



Aboriginal Education Research Centre

Preparing a Holistic Approach for A Virtual Aboriginal Health Training Centre of Excellence within Saskatchewan

Discussion Paper

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May 2007

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Introduction

The Province of Saskatchewan, along with the Government of Canada, is determined to develop innovative strategies that will attract, engage and retain an Aboriginal health care workforce. Saskatchewan has one of the largest populations of Aboriginal Peoples of any province or territory in Canada. In 2006, the Province announced that, working in partnership with First Nations and other Aboriginal peoples, it would look into the creation of a virtual Aboriginal health training and workforce development “**Centre of Excellence**”.¹ The Province also stated that it would continue to develop a more representative workforce and expand training and development opportunities for Aboriginal people.

This commitment by the provincial government followed a 2004 commitment by the federal government to take action to address shortages of First Nations, Inuit and Métis health care providers and to make the health care system more responsive to the needs of First Nations, Inuit and Métis peoples.²

Investments in Aboriginal health training and workforce development will help to address current and emerging labour shortages in health-related occupations. The Saskatchewan Association of Health Organizations (SAHO) reports that nearly sixty percent of the health sector workforce is 45 years of age or older and that by 2007, 1,400 nurses in Saskatchewan will be eligible for retirement. At the same time, the Aboriginal labour force is growing rapidly. The Aboriginal population is much younger than the non-Aboriginal population: 58% of Aboriginal people in Saskatchewan are under the age of 25, while only 23% of non-Aboriginal people are under the age of 25. By 2011, Aboriginal people will constitute roughly 20% of the available labour force in Saskatchewan.³

To make the most of opportunities presented by these labour force trends, we need to invest in Aboriginal health training and workforce development today. Currently, Aboriginal people are most often recruited for entry-level positions in the health sector and the retention rate for Aboriginal employees is relatively low (only 50% in 2003).⁴ The Saskatchewan government, Aboriginal communities and organizations, and health, education and training stakeholders have already started making these investments. These partners have engaged in a range of activities that support the employment of Aboriginal people “in all classifications and at all levels in health-related fields in proportion to their representation in the working age population.”⁵

¹ Saskatchewan Health. n.d. *Working Together: Saskatchewan's Health Workforce Action Plan*. Retrieved February 2, 2007 from http://www.health.gov.sk.ca/hplan_health_workforce_action_plan.pdf

² Aboriginal Health Human Resource Initiative (2006). Draft 12 March 2006, unpublished document.

³ Gubbels, V. & Barrow, D. *Building a Representative Workforce through an Innovative Career Pathing Process*. Presentation at the Sixth International Forum on Prior Learning Assessment and Qualifications, October 15-18, 2006.

⁴ Ibid

⁵ Ibid

A Holistic Approach

Consideration of a holistic approach in the development of a Virtual Aboriginal Health Training Centre of Excellence provides the opportunity to prepare a model that can guide the creation and growth of such a Centre with a traditional Aboriginal philosophical perspective. As the 'virtual' name indicates, the Centre is not one of 'bricks and mortar' but one that exists in the intangible world of thought. It is a repository of ideas, perspectives, and possibilities. It is a place where new opportunities can be explored, knowledge exchanged and taken up into the world of action. The nature of holistic thinking is based on the concept there are interconnected sets of relationships which bring balance to our lives. A model applying a holistic approach must serve to vision a sense of balance within its structure, processes and outcomes.

In order for people to engage in a respectful discussion, there must be a place to come together where diverse views can be put forward, valued and assist in contributing to new understandings. Creating this place is the creation of an 'ethical space' among people. Carrying out a holistic consultation process through the use of ethical space becomes a process model for how a Virtual Aboriginal Health Training Centre of Excellence can exist. In other words, the development of a collaborative working environment, mutually agreed processes, a safe place to explore alternative ideas and learn new information creates a dynamic, sustainable forum which can benefit a variety of users depending on their particular needs.

There is significant support from Aboriginal communities, governments, community-based organizations and academia to promote and utilize holistic models. When the focus of the initiative is on Aboriginal Peoples, consideration must be given to Aboriginal participation in all stages of the project planning, development, activation and assessment work to ensure Aboriginal perspectives form an integral part of the project. Aboriginal elders, youth, men and women, as individuals and as collectives, can make unique contributions to understanding Aboriginal perspectives of training processes for such things as worldviews, teaching methods and learning styles.

The Assembly of First Nations promotes a First Nations Regional Longitudinal Health Survey (RHS) Cultural Framework to assist in understanding Indigenous perspectives. The Framework discusses such things as Indigenous intelligence, divergent value systems, four directional modeling, components of healthy Indigenous communities, and visioning First Nations' health in relation to present realities.⁶ The model of the four-part medicine wheel comprising mental, physical, emotional and spiritual components of life is used as a basis of understanding First Nations philosophies. Developing and maintaining a balanced relationship between these parts is considered to be necessary to good health in each of the

⁶ Dumont, J. (2005) First Nations Regional Longitudinal Health Survey (RHS) Cultural Framework. Retrieved March 2007 from <http://rhs-ers.ca/english/cultural-framework.asp>

respective parts and to a whole life. Considering health in an Indigenous framework considers health holistically, including facets of health not included within western medical models.

The Canadian Council on Learning is in the process of collaborating on the development of a holistic learning model for Métis which supports and promotes lifelong learning. The emerging model acknowledges the sources of knowledge and knowing, Indigenous knowledge and values, and the sacredness of living a good life within the natural order of life processes. There is a recognition that certain things can be learned in the physical world, but a distinct form of knowledge comes from the Creator. Using the allegory of a living tree within a living ecosystem, the model explains the process of learning as the rings within the tree and roots, trunk, branches and leaves as multiple forces and vehicles of relationships which create the healthy environment.⁷ Thinking about self and the world surrounding self helps to understand and make healthy choices about the direction our lives can take.

Traditional healing is an important part of many Aboriginal people's health and wellness practices, in addition to contemporary forms of healthcare. Studies have shown that Aboriginal women "take care of their wellness by attending to and maintaining balance between all aspects – physical, mental, emotional and spiritual – of their being" and that this "affirm[s] the importance of moving beyond a scientific approach to health and healing to integrate holistic understandings of and approaches to health (including traditional medicine) into health care practices and policies".⁸

A holistic model is grounded in respect. It is an underlying foundation that brings stability, growth and integrity to a process. While there are a variety of ethical processes unique to a variety of sectors and professions within society, there are particular circumstances within Aboriginal communities which require special attention. The principles of Ownership Control Access and Protection (OCAP) are available for use as ethical guidelines when working with Aboriginal knowledge. Adopting these principles can help to rebuild trust between Aboriginal communities and researchers; improve the accuracy and quality of data collection and enhance participation rates; generate more participatory research methods; support the development of holistic approaches to health; promote more accurate interpretation and analysis of data; produce relevant and useful results; encourage meaningful capacity development and contribute to "community empowerment, self-determination, and healing activities".⁹ Initiatives leading to enhanced training within the health sector must consider multiple ethical processes to generate a respectful structure, processes and outcomes.

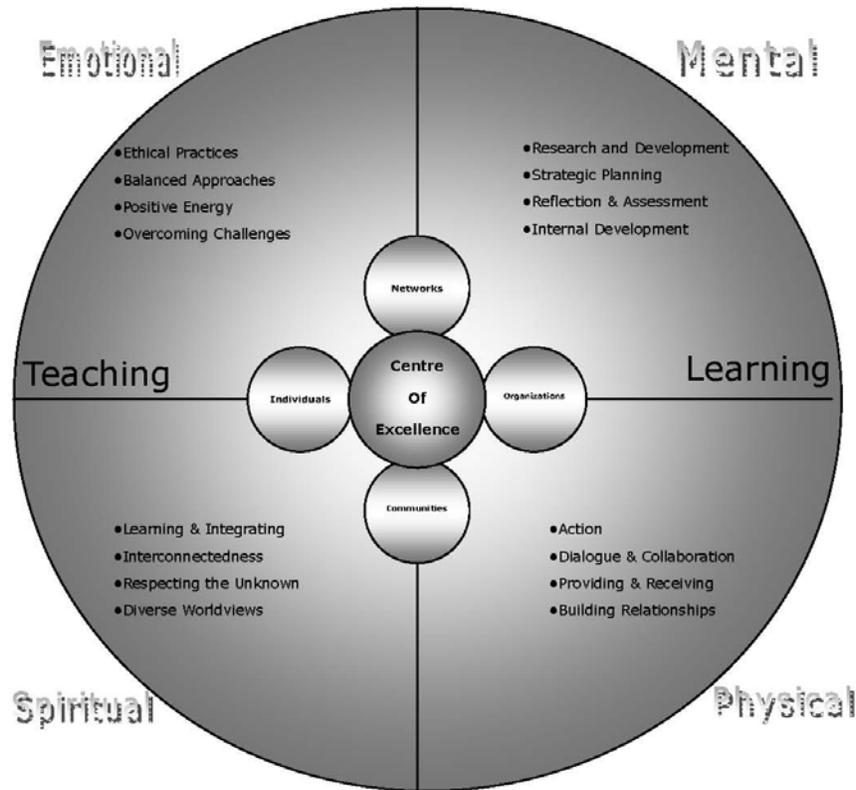
⁷ Canadian Council on Learning (2007). *A Holistic Lifelong Learning Model for Métis*. Draft for Discussion. 28.02.07.

⁸ Wilson, A. (2004). *Living well: Aboriginal women, cultural identity and wellness*. Prairie Women's Health Centres of Excellence. Retrieved January 6, 2007, from www.ccwh-cesf.ca/PDF/pwhee/livingWell.pdf

⁹ National Aboriginal Health Organization (2003). *Analysis of Aboriginal health careers education and training opportunities*. Retrieved January 2007 from www.naho.ca/english/pdf/analysis_health_careers.pdf

A consultation framework for a Virtual Aboriginal Health Training Center of Excellence within Saskatchewan will involve multiple stakeholders from a variety of demographic constituencies and professional disciplines to ensure best possible contributions to addressing issues of education and training, recruitment, retention and on-going assessment of processes. The consultation process will require effective and efficient coordination, including open and transparent communication among participants. A holistic consultation approach respects and incorporates multiple views, and when addressing Aboriginal communities, ensures Aboriginal worldviews, ethics, protocols, traditional knowledge, and cultural practices are included at all stages of the project. Holistic and culturally-relevant approaches are central to the consultation process.

Medicine Wheel Model



Holistic Approach

A model applying a holistic approach must serve to vision a sense of balance within its structure, processes and outcomes. The development of a collaborative working environment, mutually agreed processes, a safe place to explore alternative ideas and learn new information creates a dynamic, sustainable forum which can benefit a variety of users depending on their particular needs.

Graphic representation by Yvonne Vizina, Aboriginal Education Research Centre, 2007

Aboriginal Health Training and Workforce Development Issues

Canada is experiencing a shortage of health care workers, affecting over 20 health disciplines within the health field. These shortages are particularly acute in First Nations and rural communities.¹⁰ Aboriginal peoples, who represent a significant and growing segment of the labour force, are under-represented in health careers. Strategies to enhance Aboriginal health training and workforce development can help to reduce the shortage of health care workers throughout Canada *and* make a crucial contribution to addressing the health and wellness needs of Aboriginal communities.

Issues that should be taken into consideration by strategies for Aboriginal health training and workforce development include:

- **Community ownership and local design and control of health services.** To varying extents, Aboriginal communities are resuming control of their own health services. To support community ownership and local control and design of health services, Aboriginal health training and workforce development should equip Aboriginal people for the full range of health careers and employment. This includes everything from health care aides through technicians to professional occupations, in all areas of health service planning, delivery and administration.¹¹
- **Traditional and Western health and wellness concepts and practices.** Traditional healing is an important part of First Nation, Métis and Inuit people's health and wellness practices. Many Aboriginal people want to be able to access both traditional healing and conventional Western health care services. In response to this, some conventional health care practitioners are looking for ways to integrate traditional health and wellness understandings and practices with their own services. While this trend is encouraging, it also raises questions that must be answered with care and consideration. For example, how will traditional medicine, which is inseparable from culture, family and community, fit into the institutional setting of a conventional medical system? How can First Nation, Métis and Inuit people retain ownership and control of their traditional knowledge? If traditional healers work with

¹⁰ Downey, B. 2003. *Aboriginal Health Human Resources: "A Pillar for the Future"*. Discussion Paper for International Network for Indigenous Health Knowledge and Development Forum, Townsville, Australia, October 2003. Ottawa: National Aboriginal Health Organization; Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR). September 2005. *A Framework for Collaborative Pan-Canadian Health Human Resources Planning*; Smylie, J., R. Sinclair, T. Lafontaine and M. Ferguson. 2006. *Indigenous Peoples' Health Research Centre Environmental Scan of the First Nations' Health Sector Labour Force on Reserve in Saskatchewan*. Regina: Capacity Development Working Group, First Nations and Inuit Health Branch.

¹¹ Downey, B. 2003; Smylie et al. 2006; Society of Obstetricians and Gynecologists of Canada (SOCG). 2000. *A Guide for Health Care Professionals Working with Aboriginal Peoples*.

conventional medical services, will attempts be made to regulate or standardize their spiritual, healing and ceremonial activities? Aboriginal health training and workforce development initiatives can help to answer some of these questions by assisting traditional healers and conventional medical practitioners to develop policies and protocols to guide their work together.¹²

- **Jurisdictional authorities and fiscal responsibilities.** Health services to Aboriginal people and communities are shaped, to some extent, by the interplay of the jurisdictional authorities and fiscal responsibilities of Aboriginal, federal, provincial and territorial governments. Aboriginal health human resource initiatives should be designed to engage these stakeholders in *collaborative* relationships.¹³

To effectively meet the needs of First Nations, Métis and Inuit communities and community members, an Aboriginal health training and workforce development strategy will need to be comprehensive. It should help to build a continuum of academic and professional growth and development. This may include activities to:

- **Prepare students for careers in the health sector, such as:**
 - Laying a solid foundation for health education by offering health and wellness programming to and developing educational materials about health careers for elementary school age children.¹⁴
 - Providing students with opportunities (such as career fairs and outreach by health professionals and post-secondary institutions) to learn about the broad range of career and work opportunities available in the health sector.¹⁵
 - Creating opportunities like summer programs, high-school/university bridging programs, mentoring and job-shadowing for Aboriginal students to gain knowledge and hands-on experience of health careers.¹⁶
- **Address gaps in employment and science training, such as:**
 - Integrating Aboriginal knowledge and ways of understanding the world into standard math and science curriculum. Providing university-level courses to teachers-in-training and developing and distributing educational materials through educational departments

¹² Downey, B. 2003; Hill, D. M. 2003. Traditional medicine in contemporary contexts: Protecting and respecting indigenous knowledge and medicine. Ottawa: National Aboriginal Health Organization; Smylie et al. 2006.

¹³ Downey, B. 2003.

¹⁴ First Nations, Inuit and Métis Learning Institute Literature Review. 2006; Literature Review of Aboriginal Health Care Worker Needs, Oct. 2006. Alberta: First Nations & Inuit Health Branch.

¹⁵ First Nations, Inuit and Métis Learning Institute Literature Review. 2006; Literature Review of Aboriginal Health Care Worker Needs, Oct. 2006; Smylie et al. 2006.

¹⁶ First Nations, Inuit and Métis Learning Institute Literature Review. 2006.

can support educators to integrate Aboriginal content and perspectives into their classroom activities.¹⁷

- Providing innovative summer programs in math and science for Aboriginal youth¹⁸
- **Recruit and retain Aboriginal people in health-related education and training, such as:**
 - Developing and distributing materials (in a wide range of formats, including easy to access on-line information) on health-career related education and training programs that clearly describe requirements for each program, as well as the range of supports available to Aboriginal students at the post-secondary institution.¹⁹
 - Providing appropriate and adequate academic and social supports (including transition supports, mentoring and tutoring) to Aboriginal people in health-related education and training programs.²⁰
 - Working to ensure that the environment, curriculum and ways of teaching at post-secondary institutions are “supportive, safe and culturally relevant and meaningful” for Aboriginal students.²¹
 - Delivering in-community and community-based training and education programs for Aboriginal people.²²
- **Creating a welcoming environment for Aboriginal people at health sector workplaces:**
 - Developing the cultural competency and capacity of all health workers, as a way to empower both communities and the workers who serve them and strengthen the relationship between them.²³ Increasing mainstream health sector workers’ understanding of Aboriginal peoples will enhance the cultural sensitivity and capacity of health service delivery and workplaces.
- **Recruit and retain health workers in Aboriginal communities, such as:**
 - Maximizing investments by supporting active partnerships between Aboriginal organizations and communities, academic institutions and other health organizations. Examples of these include the recent partnership between Kawacatoose First Nation and SIAST to deliver a Practical Nursing program to students from Kawacatoose and neighbouring communities; and the Gabriel

¹⁷ First Nations, Inuit and Métis Learning Institute Literature Review. 2006; Smylie et al. 2006; Kynoch, B. 2003. The Brightwater Environment and Science Project: Respecting Traditional Ecological Knowledge – The Soul of a Tribal People. Saskatoon: Community-University Institute for Social Research, University of Saskatchewan.

¹⁸ First Nations, Inuit and Métis Learning Institute Literature Review. 2006; Smylie et al. 2006.

¹⁹ First Nations, Inuit and Métis Learning Institute Literature Review. 2006; Literature Review of Aboriginal Health Care Worker Needs, Oct. 2006.

²⁰ Downey, B. 2003; Literature Review of Aboriginal Health Care Worker Needs, Oct. 2006.

²¹ Downey, B. 2003; First Nations, Inuit and Métis Learning Institute Literature Review. 2006

²² Downey, B. 2003.

²³ Aboriginal Nurses Association of Canada (ANAC). Community orientation for newly employed nurses. Final Report. Ottawa: ANAC, March 2002; Downey, B. 2003.

- Dumont Institute's satellite programs to train Licensed Practical Nurses in Prince Albert, Meadow Lake and Saskatoon.²⁴
- Supporting the development of "community-driven accountable First Nation [and Aboriginal] health organizations" by allocating "funding for human resource planning and learning".²⁵
 - Providing health authorities in Aboriginal and rural communities with sufficient funding and other resources to develop and retain the staff they need. Health authorities should be able to pay staff members at levels that are appropriate to their skills, experience and training; offer on-going, standardized and accredited training to support career and capacity development; and purchase and fully utilize innovative technology.²⁶

Aboriginal Health Training and Workforce Development Initiatives

Saskatchewan has taken leadership in the health training and workforce development of Aboriginal peoples. Aboriginal communities and governments, health care organizations and the Saskatchewan government are committed to the full participation of Aboriginal people in all health occupations. Some of the initiatives currently underway in Saskatchewan are:

Partnerships for Building a Representative Workforce

Partners in this initiative include Aboriginal communities and organizations, the Saskatchewan Association of Health Organizations, health employers, labour organizations, educators and government. The goal of the program is to support employment opportunities for Aboriginal people in all occupational classifications in health care. Since 1996, 2,149 Aboriginal people have been hired under this initiative; 1,110 Aboriginal employees have been provided with training; nearly 200 have been recruited into nursing programs and health sector workplaces have been prepared (through activities such as "myth and misconception training") for increased employment of Aboriginal staff.²⁷

The partners' representative workforce strategy focuses on Aboriginal employment as a way to address labour shortages. Their approach addresses potential employment barriers for Aboriginal people and seeks solutions. The strategy "opens doors so that Aboriginal can compete for jobs on an equal basis and are trained and hired for their skills."²⁸

²⁴ Capacity Development Working Group, FNIHB Saskatchewan. 2006. A Patchwork of Inequity: Thirteen decades of organizational development of First Nation health organizations in Saskatchewan 1876-2006.

²⁵ Capacity Development Working Group, FNIHB Saskatchewan. 2006.

²⁶ Smylie et al. 2006.

²⁷ Gubbels & Barrow, 2006.

²⁸ Ibid

A key component of the strategy is the Career Pathing Project. The project's objective is "to develop a broad and comprehensive resource model."²⁹ The model will address the full spectrum of health sector employment needs, ranging from trades through care givers and therapists to technologists technicians, and community development managers.

Northern Inter-Tribal Health Authority (NITHA):

Capacity Development Program

NITHA is a partnership between Lac La Ronge Indian Band, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation and the Prince Albert Grand Council. NITHA's Capacity Development Program supports community partners to identify and establish strategies that can develop community capacity and human resource capabilities to meet changing health service needs. Under this program, NITHA has collaborated in the Saskatchewan Representative Workforce initiative (including participating as a pilot project site in the Career Pathing Project), FNIHB's Capacity Development Working Group and other committees and planning sessions related to health training and workforce development for Aboriginal peoples.³⁰

Native Access Program to Nursing (NAPN)

The Native Access Program to Nursing (NAPN) provides supports such as academic and personal counseling, access to Elders and culturally appropriate counseling, advocacy, tutoring and mentorship to Aboriginal Nursing students enrolled in the Nursing Education Program of Saskatchewan (NEPS) in Saskatoon and Regina. Support is also provided for Aboriginal students enrolled in the Wascana Practical Nurse program, and the University of Saskatchewan College of Nursing Post-Registration Program and Masters Programs. In 2005, NAPN was approached by the University of Saskatchewan College of Medicine to provide similar services to Aboriginal Medical and Pre-Medical students. Other health science programs at the University of Saskatchewan have expressed interest in the NAPN model.³¹

Nursing Education Program of Saskatchewan

The Nursing Education Program of Saskatchewan (NEPS) is a four year nursing degree program available to Aboriginal and non-Aboriginal students in Regina, Saskatoon and Prince Albert. The NEPS (implemented in 1996) represents a partnership originally between the University of Saskatchewan and the Saskatchewan Institute of Applied Science and Technology. The First Nations University of Canada officially joined the partnership in March 2003, however the northern component of the NEPS program was implemented in Prince Albert during the 2002-03 academic year, adding an

²⁹ Ibid

³⁰ NITHA (2007), <http://nithacom.sasktelwebhosting.com/>

³¹ MacDonald, Mary (2007) Assistant Dean, Academic Affairs, College of Nursing, U of S

additional 40 seats at First Nations University of Canada, giving priority to students of Aboriginal ancestry and northern residents.³²

Kawacatoose First Nation Practical Nursing Program

In June 2006, the Kawacatoose First Nation and SIAST signed a formal agreement to deliver a Practical Nursing Program to students from Kawacatoose and neighbouring First Nations at the First Nation Training Facility in Quinton, Saskatchewan. The clinical component of the program will be delivered at hospitals and long-term care facilities in Yorkton, Raymore, Wynyard and Fort Qu'Appelle. With a first class of 18 students beginning in the fall of 2006, the program's in-community and close-to-home delivery model is expected to support successful outcomes for students.³³

Northern Health Sciences Access Program (NHSAP)

The Northern Health Science Access Program in Prince Albert provides supports to academically prepare Aboriginal and northern students for careers in health professions, with an emphasis on nursing. This program is a partnership among a number of stakeholders including the provincial government, First Nations University of Canada, SIAST, University of Saskatchewan, Northern Intertribal Health Authority, and the Métis Employment and Training of Saskatchewan. Following completion of a ten-month program, students are required to meet entrance requirements for each health program. The objective of the Northern Health Science Access Program is to provide a basic introduction to the health field, with special emphasis on nursing as a career choice. The goal of the program is to improve the recruitment, admission, and retention of First Nations and Métis students in the health professions. First Nations University of Canada Northern Campus personal and academic advisors also provide support to the NEPS students at the Prince Albert site along with access to Elders.³⁴

Aboriginal Awareness Training

The twelve Saskatchewan regional health authorities, along with the Saskatchewan Cancer Agency, are providing Aboriginal Awareness Training to their employees. This program, which will train 35,000 health care workers throughout Saskatchewan, will help to prepare health sector workplaces for Aboriginal employees and increase the cultural capacity of both individual employees and organizations.

³² IBID.

³³ *Kawacatoose, SIAST Celebrate Agreement*. June 6, 2006. Kawacatoose First Nation and SIAST press release. Retrieved January 2007 from www.siastr.sk.ca/nursingdivision/ndnews/.

³⁴ MacDonald, Mary (2007) Assistant Dean, Academic Affairs, College of Nursing, U of S

A Virtual Centre of Excellence: A Working Definition

What is a **Centre of Excellence** and how can it support Aboriginal health training and workforce development? A centre of excellence brings people together to work on a shared concern or project. A centre's "excellence" comes from the experience, understanding, skills, commitment and influence of the people who are part of it. Centres of excellence attract people who are leaders, innovators and experts in their fields, including community-based partners, representatives of government, industry and academic sectors. As a group, these people are well positioned to push forward knowledge, practice and policy in a given area or field.

Tasks typically taken on by centres of excellence include:

- Advancing knowledge in an area by conducting research and gathering information and data;
- Sharing information with and transferring knowledge to communities, government and other stakeholders;
- Developing and improving capacity among underrepresented groups;
- Improving the connections and communications among diverse professional, community, government stakeholders;
- Providing policy advice to government and other stakeholders; and
- Developing and strengthening partnerships and networks between stakeholders.

Since the mid-1990s, federal and/or provincial governments in Canada have supported the development of centres of excellence in several areas, including health, child development, training and employment, technology and natural resources. The centres have been sustained by a combination of funding from government sources, public institutions and/or private companies. Centres of excellence are a particularly effective way to address key strategic areas (such as Aboriginal health training needs), because they engage stakeholders (including community members, Aboriginal organizations, researchers, practitioners and government representatives) in collaborative relationships that significantly increase their capacity and leverage.

This project is concerned with the development of a "Virtual Aboriginal Health Training Centre of Excellence" within Saskatchewan. The term **virtual** is often used to describe something created or simulated using computers or computer networks and the inclusion of an interactive web-based component in the Saskatchewan centre will make resources available to stakeholders throughout the province.³⁵ To create a *virtual* centre of excellence reflects a vision for the centre as a place or network where people will be able to interact, communicate and learn from each other, regardless of their physical location.

³⁵ Online Degree Zone. Retrieved March 9, 2007 from www.onlinedegreezone.com/distance-learning_terms.php

Centre of Excellence Models

Aboriginal Learning Knowledge Centre (ABLKC)

The Aboriginal Learning Knowledge Centre is an initiative of the Canadian Council on Learning (CCL) established to provide a collaborative national forum supporting First Nations, Métis and Inuit learners.

The Canadian Council on Learning's foundational function is to promote Knowledge Exchange and Information Sharing, Research and Knowledge Mobilization, and Monitoring and Reporting. CCL is also working to include Aboriginal perspectives in the Composite Learning Index for Canada.

The ABLKC is administered jointly by the University of Saskatchewan's Aboriginal Education Research Centre and the First Nations Adult and Higher Education Consortium in Alberta, with two fulltime and a half time coordinator in three offices (Calgary, Saskatoon, Ottawa) providing support. The Inuit Tapiirit Kanatami is assisting with northern linkages to Inuit educational processes.

ABLKC's mission is to strive to understand learning processes, to identify effective and successful programs, processes, and outcomes that inform learning theory and practice, to identify barriers and gaps in theory and practice and to create a network and resource through collaboration with members on consortium (based in Nunavut, NWT and Prairies). In order to carry out this work, the ABLKC work has identified a set of principles which include a holistic, inclusive and respectful approach to knowledge exchange and research.

Six key areas have been identified by the ABLKC as critical areas of focus: These include:

- Learning from Place (exploring issues around traditional knowledge, processes and practices drawn from diverse Aboriginal jurisdictions within Canada);
- Comprehending and Nourishing the Learning Spirit (exploring the potential we have as human beings for learning, as individuals and as groups and how that potential can be maximized drawing on the human spirit as a learning resource);
- Aboriginal Language Learning (exploring the role of Aboriginal languages in learning and the impact of language on communities and cultures);
- Diverse Educational Systems and Learning (exploring how systems of learning have adapted or can be adapted to diverse communities such as those in the far north, rural or urban areas, and the role of gender and generational learning);
- Pedagogy of Professionals and Practitioners in Learning (exploring pedagogical beliefs and practices of professionals and practitioners working with Aboriginal learners); and

- Technology and Learning (exploring how and when information technology and e-learning can be used to integrate cultural and language learning to ensure renewal of Indigenous cultures and language).³⁶

The ABLKC was developed and implemented in Saskatchewan and Alberta, and is supported by a Steering Committee drawn from a Consortium membership from Alberta, Saskatchewan, Manitoba, NWT and Nunavut. Other members of the ABLKC can participate through a National Advisory Committee or Associate Membership. Research in the six key areas identified by the ALBKC is underway in the Prairies, NWT and Nunavut region. The unique administrative structure facilitates an inclusive national approach, but places emphasis on regional research and perspectives. The ABLKC has a three-year mandate from 2006 to 2009.

National Aboriginal Health Organization³⁷

The National Aboriginal Health Organization (NAHO) describes itself in its vision statement as “an Aboriginal-designed and controlled body committed to influencing and advancing the health and well-being of Aboriginal Peoples through carrying out knowledge-based strategies.” NAHO’s vision, objectives, activities and structure are consistent with those of a centre of excellence.

NAHO includes the First Nations Centre, the Ajunnginiq Centre and the Métis Centre, each of which are identified as centres of excellence within the organization. Each centre conducts, facilitates and promotes research on the health of the people and communities it represents; disseminates research and information; builds capacity; advocates, advances and supports traditional health and wellness knowledge, values and practices; and develops and enhances partnerships and relationships.

NAHO has undertaken many important research projects, through both centres of excellence and other programs. NAHO publishes the Journal of Aboriginal Health and Its Research Circle has produced research briefs and discussion papers on a broad range of policy issues. NAHO has also developed the OCAP principles, which provide guidelines for collaborative research in Aboriginal communities. NAHO’s Information Centre on Aboriginal Health searches for information related to Aboriginal health in Canada, which it then posts in a web-accessible database.

NAHO is “committed to fostering the recruitment, retention, training and utilization of First Nations, Inuit and Métis Peoples in the delivery of health care in Canada.” Its website provides extensive information on hundreds of health careers and post-secondary education and training programs. The Health Careers Tool Kit offers information and career direction for Aboriginal people exploring a career in the health field, including:

- Prerequisite educational requirements

³⁶ Canadian Council on Learning (CCL). 2007; promotional literature.

³⁷ National Aboriginal Health Organization Retrieved March 2007 from <http://www.naho.ca/english/>

- Potential funding sources
- General application procedures
- Links to web pages for further information, including sources of financial support
- Materials for evaluating potential health care careers
- Useful tips for career research and applications

NAHO also delivers the *Lead Your Way!* National Aboriginal Role Model Program, which celebrates the accomplishments of First Nations, Inuit and Métis youth.

NAHO is guided by a Board of Directors that includes representation from the five national Aboriginal organizations (AFN, MNC, ITK, NWAC and CAP). The organization receives core funding from the First Nations and Inuit Health Branch of Health Canada.

The Prairie Women's Health Centre of Excellence³⁸

The Prairie Women's Health Centre of Excellence, headquartered in Winnipeg with sites in three Saskatchewan communities, has identified four priority program areas: Aboriginal Women's Health; Rural, Remote and Northern Women's Health; Gender and Health Planning; and Women and Poverty. The centre is a partnership between the Women's Health Clinic, the Fédération provinciale des Fransaskoises, and the Universities of Winnipeg, Manitoba, Regina and Saskatchewan. The centre hosts the Aboriginal Women's Health and Healing Research Group and has completed several community-based research projects on Aboriginal health and wellness practices and understandings. The centre has also developed a tool kit to help women living in rural, remote and northern communities participate in the development of health programs, plans and policies in their communities; a guide to including gender in health planning for regional health authorities; and worked with grassroots antipoverty organizations on participatory research projects and to raise public awareness.

The Prairie Women's Health Centre of Excellence developed as part of the Centres of Excellence for Women's Health Program. The program was established by the federal government in 1996 to enhance the health system's ability to provide effective and equal treatment of women's health issues.

Currently, there are five Centres of Excellence for Women's Health throughout Canada, supported by the Bureau of Women's Health and Gender Analysis of Health Canada. Each centre is a partnership between community-based women's and women's health organizations, health care providers, researchers and academics. The centres are mandated to generate new knowledge about the determinants of women's health; provide policy advice, analysis and

³⁸ Centres of Excellence for Women's Health www.cewh-cesf.ca, Prairie Women's Health Centre of Excellence www.uwinnipeg.ca/admin/vh_external/pwhce/, and Health Canada www.hc-sc.gc.ca/ahc-asc/media/nr-cp/1996/1996_centbk_e.html

information to government, health organizations and NGOs; develop data and resources on women's health; communicate knowledge and promote further discussion on women's health; and build and strengthen community, regional and national networks. Working closely with community partners, the centres have conducted and sponsored more than 250 research projects.

Centre of Excellence for Child Welfare³⁹

The Centre of Excellence for Child Welfare is one of four Centres launched by Health Canada in 2000 to improve our understanding of children and how we can help them to develop in healthy ways. The Centre for Child Welfare focuses on the prevention of and intervention in child maltreatment. Its four main functions are to foster research; disseminate information; develop policy and forge networks.

In partnership with community-based organizations, the centre has conducted and published extensive research and policy relating to child welfare. The centre and the First Nations Child and Family Caring Society of Canada are joint sponsors of the First Nations Research Site in Winnipeg. The centre also maintains web-accessible databases of published Canadian child welfare research, child welfare researchers in Canada, research in progress and policy papers.

The centre is affiliated with eleven universities and ten community organizations across Canada. The majority of the centre's funding comes from the Public Health Agency of Canada and the Canadian Institutes of Health Research. It also receives funding from other federal and provincial government departments, research groups, churches, private foundations, not-for-profit organizations and the private sector.

Atoskiwin Training and Employment Centre of Excellence⁴⁰

The Atoskiwin Training and Employment Centre of Excellence (ATEC) recently opened on the Nisichawayasihk Cree Nation in northern Manitoba. The centre was constructed to provide members of Nisichawayasihk Cree Nation and other nearby First Nations communities with practical entrepreneurial and trades skills and training. The centre was opened in time to prepare community members to take full advantage of opportunities that will be created by extensive hydro development and other projects planned over the next 20 years.

The centre is expected to contribute to long-term sustainability and economic self-sufficiency for First Nations communities and community members in the

³⁹ Centre of Excellence for Child Welfare. Retrieved March 2007 from www.cecw-cepb.ca ; Public Health Agency of Canada. Retrieved March 2007 from http://www.phac-aspc.gc.ca/dca-dea/allchildren_touslesenfants/centres_main_e.html

⁴⁰ Indian and Northern Affairs Canada. Retrieved March 2007 from www.ainc-inac.gc.ca/nr/prs/j-a2003/2-02266_e.html ; Nisichawayasihk Cree Nation. Retrieved March 2007 from www.ncncree.com/aboutatec.html

area. Training programs offered by the centre will range from literacy and upgrading through service industries and construction trades to business development and management skills. The programs will help to develop economic infrastructure that will prepare communities in the region for major regional economic development initiatives.

The Atoskiwin Training and Employment Centre of Excellence programs are offered and certified in partnership with a number of post-secondary institutions. The Centre has also partnered with unions, representatives of the construction industry, provincial government departments and Manitoba Hydro to meet its training objectives and received support from local community-based organizations. The Centre received a significant proportion of its capital funding from Indian and Northern Affairs Canada and receives additional funding from the federal and provincial governments, along with Manitoba Hydro, to support training activities. Open since 2003, ATEC has offered training to more than 300 community members, most of who are now employed in their field of training.

Creating a Virtual Aboriginal Health Training Centre of Excellence

Centres of excellence have proven to be an effective and efficient way to address strategic areas such as Aboriginal health human resource needs. Because centres of excellence are built upon partnerships between stakeholders, they present an unusual opportunity to increase all partners' capacity and leverage. Partnerships will be a crucial part of any Aboriginal health training and workforce development initiative.

The work of creating a virtual Aboriginal health training centre of excellence must begin in partnership with the First Nations, Métis and Inuit communities and people of Saskatchewan. As the initiatives described in this document show, Aboriginal peoples and communities, health employers and organizations, government and unions have already formed productive partnerships for other purposes. The next step in the creation of this centre of excellence is to sit down together and work out the answers to important questions such as:

- What is a shared vision for a virtual Aboriginal Health Training Centre of Excellence?
- What outcomes do we want from the centre's activities?
- Who might be the key partners in the centre?
- How should the centre be designed and operated?
- What activities and operations will achieve the vision that are principled upon Aboriginal priorities and respectful ethical conduct;
- What potential challenges might be faced in establishing the centre and how might we negotiate them?

Imagining a Saskatchewan Model

The following section contains a number of features one might find useful in developing a holistic approach to a comprehensive Virtual Aboriginal Health Training Centre of Excellence. The illustration is for information and discussion purposes only, and is not intended to be prescriptive to those involved in a dialogue or consultation process. The elements provided in this section are based on structures, processes and activities found within other Centres which are designed to serve a specific purpose. It is unlikely that the Centre could accomplish all of these tasks simultaneously without a very large infrastructure; however, with good strategic planning, the Centre could exist in a predominantly 'virtual' environment to ensure the broadest means of knowledge exchange and utilize an incremental plan for selected activities identified as most beneficial. Use of a Steering Committee, or consortium of partners, could provide direction to a relatively small staff compliment with expertise in Aboriginal education and training, information technology, and communications.

Goal: The key concept for this Centre is Aboriginal Health Training

Stakeholders: Health Training Users and Providers: Individuals, Organizations, Networks and Communities

Key Activities:

1. Partnership Building and Networking
2. Knowledge Exchange and Knowledge Transfer
3. Policy Advice
4. Research and Consultation
5. Educational Programming
6. Support Services and Retention Services
7. Recruitment to Health Training and Professions, including scholarships, bursaries, and other supporting services (counseling, etc.)

Activities:

1. Partnership Building and Networking

- a. The Centre should build partnerships with other service providers to maximize expertise and capacity. These partnerships should include the Indigenous Peoples Health Research Centre (specializing in health related research); Aboriginal Human Resource Development Council of Canada (specializing in HR initiatives), Community University Institute for Social Research, and other specialized education and training institutions such as the University of Saskatchewan's Aboriginal Education Research Centre (specializing in Aboriginal education).
- b. The Centre could work to facilitate small gatherings between Aboriginal community representatives and other stakeholders on the subject of Aboriginal health training. Building partnerships requires personal interaction best accommodated in this manner. Raising a comfort level, and degree of experience of interaction among diverse groups of people can often result in achieving more successful outcomes. It can be helpful to have these interactions facilitated at the outset.
 - i. *For example: Ideas for health training generated at the community level may not reach planning, research or development stages without the support of partners. The community may not have the capacity to develop the ideas into proposals or presentations, or may not even be aware of who the appropriate partners might be.*

2. Knowledge Exchange and Knowledge Transfer

- a. The Centre could deliver periodic workshops on Aboriginal health training to Aboriginal communities and other stakeholders. Workshops could vary in length and complexity depending on the

purpose of the gathering. Alternatively, multiple workshops could be delivered in a coordinated conference approach.

- i. *For example: Many non-Aboriginal individuals may wish to build experience or knowledge required in the context of their jobs to effectively address initiatives for Aboriginal Peoples. Conversely, Aboriginal individuals who may wish to explore opportunities in predominantly non-Aboriginal employment areas may wish to develop relationships leading to new training opportunities.*
- b. The Centre could develop publications useful in enhancing Aboriginal health training for Aboriginal and non-Aboriginal communities, organizations, networks or individuals. Publications could be based on research projects, narratives, and youth-oriented information.
- c. A database of Aboriginal health training resources could be provided. This might include publications, curriculum resources, research papers, best practice models and links to other sites.
- d. The Centre could showcase the promising practices, successful partnerships, etc. in the field of Aboriginal health training or education, both nationally and internationally.
- e. The Centre could post relevant conferences, workshops, speakers, community gatherings, etc. that will support community health professionals, community health activists, or interested community members.

3. Policy Advice

- a. Direction for research on Aboriginal health training could be provided by stakeholders in the Centre. Setting direction and involving stakeholders from the outset of research processes could contribute to successful outcomes.
- b. Strategic planning and professional development concerning Aboriginal health training for organizations could be facilitated.
- c. The Centre could provide a mechanism for on-going communication between researchers and decision-makers (e.g. health district board members, chief executive officers, senior administrators) to enhance implementation of research evidence;

4. Consultation, Research and Development

- a. The Centre could undertake Aboriginal health training research initiatives, specific to Saskatchewan and based on recognized Indigenous methodologies and research methods.
- b. The Centre could facilitate effective consultation processes within First Nations and Métis communities based on recognized ethical processes.

- c. The Centre could develop and facilitate a training program for community-based researchers. This could benefit future community engagement in research and development.
- d. The Centre could improve the researcher relationship with communities by fostering best practices for conducting research in Aboriginal communities, and by fostering mechanisms of dialogue among them.

5. Educational Programming

- a. The Centre could develop culturally appropriate curriculum resources to support Aboriginal health training.
- b. The Centre could deliver on-line training modules.
- c. The Centre could develop informative material discussing traditional Aboriginal concepts of health, healing and wellness and related material on Western contemporary concepts of health, healing and wellness.
- d. The Centre could develop video documentaries on diverse views of health, role models and other materials identified by Aboriginal communities and stakeholders.
- e. The Centre could provide linkages to other CBO's, universities, or health organizations and enhance the liaisons among them as well as provide information about their resources on line.

6. Support Services and Retention Services

- a. The Centre could create a database of mentors, career counselors and other partner services for self-service access.
- b. The Centre could provide a web-based mechanism for discussion for communities to post queries to professionals or other organizations.
- c. The Centre could provide multiple models of ethical practices in Aboriginal communities and linkages to them.
- d. The Centre needs to provide health professional with tools to respect the dignity and personal rights of each person, and to act positively to any discriminatory or defamatory action regarding the person.
- e. The Centre needs to assist in disrupting and effecting change to racial discrimination in the professions, and provide effective practices to help professionals address racial prejudice, cultural understandings, diversity and multiculturalism.
- f. All behavior is culturally grounded, and the Centre needs to help professionals to address cultural diversity in the training, the professions and the communications with diverse communities.