-fill position.

Work Experience and Internships

The Summer Student Employment Equity Program offers Nunavummiut students the opportunity to gain meaningful work experience and get on-the-job training in the public service.

Sivuliqtiksatsat is an internship program designed to increase Inuit representation in management-level positions and specialist positions in the Government of Nunavut.



Part IV: Health Career Pathways

Overview

The purpose of this section of the report is to provide a summary of health career pathways and supports to increase recruitment of First Nations people into health careers. This summary is presented in two sections:

1. Pathways to Health Careers

Pathways are presented for children and youth, adult learners, and post-secondary students. Infographics are used to describe both barriers and supports along pathways to health careers. The supports described in this section focus mainly on those offered by First Nations organizations, educational institutions, and professional associations. Governmental supports for recruitment and retention of health care professionals were described in the preceding section on governmental supports.

This summary is not meant to be exhaustive; rather, the supports described herein are wise practices that demonstrate innovation, cultural grounding, and equity-focused approaches to increasing recruitment of First Nations health professionals.

2. Health Career Profiles

This section presents a series of fact sheets on select health care professions. These career profiles are not exhaustive; rather, the fact sheets were designed to give a quick glimpse at a range of possible health careers. The information is presented with a national audience in mind, with recognition that the scope of practice, regulation, educational requirements, work settings and average earnings of each profession may vary by province and territory. The following categories of health careers were selected based on the health human resources gaps described in the preceding environmental scan, as well as the Assembly of First Nations resolutions on nursing (12/2015), community-based emergency care (88/2016), epidemiologists (20/2019) and midwifery (22/2021):

- Family Medicine
- Nursing
- Midwifery
- Pharmacy
- Dentistry
- Dietetics
- Mental Health
- Paramedicine
- Public Health
- Health Leadership
- Patient Navigation

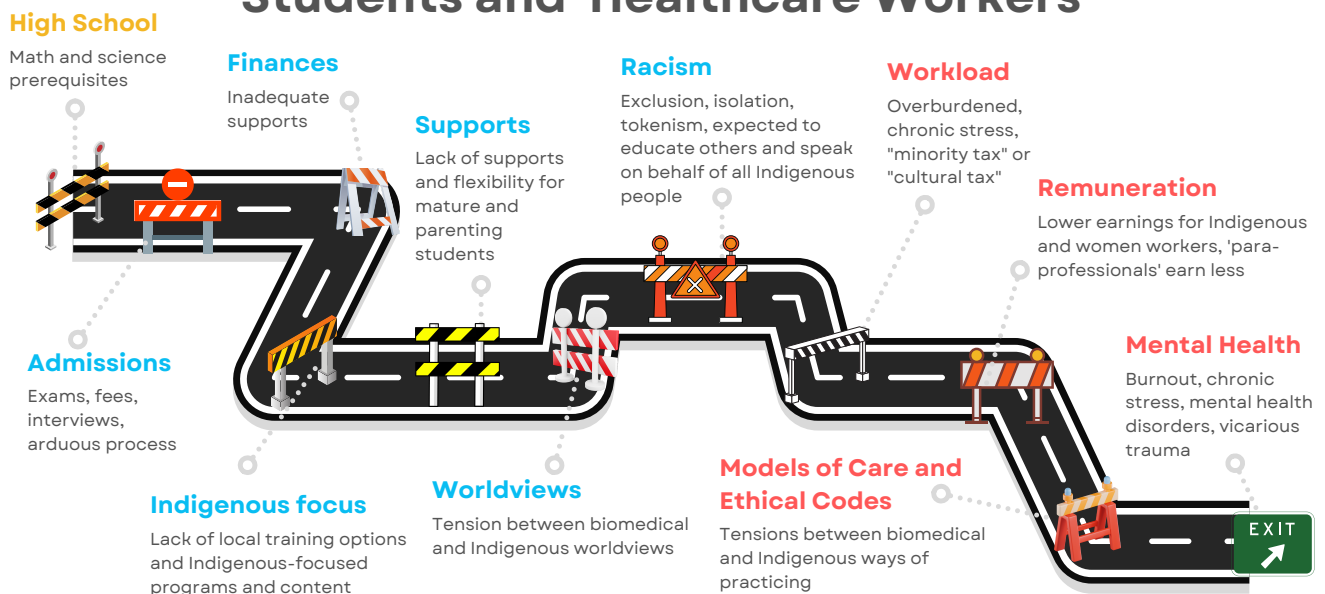
1. Pathways to Health Careers

Youth aged 15 to 24 years make up 17.5% of the First Nations population, compared to 12.0% for the non-Indigenous population (Anderson, 2021). This means that First Nations youth represent an important portion of the future health care workforce in Canada. Yet, First Nations youth face significant barriers to entry into health care professions, including:

- Lower rates of high school graduation among First Nations living both on-reserve (46%) and off-reserve (73%) compared to the rest of the population in Canada (91%) (Layton, 2023);
- Lack of adequate math and science education to meet post-secondary entrance requirements (Gebroe, 2021; ISC, 2019);
- Lower rates of completion of post-secondary education among First Nations youth (37%) compared to non-Indigenous youth (72%) (Layton, 2023); and
- Compared to the non-Indigenous population, First Nations adults are more likely to pursue education later in life (aged 30 – 46 years) (Layton, 2023).

The infographic below describes additional potential roadblocks for First Nations health students and workers.

Roadblocks for First Nations Students and Healthcare Workers



Child & Youth Pathways

There are programs specifically designed to engage First Nations children and youth in STEM (Science, Technology, Engineering, and Mathematics) or STEAM (Science, Technology, Engineering, Arts and Mathematics) activities (see Table below). These programs may spark First Nations children and youth to pursue studies in math and science as a precursor to health studies.

Program	Description
<u>University of British Columbia CEDAR Camp</u>	CEDAR is a two week summer camp program that provides fun, culturally relevant learning opportunities focused on STEM learning and the power of Indigenous Knowledge. Every year, CEDAR Summer camp provides an opportunity for approximately 40 local Indigenous youth between the ages of 8–12 to explore UBC campus through fun and interactive programming. CEDAR campers take part in daily arts and crafts and outdoor recreational activities. Since 2005, hundreds of Indigenous youth have come to the Musqueam campus and developed a comfortable relationship with the UBC Musqueam Campus, Faculty, and the UBC Indigenous community.
<u>University of British Columbia Summer Science Program</u>	The Summer Science Program is a one-week cultural, health and science program for Indigenous students in grades 8 – 11. The program promotes interest in health and science programs through firsthand experience at the University of British Columbia. The program is taught by Summer Science Elders, program coordinators, and workshop facilitators. Students also get the opportunity to go out and enjoy some of the things Vancouver has to offer, such as Jericho beach.

Child & Youth Pathways (continued)

Program	Description
<u>University of Winnipeg Indigenous STEAM Summer Camp</u>	Indigenous STEAM Summer Camp is for children and youth going into grades 1–6. The camp is free, includes snacks/food, and includes activities from different areas of STEAM. Indigenous knowledge keepers share traditional knowledge about many topics such as traditional medicines, star teachings, creation stories, traditional games, feasting ceremonies, water storage and more.
<u>Children of the Earth High School's Medical Career Exploration Program</u>	The Medical Career Exploration Program is a four-year program where students participate in internships at the Winnipeg health region's Pan Am Clinic, and are exposed to various career options within the medical field such as: physicians, MRI technologists, nursing, health information clerks, orthopedic technologists and many more.
<u>Lakehead University Aki Kikinomakaywin</u>	Aki Kikinomakaywin is an Indigenous-led, land and water-based STEAM program for Indigenous youth in Northern Ontario. Youth (aged 14–16 years) are introduced to careers in STEAM through hands-on, land-based activities that weave Indigenous Knowledge with Western science.
<u>Dalhousie University Melkiknuawti</u>	Melkiknuawti invites Indigenous youth (grades 9–12) to learn together on the land. Melkiknuawti provides land-based activities and opportunities for students to explore STEM through a lens that integrates western science with Traditional Knowledge.

Adult Learner Pathways

There are programs specifically designed for First Nations adults to attain secondary education and basic job skills (see Table below). These programs can support adults to fill education and skill gaps on a path toward an eventual health career.

Program	Description
<u>First Nation Adult Secondary Education (FNASE) program</u>	Government of Canada's FNASE program provides funds to First Nations communities to establish community-based secondary programming on-reserve that supports adult learners to complete or update their secondary education.
<u>Indigenous Skills and Employment Training (ISET) Program</u>	Government of Canada's ISET Program is designed to help Indigenous people improve their skills and find employment. This program provides funding to Indigenous service delivery organizations that design and deliver job training services. Some of the organizations that offer ISET programs include: <ul style="list-style-type: none">• <u>Native Women's Association of Canada</u>• <u>Congress of Aboriginal Peoples</u>• <u>Ontario Coalition of Indigenous Peoples</u>• <u>Manitoba Keewatinowi Okimakanak Inc.</u>• <u>Native Council of Prince Edward Island</u>• <u>Anishinabek Employment & Training Services</u>• A complete list of service providers can be found <u>here</u>

Adult Learner Pathways (continued)

Program	Description
<u>Aboriginal Health Human Resources Initiative (AHHRI)</u>	AHHRI invests \$1.5 million annually in community-based worker and health manager training. This training targets community-based workers and health managers delivering health services in First Nations, including First Nations Health Manager certification. The funding is administered regionally.
<u>First Nations Adult Education (FNAE) in Yukon and Northwest Territories Program</u>	FNAE supports First Nations learners in Yukon and Northwest Territories to access resources and services to complete eligible adult education programs for secondary education, equivalency or upgrading of existing secondary-level education.
<u>First Nations Training to Employment Program (FNTEP)</u>	FNTEP is a program in Alberta that supports partnerships that create training and work experience projects that lead to employment for First Nations members. These partnerships assist unemployed or marginally employed First Nations members (primarily living on-reserve) to gain skills training and/or work experience to obtain and maintain long-term employment.

Post-Secondary Pathways

These pathways are designed to support the recruitment and success of First Nations students at post-secondary institutions (see Table below). These programs may support students to overcome barriers to enter into their chosen health career.

Program	Description
<u>University of British Columbia First Nations Longhouse</u>	The Longhouse serves as a “home away from home” for Indigenous students, and is the academic, social, spiritual, and cultural hub for the Indigenous student community. Student offerings include a study lounge with kitchenette, quiet study room, and meeting rooms. The Longhouse also hosts šxʷta:təχʷəm Collegium, a peer-run space for students to connect with an Elder or UBC professor, make lunch, meet friends between classes, and participate in student-led social activities.
<u>Simon Fraser University Indigenous University Preparation Pathway (IUPP)</u>	The IUPP supports First Nations, Métis, and Inuit students prepare and transition to a university learning environment. Indigenous students work together as a cohort alongside Elders, mentors, tutors, and instructors. Students take two foundations courses (Math and English) and six university courses. Upon completion of the IUPP, student are admitted to undergraduate studies at SFU and the completed credits count towards their degree.
<u>University of Saskatchewan Indigenous Student Achievement Pathways (ISAP) program</u>	The ISAP program offers academic programs, financial advice, emotional support, and cultural activities to support Indigenous students. Students in the ISAP STEM Pathways stream can enrol in a Medicine Wheel Learning Community that brings together a cohort of students with common academic goals.

Post-Secondary Pathways (continued)

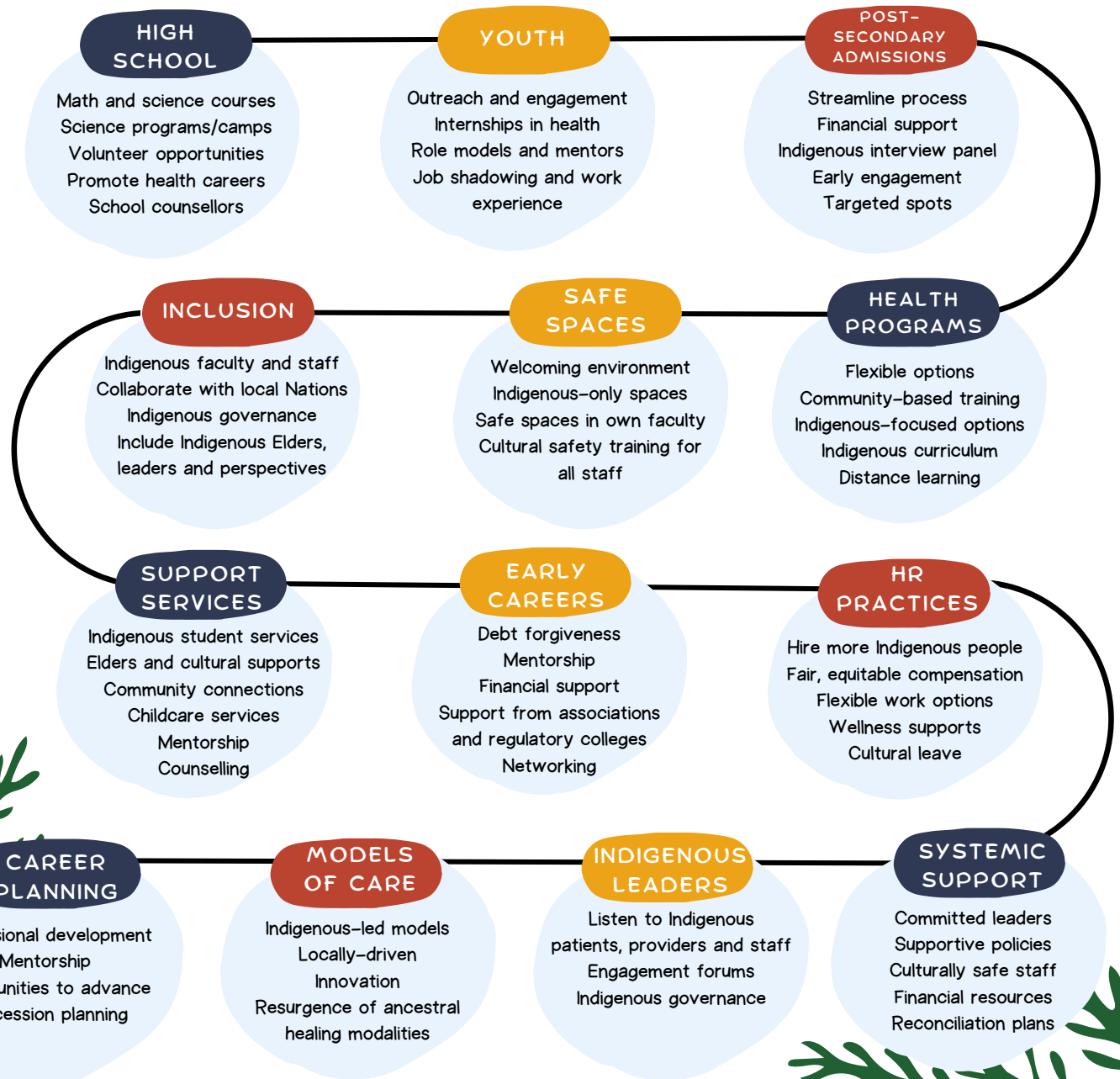
Program	Description
<u>First Nations University of Canada Student Success Services & Elders Services</u>	The Student Success Services & Elders Services department provides a network of supports for students while they progress through their academic journey. Services and support include access to Elder supports and counselling, and subject tutoring and writing support. Elders and knowledge keepers provide students with personal, cultural and spiritual guidance while sharing traditional knowledge in programs, classes, traditional activities and ceremonies.
<u>University of Manitoba Gekinoo'amaaged, Ongomiizwin – Education's student mentorship program</u>	Gekinoo'amaaged, Ongomiizwin – Education's student mentorship program provides Indigenous students in the Rady Faculty of Health Sciences with the opportunity to have a role model that learners can turn to for advice and offers a comfortable space to ask questions. The mentors are creating a community of connected Indigenous students, helping build networks and developing relationships to ensure success.
<u>Brandon University Indigenous Health Studies Transition (IHST) Initiative</u>	the IHST Initiative is an eight month preparatory program designed to help Indigenous students to build capacity for academic success, expand their knowledge in math and science, and prepare them for a career in the health care field. Two seats in each of the Bachelor of Nursing (BN) and Bachelor of Science in Psychiatric Nursing (BScPN) are allocated for students progressing into second year through the Indigenous admission category.

Post-Secondary Pathways (continued)

Program	Description
<u>McMaster University Indigenous Midwifery</u>	Indigenous students have access to designated Indigenous midwifery placements and mentorship from practicing Indigenous midwives. All students in the midwifery education program learn about the role of Indigenous midwifery and the work of the National Indigenous Council of Midwives from Indigenous guest speakers.
<u>Northern Ontario School of Medicine Indigenous Medical Education</u>	All self-identified Indigenous applicants are considered under the General Admissions Stream, unless they choose to apply to the Indigenous Admissions Stream. The Cass Family Scholarship will be awarded to the two highest ranked self-identified Indigenous applicants who apply through the Indigenous Admission Stream. Elders support student success and well-being by providing a safe and willing sounding board, as well as a caring, objective, accepting and non-judgmental confidante during difficult times, whether those difficulties are academic, social or otherwise.
<u>Lakehead University Indigenous Nursing Entry Program (INEP)</u>	The INEP is an eight month program intended for Indigenous students who have not met the regular entry requirements for the Bachelor of Science, Nursing (BScN) program at Lakehead University. The INEP provides the necessary skills and academic preparation for successful transition into Nursing studies. Successful completion of INEP will ensure admission to the BScN degree program at Lakehead University.

SUPPORTING FIRST NATIONS HEALTH STUDENTS AND WORKERS

This infographic summarizes supportive policies, processes, programs and environments that can be implemented toward improving the recruitment, retention, and success of First Nations health care students and professionals. These supports are presented along a continuum, from high school, through post-secondary education, and into early and long-term practice as health care workers.



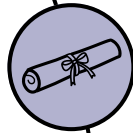
Health Care Workers Along the Training Spectrum

There are many different roles in health care, that require varying levels of education and training. Below are just a few of the many possible roles that exist along a spectrum of levels of training.



High School Diploma

Possible roles: volunteer, intern, peer support, doula



Certificate or Diploma

Possible roles: dental hygienist, pharmacy technician, paramedic



Bachelor's Degree

Possible roles: registered nurse, midwife, pharmacist, dietician



Specialized Degree (MD/DDS)

Possible roles: doctor or dentist, may specialize in a particular area



Master's Degree/PhD

Possible roles: nurse practitioner, psychologist, health researcher

2. Health Career Profiles

The health care workforce consists of a broad spectrum of workers, including both regulated and unregulated professionals. While workforce strategies often focus on the most commonly known and familiar health care providers (e.g., doctors, nurses, and dentists), the health system as a whole relies on many more roles beyond direct patient care, including workers in education, technology, business, communications, administration, policy, and research to name a few (First Nations Health Authority, 2016). For First Nations communities, health care workers could also include those who practice traditional or ancestral healing roles (Canadian Academy of Health Sciences, 2023; Union of Ontario Indians, 2010).

In the current Canadian health care workforce, Indigenous health professionals are often invisible due to a lack of routinely collected, Indigenous-identifying data (Bourgeault et al., 2019; Brockie et al., 2023, Kozin et al., 2021). The data that do exist on the Indigenous health workforce indicate that:

- A higher proportion of Indigenous people (14.4%) than non-Indigenous people (12.7%) in Canada are employed in health care and social assistance (Durand-Moreau et al., 2022).
- 30% of Indigenous women work in health care and social assistance-related industries compared to only 6% of Indigenous men (Park, 2021).
- 52% of Indigenous healthcare workers in BC reported experiencing racial prejudice at work (Turpel-Lafond, 2020).
- Indigenous healthcare workers experience social exclusion and barriers to exercising self-determination and sovereignty when practising within mainstream healthcare settings (Monkman & Limoges, 2023).

Despite these challenges, there are examples of First Nations health care workers doing exceptional work and making space for future workers to come. Each fact sheet presented here includes a “Wise Practice Spotlight” of an innovative or recent change that supports recruitment of Indigenous health care students and/or professionals.

Although it is not covered in these fact sheets, there is also a notable resurgence of traditional healing modalities and Indigenous-led models of care (Allen et al., 2020; Campbell et al., 2020; Graham et al., 2023; Tomkins, 2022), and a growing role for First Nations Elders, Knowledge Keepers, doulas and family members to serve as complementary and collaborative members of the health care team, alongside the regulated and professionalized health care workers discussed here.



Family Medicine

Family Physician

- Diagnoses and treats illnesses and injuries.
- Often acts as the first point of contact for a patient seeking care.
- Works with the patient to manage their general health over the long term.
- Requires a MD degree (4 years) plus 2 – 3 years of family medicine residency.



Work setting: Typically self-employed; often work in team practices; may work in a private clinic, community health centre, hospital, or for government and other health organizations.



Family physicians in Canada provided 7.1% fewer services in 2020–2021, likely due to public health measures (CIHI, 2022).



Less than 1% of doctors in Canada are Indigenous (Canadian Medical Association, 2021).



Indigenous physicians may join the [Indigenous Physicians Association of Canada](#).

WISE PRACTICE SPOTLIGHT

Dalhousie Medical School's [Indigenous Admissions Pathway](#) offers a holistic application process to potential Indigenous students. The goal of this admissions pathway is to remove the barriers that have prevented Indigenous applicants from entering medical school at Dalhousie. In recognition that the Medical College Admission Test (MCAT) can be a barrier for Indigenous applicants, the MCAT was removed as a mandatory admissions requirement for Indigenous applicants in April 2023.



Average Earnings

- Family Physician: \$331,615 per year



Nursing

Licensed Practical Nurse

- Provides nursing care to stable patients under direction from doctors and registered nurses.
- Requires a diploma (16 months – 2 years).

Registered Nurse

- Works as part of the care team to provide medical care.
- Administers medications and treatments as prescribed by a physician.
- Requires a Bachelor's degree (4 years).

Nurse Practitioner

- Assesses, diagnoses and treats common and predictable conditions.
- Orders and interprets tests and prescribes medications.
- Requires a Bachelor's degree (4 years) plus Master's degree (2 years).



Work setting: hospitals, residential care facilities, home and community care, clinics, schools, complex care and palliative care.



Nurse practitioners are one of the fastest-growing health care professions in Canada, with a 9.6% annual growth rate from 2019 to 2021 (CIHI, 2022).



3% of regulated nurses in Canada are Indigenous (Brockie et al., 2023).



Indigenous nurses may join the [Canadian Indigenous Nurses Association](#).

WISE PRACTICE SPOTLIGHT

[Kwantlen Polytechnic University](#) announced on June 20, 2023 that students who are members of one of the seven First Nations whose traditional territories the university campuses operate in, will have their tuition and fees waived starting in the upcoming fall semester.

Kwantlen Polytechnic University's Faculty of Health offers Bachelor of Science in Nursing and Bachelor of Psychiatric Nursing programs, as well as other health profession programs.



Average Earnings

- Licensed Practical Nurse: \$59,875 per year
- Registered Nurse: \$80,881 per year
- Nurse Practitioner: \$117,990 per year



Midwifery

Registered Midwife

- A regulated primary health care provider who provides care to pregnant people and infants through pregnancy and up to six weeks postpartum.
- Requires a Bachelor's degree (4 years).

Indigenous Midwife

- A primary health care provider who cares for pregnant people, babies, and their families throughout pregnancy and postpartum.
- The National Council of Indigenous Midwives defines an Indigenous Midwife as the "keeper of ceremonies, a leader and mentor, and someone who passes on important values about health to the next generation" (NCIM, n.d.).
- Training occurs through community-based education programs.



Work setting: Self-employed practitioners; often work in team practices; work in the homes of their clients, birthing centres, clinics or hospitals.



Midwives in BC reported feeling invisible on the frontlines during the pandemic, due to a lack of supports that were provided to other health care providers (Memmot et al, 2022).



5% of registered midwives in Canada are Indigenous (Metheny & Dion Fletcher, 2021).



Indigenous midwives may join the National Council of Indigenous Midwives.

WISE PRACTICE SPOTLIGHT

Six Nations Health Services (Ohsweken, ON) – The Tsi Non:we lonnakeratstha Ona:grahsta Aboriginal Midwifery Training Program is three years in length, and consists of tutorials that address Indigenous women's unique health issues. The program combines western obstetrical practices and standards with traditional Indigenous practices and standards. All training components are completed at the Maternal and Child Centre with Aboriginal midwife instructors.



Average Earnings

- Registered Midwife: \$101,624 per year
- Indigenous Midwife: unknown

References:

- Memmott, C., et al. (2022). 'Forgotten as first line providers': The experiences of midwives during the COVID-19 pandemic in British Columbia, Canada. *Midwifery*, 113, 103437.
- Metheny, N., & Dion Fletcher, C. (2021). An Environmental Scan of Indigenous Cultural Safety in Canadian Baccalaureate Nursing and Midwifery Programs. *Canadian Journal of Nursing Research*, 53(4), 417-425.
- NCIM. (n.d.) What is an Indigenous Midwife? <https://indigenousmidwifery.ca/indigenous-midwifery-in-canada/>



Pharmacy

Pharmacy Assistant

- Performs administrative duties, such as stocking medications, under the supervision of pharmacy technicians and pharmacists.
- Unregulated; diploma preferred (less than 1 year).

Pharmacy Technician

- Helps the pharmacists to prepare and dispense medications.
- Requires a diploma (1 – 2 years).

Pharmacist

- Works with healthcare providers to prepare and dispense medications.
- Provides education on the administration, uses and effects of medications.
- Requires a Bachelor's degree (4 years).



Work setting: typically in a community pharmacy, may work within a team of health professionals in a hospital, long-term care facility, or other institution.



During the COVID-19 pandemic, 30% of pharmacists worked overtime (CIHI, 2022).



Indigenous pharmacy professionals may join the [Indigenous Pharmacy Professionals of Canada \(IPPC\)](#).



As of March 2023, the IPPC connects about 40 Indigenous pharmacy professionals, including First Nations, Métis, and Inuit pharmacists, pharmacy technicians and pharmacy assistants across Canada.



Average Earnings

- Pharmacy Assistant: \$42,844 per year
- Pharmacy Technician: \$48,771 per year
- Pharmacist: \$96,087 per year

WISE PRACTICE SPOTLIGHT

The Indigenous Pharmacy Professionals of Canada (IPPC) aims to support more Indigenous students to enter the pharmacy professions. The IPPC has [launched a series of scholarships](#) for Indigenous pharmacy technician students and Indigenous PharmD students to support their education at any university in Canada, including one four-year full scholarship. The goal is to launch additional scholarships for students in pharmacy assistant programs in the near future (Hoftzyer, 2023).

References:

CIHI. (2022). Health care provider experiences during the COVID-19 pandemic.
Hoftzyer, E. (2023, March 23). Founded by a U of T prof, Indigenous-led pharmacy association aims 'to make an impact in the profession'. University of Toronto.



Dentistry

Certified Dental Assistant

- Assists with dental procedures, prepares materials and equipment, and performs some procedures.
- Requires a certificate (10 months).

Dental Hygienist

- Provides dental care including examinations, cleaning, polishing, and assessments.
- Requires a diploma (18 months – 2 years).

Dentist

- Oral health expert who diagnoses, treats and prevents disorders of the teeth and mouth.
- Requires a DDS or DMD degree (4 years).



Work setting: typically work in dental offices, but can also work in clinic settings and educational institutions.



One study in Nova Scotia found that approximately one-third (36.2%) of dental hygienists met the criteria for burnout (Haslam et al, 2022).



The Indigenous Dental Association of Canada (IDAC), established in 2021, provides a space for community building amongst Indigenous oral health professionals, students and community members.



IDAC is working to have October 15th declared as National Indigenous Oral Health Day.

WISE PRACTICE SPOTLIGHT

Canada's only Bachelor of Science in Dental Therapy program begins in August 2023. This direct-entry program offers a two-year Bachelor of Science in Dental Therapy. The program has a particular focus on recruiting Indigenous students. Indigenous applicants receive priority admission. The BSc in Dental Therapy program is offered by the University of Saskatchewan College of Dentistry in partnership with the Northern Inter-Tribal Health Authority (NITHA), Saskatchewan Polytechnic, and Northlands College.



Average Earnings

- Certified Dental Assistant: \$45,825 per year
- Dental Hygienist: \$82,875 per year
- Dentist: \$208,892 per year



Dietetics

Dietician

- A regulated health professional that works with individuals, families and communities to support healthy living through food and the science of nutrition.
- Provides advice and information to help empower clients to improve their lives through food.
- Requires a Bachelor's degree in human nutrition and dietetics from an accredited university program (4 - 5 years).



Work setting: in hospitals, health clinics, health organizations, long term care homes, the food industry, government, research, educational institutions, and private practice.



In a 2020 survey of recently graduated dietitians in Canada, 34.0% reported that the COVID-19 pandemic affected their search for employment as a dietitian and 44.3% reported that the pandemic affected their employment as a dietitian (Dietitians of Canada, 2021).



The Indigenous Nutritional Knowledge Information Network was founded in 2001, and provides networking, education, and resources.



WISE PRACTICE SPOTLIGHT

Nourish Leadership offers a free online course, 'Food is Our Medicine', which was designed to educate health care professionals about the complex relationships between Indigenous food, reconciliation, healing and health care. It is designed as a learning journey to celebrate the diversity of traditional foods and encourage introspection. The vision and development of this resource was a collaboration between many Indigenous and settler leaders, health care professionals, knowledge keepers, and advocates.



Average Earnings

- Dietician: \$83,407 per year



Mental Health

Addictions Counsellor

- Helps individuals, families and communities identify and deal with addictions through treatment and prevention programs.
- Unregulated; diploma or degree preferred (2–4 years).

Registered Counsellor

- Evaluates and treats mental health concerns and diagnoses.
- Requires a Bachelor's degree (4 years) plus an Master's degree in counselling (2 years).

Psychologist

- Assesses, diagnoses, and treats mental, emotional, and behavioural disorders.
- Requires a Bachelor's degree (4 years) and Master's degree (2 years), and typically a doctoral degree (4–6 years).



Work setting: private practice, hospital settings, care facilities, rehabilitation centres/programs, employee assistance programs, universities, and others.



56% of Canadians reported that COVID-19 negatively impacted access to mental health care provided by psychologists (CPA, 2020).



There are likely fewer than twelve Indigenous practicing and or teaching psychologists in Canada (CPA & PFC, 2018).



The Canadian Psychological Association has an Indigenous Peoples' Psychology Section.

WISE PRACTICE SPOTLIGHT

Guided by the recommendations in the Canadian Psychological Association's 2018 Response to the Truth and Reconciliation Commission of Canada's Final Report, the association implemented a fee waiver for Indigenous members and students to attend the annual national convention. Members and affiliates of the Canadian Psychological Association who self-identify as Indigenous are eligible for a complimentary convention registration. This fee waiver makes the convention more inclusive and accessible for Indigenous members and students.



Average Earnings

- Addictions Counsellor: \$63,044 per year
- Registered Counsellor: \$73,570 per year
- Psychologists: \$112,769 per year



Paramedicine

Emergency Medical Responder

- Provides safe and prudent care, and the transport of a patient to the most appropriate healthcare facility.
- Requires a certificate (80 - 120 hours).

Paramedic

- Provides pre-hospital emergency medical care to patients with injuries or medical illnesses and transports them to hospitals or other medical facilities for further medical care.
- Requires a certificate or diploma (1 - 3 years).



Work setting: in community and en route to hospital or other medical facilities; may work in industrial, hospital, private, and other settings.



During the COVID-19 pandemic, paramedics had the highest proportion of workers (45%) working overtime compared to other health professions (CIHI, 2022).



Between March 2020 and June 2023, Indigenous Services Canada (ISC) deployed an additional 1,004 paramedics to support First Nations communities (Indigenous Services Canada, 2023).



WISE PRACTICE SPOTLIGHT

The Justice Institute of British Columbia (JIBC) offers an Indigenous Youth Career Camp. The camp introduces Indigenous youth to public safety career options, including paramedicine. The youth have the opportunity to experience emergency medical responder training and other public safety training, alongside Indigenous cultural programming supported by JIBC Elders-in-Residence. This camp welcomes Indigenous youth participants aged 15-20 years old from across the province of BC, at no cost to the youth to attend.



Average Earnings

- Emergency Medical Responder: \$45,101 per year
- Paramedic: \$62,502 per year



Public Health

Epidemiologist

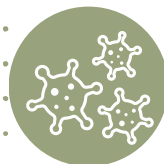
- Investigates patterns and causes of disease and injury.
- Requires a Bachelor's degree (4 years) and a Master's degree (2 years) in epidemiology or public health.

Medical Health Officer

- Focuses on the health of the population, analyzes trends and problems, interprets these concerns and prepares reports, and controls and manages infectious and communicable diseases.
- Requires a MD degree (4 years) plus Master's degree (2 years) and/or designation in public health.



Work setting: regional health authorities, public health departments, federal agencies, and universities; may be can be deployed to respond to public health events.



Medical Health Officers across Canada were targets of name-calling, hate mail, and threats of violence and death during the pandemic (O'Dette, 2021).



The Canadian Public Health Association (CPHA) has an Indigenous Advisory Council that brings Indigenous perspectives to CPHA's policies, practices and programs.



WISE PRACTICE SPOTLIGHT

The University of Toronto's Master of Public Health degree in Indigenous Health prioritize Indigenous knowledges, pedagogies, theories, and frameworks for teaching, learning, and research. The program embeds land-based learning, traditional teachings, and interaction with Elders and Knowledge Keepers throughout the program. The program starts with in-person land-based activities from May–August. The program prepares students to enter a wide range of careers in community, government, policy, research, industry, and academia.



Average Earnings

- Epidemiologist: \$96,112 per year
- Medical Health Officer: \$173,130 per year



First Nations Health Manager/Director

- Provides leadership, direction and management to planning, organizing, implementing, maintaining and evaluating culturally relevant and safe health and wellness programs and services in First Nations communities.
- Requires a certificate, diploma or degree or completion of a specific training program for First Nations health administration. Equivalent combination of education, training and experience may be accepted.

Health Leadership



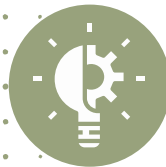
Work setting: First Nations organizations and communities, often in a community health centre or administrative office.



Health Directors in BC reported not being able to take sick or vacation time due to high workloads, limited coverage, and urgent needs due to COVID-19, toxic drug supply, and other health crises (FNHDA, 2022).



The First Nations Health Managers Association (FNHMA) provides networking, training and professional development to First Nations health managers.



The FNHMA reported 204 members in the 2021–2022 year (FNHMA, 2022).

WISE PRACTICE SPOTLIGHT

The FNHMA offers a certification program to become a Certified First Nations Health Manager (CFNHM). In response to the COVID-19 pandemic and the need for virtual learning, FNHMA launched a new hybrid education program in 2020 that replaced the previous intensive and online courses. The new hybrid model offers interactive group sessions and supports students to complete the program without the need to travel or take time off work. In the Fall 2021 and Winter 2022 cohorts, 20 students successfully passed the professional exam (FNHMA, 2022).



Average Earnings

- Health Manager/Director: varies widely



Patient Navigation

Indigenous Patient Navigator

- Provides support to Indigenous patients and their families, assists with navigating health and social services, facilitates access to cultural supports and traditional healing practices, liaises with other health providers and care staff, and educates health care staff on culturally safe care practices.
- May require a certificate, diploma or degree. Sometimes requires a clinical degree. Equivalent combination of education, training and experience may be accepted.



Work setting: in hospitals, health authorities and other health agencies and organizations, and in community settings such as Friendship Centres.



Health authorities and organizations began to introduce Indigenous patient navigator programs through the 2000's.



A 2022 study reported on the number of Indigenous Patient Navigators (IPNs) across Canada and found only 19 in Ontario, 49 in British Columbia, 2 in Newfound, and 'several' in both Quebec and Manitoba (Hiscock et al., 2022).



WISE PRACTICE SPOTLIGHT

Nova Scotia Health and IWK Health Centre are launching a Mi'kmaw Indigenous Patient Navigator program and will hire eight navigators in regions throughout Nova Scotia. Two of the navigators will work at the IWK and the other six at Nova Scotia Health across the Northern, Eastern, Western and Central zones. The job descriptions and postings were created with Mi'kmaw community consultation. The program is the first of its kind in Nova Scotia, and was inspired by similar programs in Ontario and BC.




Average Earnings • Indigenous Patient Navigator: \$65,800 – \$90,500 (in BC)



Part V: Recommendations

Recommendations



“When we’re thinking about responses to this, we need to think in terms of seven generations.”
–Beverly Keeshig–Soonias

This section presents recommendations to the AFN to support recruitment and retention of health human resources for First Nations communities. These recommendations are informed by the compilation of the information and findings of the previous sections of this report. It is my hope that these recommendations provide the AFN with potential next steps, to drive forward their agenda in health and remain responsive to the needs of First Nations, within our current context of COVID-19 recovery and strained health human resources across the Canadian health care system.

These recommendations are not meant to be exhaustive, but rather, to complement and add to the many principles and calls to action that have already been made through the extensive engagement, advocacy, and labour of Indigenous leaders, Elders, survivors, health professionals, educators, advocates and community members. While not specific to health human resources, the following principles, calls to action, and recommendations provide pathways toward reconciliation and healing:

- Jordan’s Principle
- United Nations Declaration on the Rights of Indigenous Peoples
- Truth and Reconciliation Commission of Canada: Calls to Action
- Reclaiming Power and Place: the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls
- Joyce’s Principle
- In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care

Full implementation of these principles and calls to action would address the systemic barriers described throughout this report, and advance health equity, social determinants of health, community healing, and better health outcomes for First Nations people. This, in turn, would support more culturally-safe, trauma-informed health care environments – the kind of environments that First Nations people would want to work in.

There is already work underway to enact these principles and calls to action, and in particular, the TRC Calls to Action 18–24 have been a driving force for development and implementation of strategies to address Indigenous health. Strategies to support health human resources in First Nations have largely focussed on cultural safety training and curriculum for health care professionals and students, and recruitment and retention of Indigenous health care providers. It is my hope that the preceding sections of this report have underlined the necessity of centring Indigenous voices in this work. If we want to understand how to support the recruitment and retention of First Nations health care professionals, we need to listen to what First Nations health care professionals have to say.

The AFN can play an important role in supporting improvements to health human resources for First Nations through its leadership and advocacy. The recommendations to AFN are:

1. Amplify the voices of First Nations health professionals, leaders and associations.
2. Work in partnership with health organizations, educational institutions, professional associations, regulatory bodies, and other stakeholders to promote wise practices to increase First Nations health human resources.
3. Advocate and lobby to government for legislative and policy changes, and increased funding to support health human resources for First Nations.
4. Work with First Nations leaders and communities to raise awareness and build support for Indigenous women, and traditional healing and helper roles.

These recommendations may serve as a starting point in this phase of COVID-19 recovery. The AFN can continue to work with First Nations health care professionals and associations to evaluate progress and develop new strategies over time.

Recommendation #1

Amplify the voices of First Nations health professionals, leaders and associations.

The AFN can:

- Create spaces for First Nations health professionals and students to gather, listen, share and uplift one another. For example, by hosting sub-regional, regional and national forums.
- Support First Nations-led health training and education efforts. This could include advocating for equitable funding for education programs; and supporting mentorship and networking opportunities for students and early-careers professionals.
- Engage First Nations health leaders and professionals in advocacy and political work; ensuring that the voices of First Nations health workers are represented and heard at political and decision-making tables.
- Pass resolutions to support the ongoing work of First Nations health professionals and associations. Possible examples include:
 - Pass a resolution to support the National Council of Indigenous Midwives in its advocacy to include midwives as federally recognized employees under the Treasury Board Occupational Group Structure.
 - Pass a resolution to support the Indigenous Dental Association of Canada in its advocacy to have October 15th officially declared National Indigenous Oral Health Day.

Recommendation #2

Work in partnership with health organizations, educational institutions, professional associations, regulatory bodies, and other stakeholders to promote wise practices to increase First Nations health human resources.

The AFN can:

- Encourage educational institutions to adopt wise practices that remove admissions barriers (such as Indigenous admissions pathways, scholarships, and remote-learning options) and improve student experiences and outcomes (such as mandatory anti-racism education for faculty and staff, hiring Indigenous faculty, creating Indigenous spaces on campus, and hardwire Indigenous perspectives throughout all curriculum).
- Promote First Nations leadership in governance structures. This could include promoting partnerships to transfer funding, control and decision-making in health care services to First Nations. It could also include encouraging health organizations and associations to increase First Nations representation in their governance structures through creating Indigenous advisory councils or guiding circles, and holding seats on their board of directors specifically for First Nations representatives.
- Monitor action and accountability toward strategic goals and reconciliation plans. This could include collaborating with regulatory/accreditation bodies to establish national standards for Indigenous cultural safety in health care. AFN could also work with partners to establish metrics and comprehensive, reliable, quality data sources.
- Provide education on, and promotion of, First Nation values and how to create psychological and cultural safety for First Nations in the workplace. The AFN can educate partners on the importance of connection to community, land, and culture. The AFN can encourage health employers to value lived experience and all forms of education and training (including those outside of mainstream education systems).

Recommendation #3

Advocate and lobby to government for legislative and policy changes, and increased funding to support health human resources for First Nations.

The AFN can:

- Advocate for increased funding and removal of barriers to funding for First Nations health training programs and health service delivery. For example, the AFN can advocate for more funding for Indigenous-led, community-based health education programs, such as training for Indigenous midwives, health managers and health directors.
- Advocate for expansion of governmental supports for health students and professionals who work in remote, rural and First Nations communities. This could include expansion of the Canada Student Loan Forgiveness benefit beyond doctors and nurses to include other health care professionals such as midwives, occupational therapists, social workers, psychologists, physiotherapists, audiologists, chiropractors, dental hygienists, dentists, dieticians, optometrists, pharmacists, and speech-language pathologists. The AFN could also advocate for provinces and territories to expand their eligibility for bursaries, scholarships, incentives and loan forgiveness programs to include additional health professions.
- Advocate across governments to optimize and expand on the scopes of practice of regulated health professions. During the pandemic, health practitioners demonstrated their abilities to practice at full and expanded scopes, which can support filling critical gaps in care.
- Call on governments to fulfill commitments to Jordan's Principle, Joyce's Principle, ending boil water advisories, and increasing First Nations access to high-speed internet (as a means of further supporting access to telehealth and remote learning opportunities).

Recommendation #4

Work with First Nations leaders and communities to raise awareness and build support for Indigenous women, and traditional healing and helper roles.

The AFN can:

- Advance gender equity in First Nations by advocating to end gender violence and gender inequity, and calling on First Nations leaders to confront these issues in our own communities. The AFN can advocate for supports that help to retain women in the workforce, including pay equity, access to maternity and parental leave, and access to childcare.
- Launch campaigns to educate and raise awareness in First Nations communities about women's health issues, reproductive justice, access to perinatal health care, bringing birthing back to our communities, and the role of Indigenous midwives.
- Support communities to building internal health human resource capacity through reclamation and resurgence of traditional healing modalities. The AFN can support First Nations to hold conversations about building our own models of care, and seeking funding to do so.
- Raise awareness within systems and governments about the important role of Elders, Knowledge Keepers, and traditional healer roles, while also advocating for protection of these sacred roles and their knowledge from exploitation and appropriation in non-Indigenous settings.

Closing Reflections

Healers have always existed and practiced medicine in First Nations communities. With the colonization of Turtle Island, First Nations systems of healing were disrupted, and even outlawed. The Western biomedical model of health care services became the predominant system of health care for many First Nations, which we continue to rely on today. However, we often enter into this health system with knowledge of the widespread harms that Indigenous people face within the system.

It is a difficult system to navigate as Indigenous health workers. I have witnessed how the system harms Indigenous people, and have wondered at times during my career if by working in the system myself, am I complicit? I've felt cautious optimism in witnessing a growing role of Indigenous leaders and health professionals in the mainstream health system; excited to see greater representation of us but also concerned about the safety and potential exploitation of our people and the sacred knowledge we carry, as we try to co-exist in a system that we know was not built for us.

This project provided an opportunity to reflect on the ways the system does not work for us, explore strategies to make it better, and identify pathways toward Indigenous-led models of care “for us, by us”. Through reflecting on these ideas in the environmental scan and engagement activities, I also reflected back on my own experiences of working through the pandemic, and the careers transitions that I experienced during that time period.

I had not anticipated that completing this project, and in particular the engagement with other health professionals, would be so cathartic for me. Through the course of this project, I was able to process and contextualize my own experiences, feel validated in a shared space with likeminded colleagues and peers, and feel a sense of pride in all that has been accomplished in the field of Indigenous health, despite persistent barriers. I celebrate knowing that there are incredible people doing transformative work all across these lands called Canada; in service of First Nations people.

The conversations I held during this project highlighted the complexity of careers in health, especially as First Nations people ourselves. We navigate these roles as leaders in Indigenous health while confronting our own need to heal, and being called on to support and educate others about these issues that are very deep and personal to us. Many of the people I talked to for this project brought up their own career transitions in the last few years, facing racism themselves in the health system, and struggling to find sustainability. What I've heard a few times is, nobody's got it perfect. There's no organization or level of government that has perfectly done this work and laid the path forward. We're continuing to figure it out as we go.

For me, one of the key takeaways from this project is that if we want to improve health human resources for First Nations, we need to listen to First Nations health professionals. We need to hold spaces to come together, share our stories, and uplift one another. We don't need others to come up with the ideas of how to fix the system for us. We have our own ideas and approaches to this work, but we need adequate and appropriate structural supports and resourcing to back our work. We need the political will and motivation to enact the necessary structural changes. And we need the chance to rest, heal and care for ourselves, too.

I would like to close this project with immense gratitude and appreciation to those who made it possible. I raise my hands to Roberta Stout, Senior Policy Advisor with the AFN for her guidance and feedback on this project, and trusting me to carry this work forward in a good way. I also send my heartfelt thanks to all of the folks who participated in the engagement portion of the project. I thank each of them for sharing their time, wisdom, stories and reflections with me, and I thank them for all the work they've done and continue to do in service of First Nations people.

Kw'ás hóy,

Miranda Kelly

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