

# LITERATURE REVIEW ON PARTICIPATION OF ABORIGINAL STUDENTS IN POSTSECONDARY HEALTH EDUCATION PROGRAMS IN SASKATCHEWAN

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## INTRODUCTION

On August 20, 2008, the Federation of Saskatchewan Indian Nations, the Province of Saskatchewan, and the Government of Canada signed a Memorandum of Understanding on First Nations Health and Well-Being, establishing a formal partnership “to improve coordination of health programming, reduce administrative duplication, better adapt programs to the needs of First Nations and address the gaps in health services for First Nations people” (Government of Saskatchewan, 2008). The partners acknowledge the need to “improve the recruitment and retention of health care providers” and commit to take action “to increase First Nations’ participation in the province’s health care workforce.” Their overarching goal is to improve health outcomes for Saskatchewan First Nations people.

We have heard the call for increased Aboriginal participation in the health workforce before. In 1996, the Royal Commission on Aboriginal Peoples called on federal, provincial, and territorial governments to “implement a co-ordinated and comprehensive human resources development strategy,” to provide funding to support the training of “10,000 Aboriginal professionals over a 10-year period in health and social services,” to support educational institutions (Aboriginal institutions in particular) to provide this training and to ensure that students seeking this training have access to adequate financial support” (*Report of the Royal Commission on Aboriginal Peoples*, 1996).

Over the more than a decade since RCAP, these needs have become more urgent. In part, this is due to three factors:

- Current demographic trends in Saskatchewan for First Nations, Métis, and other Aboriginal populations.
- First Nations, Métis, and other Aboriginal peoples’ underrepresentation in the health workforce and in health-related postsecondary education and training.
- The ongoing resumption of the governance, management, and delivery of health services by First Nations, the Métis Nation, and other Aboriginal communities and the associated need to enhance capacity for their people, organizations, communities, and governments.

## DEMOGRAPHIC TRENDS

First Nations, Métis, Inuit, and other Aboriginal peoples are a significant and rapidly growing segment of Saskatchewan’s population (*Aboriginal*

*Population Profile, 2006 Census*, 2008; Saskatchewan Bureau of Statistics, n.d.). Currently, self-identified Aboriginal people constitute 14.9% of Saskatchewan's population, an increase of 1.4 percentage points over the 2001 census. Nationally, the province is second only to Manitoba (15.47%) in the share of its population that identifies as Aboriginal. In Canada as a whole, self-identified Aboriginal peoples constitute only 3.8% of the population. Almost two-thirds of Aboriginal peoples in Saskatchewan identify as First Nations, roughly one-third as Métis, and less than 1% as Inuit.

Saskatchewan's Aboriginal population is considerably younger than either Manitoba's or Canada's. The median age of Aboriginal people in Canada is 26.5 years, 23.9 years in Manitoba, and 21.7 years in Saskatchewan. Nearly half of the Aboriginal people in Saskatchewan (47.0%) are 19 years of age or younger. In sharp contrast, only 24.1% of the province's non-Aboriginal population are in this age group. Today, 1 in 5 of the people between 15 and 29 years old in Saskatchewan are Aboriginal and demographic trends suggest that by 2026 more than 1 in 3 people in this age group will be Aboriginal.

If one in five of 15 to 29 year-olds in Saskatchewan today are Aboriginal then we might hope that they would be represented in something close to these proportions in the postsecondary system. They are not. This in itself is troubling, but it becomes an even greater concern given the relative youth of our Aboriginal population. In the very near future, Aboriginal peoples will constitute an even greater proportion of potential new entrants into both the postsecondary education and training system and the labour force.

## EMPLOYMENT

Currently, Aboriginal people form less than one-tenth of the active labour force in Saskatchewan and nearly one-third of the unemployed (Statistics Canada, 2008). Given that these figures refer to the portion of the adult population that is ready and willing to work, this disparity is staggering. Within health fields, figures posted by the province indicate that Aboriginal people constitute 6.8% of the orderlies, aides, and other assistants; 5.6% of LPNs and dental hygienists or therapists; 3.7% of RNs and nurse supervisors; 2.7% of pharmacists, dieticians, and nutritionists; 0.9% of general practitioners; and 0% of dentists, physiotherapists, occupational therapists, optometrists, chiropractors, and other health diagnosing and treating professionals in Saskatchewan (*Saskatchewan Job Futures, NOC Index*, n.d.).

The above statistics suggest that Aboriginal people's participation in the health labour force may be best characterized as bottom-heavy. Aboriginal

people who work in health are most likely employed in entry-level positions and in occupations that do not require extensive postsecondary education. Without more training or education, the majority of Aboriginal people working in health will have little opportunity for advancement. To illustrate a very practical impact of this, a Saskatchewan economist calculates that, without a high school diploma, the lifetime earnings of an Aboriginal man in Saskatchewan will be, on average, less than \$345,000 (Howe, 2006). Obtaining a high school diploma will add half a million dollars to his lifetime earnings (\$862,000), attending a program at a technical school will bring them up to \$1,190,000, and attending university to \$1,390,000. For an Aboriginal woman, the impacts are even more severe. Without a high school diploma, her lifetime earnings are likely to be less than the astonishingly low figure of \$90,000. If she does complete high school, her lifetime earning will increase slightly to \$294,000 and if she attends a technical school, they will again increase to \$647,000. Attendance at a university program will raise her lifetime earnings to, on average, \$1,250,000.

## TRAINING AND EDUCATION

Aboriginal people in Saskatchewan and Canada continue to lag behind non-Aboriginal people with respect to their representation in postsecondary training and education (Malatest, 2004; National Aboriginal Health Organization, 2003, 2008; Statistics Canada, 2008). The most recent census results reveal that nearly half (49.4%) of Aboriginal people 15 years of age or older in Saskatchewan have neither a high school degree nor a postsecondary degree, certificate, or diploma (Statistics Canada, 2008). Across the province as a whole, only 30.2% of people in this age group do not have a degree, certificate, or diploma. Similar disparities exist at a national level. Nationally, 43.7% of Aboriginal people in this age group do not have a degree, certificate, or diploma. For Canadians in this age group as a whole, the figure is only 23.8%.

Without a high school diploma, it is difficult to access postsecondary training or education and so, given the statistics presented above, it is not surprising that Aboriginal people in this same age group<sup>1</sup> in Saskatchewan have lower educational attainment rates in the postsecondary system than non-Aboriginal people. A significant majority (71.4%) of Aboriginal people

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1. We recognize that in any Canadian population, very few people between the age of 15 and 20 years have completed a postsecondary degree. However, Statistics Canada uses this age group (15 years of age and older) in the 2006 census reports that discuss post-secondary completion rates.

in this age group have no postsecondary certificate, diploma, or degree. For the province as a whole, this figure is only 57.1% and nationally it is even lower at 49.3%.

With respect to health-related training, statistics tell a similar story. In the field of study Statistics Canada broadly defines as health, parks, recreation and fitness, Aboriginal people constitute only 6% of the nearly 57,000 people in Saskatchewan who hold postsecondary certificates, diplomas, or degrees. In 2000, only 3.4% of the people who graduated from health-related college and university programs across the country were Aboriginal (Allen et al., 2007). For programs that train people to become health aides, attendants, and orderlies, this figure was over 8%; for LPNs and vocational nurses, it reached 3.6%; for health-related bachelor programs as a whole (a group that includes RNs), Aboriginal people were only 1.8% of graduates.

It is not uncommon now to hear a postsecondary institution report that the number of Aboriginal students participating in its programs has increased. This is welcome news but it would be dangerous to attribute this solely to improvements to the postsecondary system. As others have noted, Aboriginal peoples are the fastest growing segment of the Canadian population and this certainly has had impacts on enrolment levels in the postsecondary system (National Aboriginal Health Organization, 2008). However, rates of enrolment and completion have improved for both non-Aboriginal and Aboriginal Canadians (Malatest, 2004) and the latest census results show that, while the percentage of Aboriginal people aged 25–64 with a university degree increased between 2001 and 2006 (from 6% to 8%), they continue to lag behind the non-Aboriginal population (23%). In fact, the gap between the two groups widened over this period (Indian and Northern Affairs Canada, 2008).

## HEALTH-RELATED TRAINING AND EDUCATION IN SASKATCHEWAN

Aboriginal people can access a broad range of health-related programs and courses at postsecondary institutions in Saskatchewan. Saskatchewan is home to Aboriginal institutions such as First Nations University of Canada (FNUC), Gabriel Dumont Institute/Dumont Technical Institute (GDI/DTI) and the Saskatchewan Indian Institute of Technologies (SIIT), as well as the provincial universities, the University of Saskatchewan (U of S) and the University of Regina (U of R, affiliated with FNUC), technical and regional

colleges, and private vocational schools. Of the major non-Aboriginal institutions, the U of R and SIAST have the highest percentage of Aboriginal graduates (Insightrix, 2007).

The First Nations University of Canada (FNUC), originally known as the Saskatchewan Indian Federated College, was established in 1976 (First Nations University of Canada, 2008). As an independently administered federated college of the University of Regina, FNUC offers programs and services on three campuses (Regina, Saskatoon, and Prince Albert) and in other communities across Saskatchewan. Students can pursue undergraduate and graduate diplomas and degrees in an institutional environment that affirms the culture, history, and knowledge of First Nations people:

- The National School of Dental Therapy, located in Prince Albert, prepares dental therapists for employment by First Nations and Inuit communities. The two-year program leads to a Diploma of Dental Therapy.
- Department of Community Development and Health Sciences in Prince Albert offers a certificate program for Community Health Coordinators and the one-year Northern Health Science Access Program (NHSAP), which prepares students to enter health programs at FNUC, SIAST, and U of S. The four-year Nursing Education Program of Saskatchewan (NEPS), a collaboration between FNUC, SIAST, and U of S, is offered in Prince Albert, Saskatoon, and Regina.
- Department of Science offers a certificate program in Indigenous Health Studies; a Bachelor of Applied Science in Environmental Health and Science; and a Bachelor of Health Studies, a partnership between FNUC and the U of R, which focuses on understanding indigenous health needs.

Nearly 800 students attended FNUC in 2007–8 (University of Regina, 2008c). FNUC offers students a range of supports and services that attend to their emotional, mental, spiritual, and physical needs, including academic advisors, on-campus access to Elders, transition supports, career counselling, and social and cultural activities.

The Saskatchewan Indian Institute of Technologies (SIIT), established as an educational institution of the Federation of Saskatchewan Indian Nations (FSIN) in 1976, provides technical, vocational, and trade programming and other training and educational services to First Nations people in Saskatchewan (Saskatchewan Indian Institute of Technologies, 2008). SIIT delivers on-campus and in-community programming at locations throughout the province and strives to develop programming that equips students

with technical and educational skills and affirms and supports their cultural traditions and knowledge. SIIT students can access two-year diploma, one-year certificate, and trades training programs delivered collaboratively with provincial universities and other educational institutions, including:

- Community Health Representative, to train health service workers for First Nations communities.
- Community Services Addictions Certificate, a 40-week program, and the two-year Community Services Addictions Diploma.
- Childcare and ECE programs, designed to develop childcare workers for First Nations child care centres and home child care activities.
- Health Care Aide, to prepare employees to care for and assist seniors or other individuals with physical and mental challenges.
- Practical Nurse Preparation programs, which prepares students to enter the Licensed Practical Nurse program.
- Primary Care Paramedic Certificate, to prepare students for a variety of emergency response careers.

SIIT's Student Services Department provides students with educational and personal supports, advice, counselling and planning, including access to on-site and community Elders and extra-curricular activities. Each SIIT student also participates in an orientation session, which may help with the transition to student life.

The Dumont Technical Institute (DTI) is the basic education and skills training arm of the Gabriel Dumont Institute (GDI), a postsecondary institution operated by the Métis Nation-Saskatchewan (Gabriel Dumont Institute, 2008; Gabriel Dumont Institute, 2007). In 2006–7, 29 students (of the 34 who began) graduated from DTI's Practical Nursing programs in Prince Albert and Saskatoon, operated in partnership with the Metis AHRDA delivery agent. An additional 9 students (of 12 who began) graduated from a Continuing Care Aide program offered in La Loche in partnership with the Saskatchewan Skills Extension Program Northern Development Agreement. DTI also offers skills upgrading and adult 12 programs, which have enabled many learners to complete high school and go on to postsecondary programs. In the 2006–7 academic year, GDI/DTI offered programs in 17 different Saskatchewan communities. In the past, DTI has offered programs for Chemical Dependency Workers and Home Care/Special Care Aides.

In addition to the wide range of support services available to students (including financial, academic, personal, and employment supports), DTI

students also may find the small, community-based and Métis-focused structure of many DTI programs helpful.

The University of Saskatchewan (U of S) offers a range of health-related programs, including :

- Undergraduate programs: Bachelor of Science in Kinesiology, Nursing, Nutrition, Pharmacy or Physical Therapy. This includes the U of S component of NEPS (see above).
- Graduate programs: Masters of Nursing, Physical Therapy or Public Health, and Doctor of Dental Medicine or Medicine.

Currently, about 9% of the nearly 20,000 students at U of S are Aboriginal, an increase of 70% from the 2002–3 academic year (University of Saskatchewan, 2008). The Native Access Program to Nursing/M (NAPN/M) provides support to Aboriginal students who are enrolled or interested in Nursing and Medical programs. NAPN/M offers academic supports, academic and personal advice, access to Elders, culturally appropriate counselling, advocacy services, and orientation activities. U of S also offers an Aboriginal First Year Program, designed to make incoming Aboriginal students' transition into their postsecondary programs easier.

The University of Regina (U of R) shares its campus with FNUC (see above) and two other federated colleges (University of Regina, 2008a, 2008b). The university offers several health-related study opportunities:

- Preprofessional Programs that prepare students for entry into health-related professional programs across Canada, including chiropractic, dentistry, medicine, occupational therapy, optometry, pharmacy, and physical therapy programs.
- Bachelor of Health Studies, emphasizing an interdisciplinary understanding of health care and the health needs of Indigenous peoples, delivered through FNUC at Regina and Prince Albert campuses.
- Bachelor of Medical Imaging
- Graduate programs in gerontology, kinesiology, and health studies.

The U of R employs several course-delivery models that support professional development and off-campus studies. For example, this year's students have been able to access web-based, televised, and in-community programs that include coursework towards a bachelor of Kinesiology and Health Studies, a class for the graduate program in Health Policy, and a general studies course in Introductory Psychology.

Under its current strategic plan, the U of R, in partnership with FNUC and Saskatchewan First Nations, has set an ambitious target of increasing Aboriginal students to 20% of the student body at the university and its federated colleges. The U of R's most recent annual report notes that in 2007, while the number of Aboriginal students admitted to the University of Regina alone increased, the number of Aboriginal students admitted to the federated colleges declined dramatically (University of Regina, 2008a). As a result, Aboriginal students made up just 11.1% of the total student body at the university and federated colleges.

The Saskatchewan Institute of Applied Sciences and Technology (SIASST) offers postsecondary programs at campuses in Saskatoon, Regina, Moose Jaw, and Prince Albert and other off-campus locations in Saskatchewan. Health-related programs at SIASST include:

- On-Campus Certificate and Diploma programs, including Addictions Counselling, Combined Laboratory and X-ray Technology, Continuing Care Assistant, Advanced Care Paramedic, Dental Assisting, Dental Hygiene, Cytotechnology, Health Information Management, Pharmacy Technician, Early Childhood Education, Medical Laboratory Technology, Medical Radiologic Technology, Primary Care Paramedic, Rehabilitation Worker and Therapeutic Recreation.
- Applied certificate programs, which provide introductory level skills training in specific applications or occupations. These include: Basic Diabetes Education for Health Care Providers, Medical Laboratory Assistant, Intermediate Care Paramedic, Occupational Health and Safety Practitioner, Nursing Re-entry, Practical Nurse Re-entry, and Psychiatric Nursing Re-entry.
- Advanced certificate programs, which build on health professionals' existing training and credentials and support specialization in their field. These include: Advanced Diabetes Education for Health Care Providers, Basic Critical Care Nursing, Perioperative Nursing for LPNs, Primary Care Nurse Practitioner, Gerontological Nursing for LPN, Perioperative Nursing and Medical Office Assistant.
- The Nursing Education Program of Saskatchewan, a degree program to train Registered Nurses, delivered in partnership with the U of S and FNUC. This includes the NEPS Second Degree Entry Option, which enables people who have already completed a degree to work towards a BSN in a shortened time frame.

- Other Nursing Programs, including diploma programs for Licensed Practical Nurses and Psychiatric Nurses.

In addition to these established training programs, health care organizations can also contract SIAST to develop and deliver training that meets their distinct organizational needs.

In the 2006–7 academic year, 19.2% of the more than 13,000 SIAST students identified as Aboriginal, including 16.8% of the students in certificate or diploma programs (SIAST, 2007). More detailed statistics are available for 2004–5 (SIAST, 2004–05). In that year, Aboriginal people were 18.9% of the SIAST student body, 15.4% of students in certificate or diploma programs and 21.9% of students who were part of students in extension programs. At the Prince Albert campus, Aboriginal students were 37.3% of the students in certificate programs.

In its in-house record-keeping and research, SIAST frequently gathers information that is specific to Aboriginal students. For example, a recent employment survey of SIAST graduates shows that Aboriginal graduates are twice as likely to be unemployed as graduates as a whole (SIAST, 2006). Additionally, those Aboriginal graduates who had secured fulltime employment related to their training earned, on average, \$100 less per month than SIAST graduates overall. Aboriginal students are also more likely to leave their program than other students. For example, in 2003–04, more than one-quarter of the nearly 800 Aboriginal students enrolled in on-campus certificate/diploma programs at SIAST left early (SIAST Planning, Research, and Development, 2005). Interestingly, only 11.1% of Aboriginal students in the science and health division withdrew before completing their studies but in the nursing division, 28.3% of Aboriginal students withdrew. In spite of this, Aboriginal graduates who participated in the 2006 survey indicate slightly higher levels of satisfaction<sup>2</sup> than the student body as a whole with the training they received at SIAST and the extent to which their program prepared them for employment (SIAST, 2006).

Saskatchewan Advanced Education and Employment recently released results of a survey of individuals who graduated from Saskatchewan post-secondary institutions in the 2004–2005 academic year (Insightrix, 2007). Slightly more than 10% of the survey respondents are Aboriginal. The unemployment rate for these respondents was more than three times that of non-Aboriginal respondents. Of those who were employed, Aboriginal respondents were less likely than non-Aboriginal respondents to have se-

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2 Based on a weighted average of responses to questions using Likert-type scales.

cured a permanent position. They also had significantly lower average yearly incomes (\$38,888) than the overall population (\$43,191). Unsurprisingly, then, nearly half of the Aboriginal respondents indicated that they had had difficulty repaying their student loans. In spite of this, Aboriginal respondents, on average, indicated feeling that the education they had received had enhanced their skills, knowledge, and abilities more than non-Aboriginal respondents did.

## ENHANCING CAPACITY

First Nations, Métis, and other Aboriginal people, organizations, communities, and agencies are working to enhance their capacity to govern, manage, and deliver health services. FNIHB's Saskatchewan office recently completed an environmental scan of the First Nations' Health Sector Labour Force in the Province (Smylie et al., 2006). One of the tasks undertaken in the scan was to assess the relevance and accessibility of postsecondary training currently available in Saskatchewan for First Nations health professionals. The research team gathered information from representatives of postsecondary institutions and First Nation health care directors across Saskatchewan. Their findings are summarized below.

Representatives of postsecondary institutions across Saskatchewan who participated in the scan reported that, with respect to health-related training, Aboriginal students are most interested in programs for addictions workers, continuing care assistants, dental therapists, early childhood development, kinesiology, licensed practical nursing and other nursing programs, medical office assistants, nutrition, pharmacy, physiotherapy, and primary care paramedics.<sup>3</sup> They also felt that Aboriginal students are showing increasing interest in nursing, pre-med, social work, and addictions work programs. From their perspective, an increasing number of Aboriginal students are enrolling and achieving better outcomes in the postsecondary system than in the past. They estimated that Aboriginal students' retention rates across most programs are approximately 75%.

The postsecondary representatives identified some of the strengths of health-care education and training opportunities currently available to Aboriginal students. High quality training is available in high demand areas and debt-reduction incentives such as bursaries and scholarships are available in specific program areas. They felt that postsecondary institutions are

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3 The scan did not provide any quantitative or other information that would enable any kind of ranking of these various programs.

increasingly aware of the unique needs and circumstances of Aboriginal peoples. The availability of parttime and home-study courses has made education and training available to some who might otherwise have been unable to access it. The resources and supports singled out by the postsecondary representatives as helpful for Aboriginal students are: culturally sensitive curriculum and courses, more Aboriginal instructors, access to on-site Elders, access to academic and personal counselling, tutoring, and refresher or upgrading courses.

The postsecondary representatives also identified some gaps or weaknesses of currently available health-care education and training. They felt that inadequate funding to the institutions leaves them unable to get the instructors, equipment, technology, and other resources they need. They pointed out postsecondary institutions' failure to integrate traditional knowledge, understanding, and approaches to health into coursework. A single standardized approach to teaching and learning does not acknowledge or accommodate the diverse and unique strengths and circumstances of Aboriginal people.

The First Nation Health Directors feel that their most important training needs lie in the areas of nursing, suicide prevention/intervention, diabetes education, addictions, family violence education, FASD education, and computer skills. Most of the First Nations that participated in the research cannot access distance education programs, some can provide on-reserve training in specific areas, and some must send their workers out of community for training. A significant majority of the participating directors are dissatisfied with the training currently available in their communities. They are not provided with adequate funding to hire staff, purchase technology, acquire classroom space, or bring in the services they need to upgrade the skill levels of their existing workforce in-community. People who want training often must leave their communities to get it, which, in turn, can make it more difficult for them to succeed. The First Nation Health Directors are aware of provincial and federal initiatives (complete with funding) to improve Aboriginal health care, but find that there is simply not enough funding available and it takes too long for it to get down to the community level.

The First Nations Health Directors called for more community control, management, and governance of health care. As First Nations, they are most capable of understanding their own needs. In spite of this, they generally felt that they do not have much control over resource allocation. The prob-

lems created by this lack of control are compounded by jurisdictional misunderstandings and conflicts. Our health, the directors pointed out, does not exist in isolation of things like housing, water quality, or education but health services are delivered as though it does.

The Health Directors identified several significant issues relating to their health human resource needs:

- *Limitations in human resource capacity:* There are not enough health workers available to fill the existing needs of Saskatchewan First Nations and the workers who are already employed may not have the necessary skills or training. This limits First Nations health organizations' ability to address their communities' needs and can lead to reliance on external expertise.
- *Targeted recruitment and retention of Aboriginal employees:* Aboriginal employees may make Aboriginal patients feel more comfortable and make it more likely that their needs are understood. The easiest way for First Nations to develop Aboriginal health human resources is to draw on their community resources to hire and train from within. First Nations youth need education that prepares them to enter postsecondary programs and employment in health fields, along with increased awareness of the opportunities for employment and careers in health fields. At the same time, health care workers who are from or closely connected to the community may find it difficult to negotiate their intersecting personal and professional relationships.
- *Recruitment and retention of all employees:* First Nations health organizations need to be able to make long-term plans to address their human resource needs, including improved replacement and succession planning. Improvements to community infrastructure (adequate housing, goods and services, and work space) make it more likely that employees will want to stay.
- *Funding and staff shortages:* First Nations health delivery organizations are typically underfunded and short-staffed. Staff members often must multitask, may be expected to assume excessive responsibilities and workloads, and may feel that they do not have the training to manage the responsibilities they've been given. This creates stressful work conditions. Salaries do not necessarily match staff credentials. For nursing staff, on-reserve salaries (federal pay scale) are typically much lower than salaries off-reserve (provincial pay scale). Project funding may also

make it difficult to recruit and retain staff, because they cannot be guaranteed long-term employment. Health delivery organizations should receive adequate funding to support appropriate salary scales and professional development (training and certification) for staff.

- *Human resource policies and practices:* First Nations health organizations need more support to build healthy human resource systems. This should include funding to support appropriate salary scales and professional development (training and certification). Other areas that may need attention are hiring practices (are policies in place to support equitable and fair treatment for all applicants?) and managerial support (do managers support appropriate HR practices?). Consistent standards for health human resources should be established with respect to which positions require certified training and the availability of funding to support long-term employee development and appropriate skills specialization.

The First Nations Health Directors also discussed some of their most crucial training needs:

- Some communities need virtually every kind of health worker, from well trained frontline workers and support staff, through specialized workers in areas such as mental health and addictions, to highly trained professionals such as doctors, nurses, dentists, mental health workers, and speech pathologists.
- First Nations community members should be trained to join the health work force in a broad range of fields, including lab techs, dental therapists, speech pathologists, and other specializations.
- To develop their health human resources, First Nations need to be able to access appropriate professional development opportunities. This must include ongoing access to accredited education and training that provides equivalent outcomes as those generated by training available in non-Aboriginal communities or urban centres.
- Ideally, training should be available in-community or, at least at geographically accessible locations. Train-the-trainer programs can increase opportunities for in-community training.
- First Nations health organizations need funding to hire extra staff to cover shifts while employees are training. If an organization cannot provide this staffing, employees cannot participate in training.

## ABORIGINAL PEOPLES AND THE POSTSECONDARY SYSTEM

Over the last decade, a substantial body of research and literature that explores and describes what works — and what doesn't work — for Aboriginal peoples, communities, and nations in postsecondary education and training has accumulated (Battiste, 2005; Battiste, Bell, and Findlay, 2002; Bear Spirit Consulting, 2007; Canadian Council on Learning, 2006a, 2006b; Holmes, 2005; Malatest, 2004; Richardson and Blanchet-Cohen, 2000a, 2000b). The literature is surprisingly consistent in what are understood to be significant barriers to successful postsecondary outcomes for Aboriginal students; challenges and gaps in services and supports; what contributes to students' success; programs, practices, and principles singled out for praise; and recommendations about how postsecondary services to Aboriginal people and communities might be improved. A very brief summary is presented below.<sup>4</sup>

### CHALLENGES, BARRIERS AND GAPS

The challenges, barriers and gaps that are generally understood to constrain Aboriginal peoples' ability to participate in postsecondary education and training fall into four areas: historical, financial, inadequate academic preparation, and a lack of understanding of and respect for Aboriginal cultures in postsecondary institutions.

*Financial:* It is common knowledge that the average income of Aboriginal peoples is much lower than that of other Canadians. Without appropriate financial aid or support, postsecondary education is out of reach for many. Unfortunately, most of the financial aid or support that is available to Aboriginal students is not adequate for their real-life financial needs (Bear Spirit Consulting, 2007; Malatest, 2004). Aboriginal students typically cannot draw on financial resources of their families; are more likely to be parents; are more likely to be older; and are more likely to be attending school away from their home communities. All these things add expense to their

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4 To keep the scope of this review manageable, the discussion below draws heavily on two sources, Bear Spirit Consulting (2006) and Malatest (2004). Both sources provide good overviews of the topic. The Malatest report gathered information at a national level from stakeholders in Aboriginal postsecondary education. The Bear Spirit Consulting project explores postsecondary outcomes for Aboriginal peoples in Southern Manitoba in focus group discussions and interviews with Aboriginal students and trainees, First Nations Education Directors, representatives of Aboriginal organizations, representatives of postsecondary institutions, and other stakeholders in the education, training, and employment of Aboriginal peoples.

daily living costs. INAC funding (adjusted for inflation) has not increased since 1994. AFN determined that this funding covers only 48% of First Nations students' estimated costs (reported in Malatest 2004). Not all First Nations people are eligible for this funding and not all who apply receive it. Other Aboriginal students must rely on conventional funding sources, such as Canada Student loan or provincial loan and grant programs.

*Historical:* Historically, formal education systems in Canada have been used to assimilate Aboriginal people into mainstream society (Bear Spirit Consulting, 2007; Malatest, 2004; National Aboriginal Health Organization, 2008). From 1876 until after WWII, Aboriginal people who pursued post-secondary education were stripped of their status as Indians. The residential school system, in place through most of the 20th century, attempted to force assimilation on the Aboriginal peoples of Canada and erase their cultures and languages. The negative experiences that many Aboriginal people had in residential schools have left a legacy of intergenerational trauma and, for many, deep distrust of educational institutions in general.

*Inadequate academic preparation:* Nationally, 34% of Aboriginal people aged 25–64 have not completed high school (compared to 15% of non-Aboriginal people of the same age). On reserve, 50% of Aboriginal people in this age group have not completed high school (Indian and Northern Affairs Canada, 2008). Those Aboriginal people who do complete high school may not leave with the courses or skills they need to participate or succeed in postsecondary education (Bear Spirit Consulting, 2007; Malatest, 2004; Smylie et al., 2006). Citing INAC data, Malatest observes that evaluations and studies of on-reserve schools in the Prairies “have consistently confirmed poor academic levels” (2004, p. 12). Aboriginal youth also frequently do not have adequate opportunities to connect with mentors or role models for academic success (Bear Spirit Consulting, 2007; Malatest, 2004; Smylie et al., 2006).

*Lack of understanding of or respect for Aboriginal cultures in postsecondary institutions:* Aboriginal peoples' knowledge, lived experience, values, traditions, ways of being or culture are typically not acknowledged, respected, or affirmed in postsecondary institutions (Bear Spirit Consulting, 2007; Malatest, 2004; Smylie et al., 2006). As Malatest stated,

Almost all faculty are from different cultural and socio-economic groups than Aboriginal students. Most do not have any depth of understanding of Aboriginal culture, traditions and core values, neither do they recognize the diversity of Aboriginal communities or understand that not all Aboriginal stu-

dent needs are the same. There is little recognition and understanding of the different cognition and learning styles. (2004, p. 16)

Absence of Aboriginal faculty/staff typically means that many things that help to attract and retain Aboriginal students (Aboriginal expertise in academic areas; role models, mentors, and advisors for Aboriginal students; and general equity) are also absent. Whatever barriers or challenges this may create for Aboriginal students are compounded by the fact that some postsecondary institutions do not acknowledge, to students at least, that this is a problem (let alone a problem they have any responsibility to fix). In this way, even while institutions are not giving Aboriginal students what they need and (many would argue) deserve, the students may also be left feeling that the problem is theirs (Bear Spirit Consulting, 2007).

## SUPPORTING ABORIGINAL STUDENTS' SUCCESS

The activities or conditions that are most frequently singled out as making important contributions to Aboriginal students' success are, in essence, things that address the challenges, barriers, and gaps described above. Some of those identified in recent research (Bear Spirit Consulting, 2007; Malatest, 2004; Smylie et al., 2006) are:

- Adequate, accessible, and stable funding that enables students to focus on their studies and signals that their education is valued.
- Aboriginal students' own strengths and resources, such as their personal knowledge, skills, experience, and qualities or their connection to and support from family, community, and culture.
- Working with Aboriginal youth to create a vision and plan for their future and value, attend to, honour, and reward their progress and accomplishments. This typically includes both informal (family, friends, teachers) and formal mentoring and career awareness activities.
- Adequate preparation for postsecondary programs. This is easiest to achieve by ensuring that the K-12 system provides Aboriginal students with well-qualified teachers, culturally supportive educational environments, and guidance to ensure that they complete the coursework and develop the skills they need to succeed in their chosen path.
- Feeling welcome within a postsecondary education or training institution. This happens when students have opportunities to connect with and build positive relationships with their peers, staff, and teachers.

Aboriginal student support services can also assist with things like funding, housing, academic supports, peer support, advocacy, etc.

- Supporting cultural safety and affirming Aboriginal cultures. Postsecondary institutions may demonstrate their commitment to Aboriginal people's cultural safety through, for example, curriculum and pedagogy that validate and affirm Aboriginal peoples' ways of life and learning, histories, cultures, beliefs, and teachings. Having Elders in residence and Aboriginal people as instructors and in other staff positions, providing space for an Aboriginal students' centre and accommodating and providing access to cultural activities also demonstrate this.
- Encouraging Aboriginal students to support each other. This can be done by providing institutional support for peer support networks or other opportunities for Aboriginal students to socialize, support, and mentor each other; share knowledge and experiences; and help each other negotiate the challenges they face.
- Access to academic supports, including good instructors (with skills to teach to Aboriginal students' learning styles), a willingness to meet students where they are and work with them to achieve their goals and supports that address both content and process of learning.
- Access to transition supports to help students settle into institution and community, negotiate the new cultures, and develop relationships.
- Program design and delivery that meet real-life needs of Aboriginal people and communities, such as programs that use a holistic model or provide comprehensive and meaningful supports, community-based programs or alternative education programs.

## BEST PRACTICES AND STRATEGIES TO IMPROVE POSTSECONDARY SERVICES TO ABORIGINAL PEOPLES AND COMMUNITIES

How can postsecondary education and training systems improve the services they provide to First Nations, Métis, and other Aboriginal peoples, communities, and nations? Many postsecondary programs and institutions have attempted to develop their own answers to this question. Some of what are generally accepted as best and promising practices, principles, and strategies are described below (Bear Spirit Consulting, 2007; Malatest, 2004).

*Taking guidance and direction from Aboriginal communities, organizations, and people:* Aboriginal people are the real experts on their own strengths, resources, needs, and aspirations. Postsecondary institutions need to learn from First Nations, Métis, and other Aboriginal peoples and communities what their education and training needs are and then be willing and interested in developing or modifying their courses and programs to meet those needs most effectively. Mainstream postsecondary programs that seek guidance and direction from Aboriginal communities and people seem more capable of creating meaningful opportunities for Aboriginal people to succeed in training and education (Malatest, 2004). One way to get this guidance and direction is to establish formal roles within mainstream postsecondary institutions for Aboriginal people's meaningful representation on governing bodies and empowered advisory bodies.

If education or training is going to contribute meaningfully to capacity development, it must empower the people, organizations, and/or communities that are seeking it (Capacity Development Working Group, 2005). This is important at both an individual and an organizational level:

Training done right should be organizationally and personally enriching, where people who participate in training know why they are taking it, how it relates to their own personal learning plan and career goal, and how the training benefits the long-term plan of the organization where they are employed. (Capacity Development Working Group, 2005, p. 74)

In addition to the specialized training and education required for the front-line workers delivering health services, there is also (as the Saskatchewan health directors suggested) a real need for training that will enhance the administrative, managerial, and governance capacity of First Nations health organizations.

*Aboriginal-controlled postsecondary programs and institutions:* Malatest (2004, p. 28) reports that "whenever Aboriginal students are given control of their own programs or institutions, there have been higher rates of success in Aboriginal enrolment and graduation." Programs and institutions that are Aboriginal-controlled, such as FNUC, DTI, and SIIT are likely to be rooted in and attend to the daily lived experience, present-day realities, and culture of Aboriginal peoples. The success of these institutions is attributed, in part, to their ability to connect students with high levels of Aboriginal staff and supportive Aboriginal peer networks.

*Partnerships between First Nation and other Aboriginal communities and postsecondary programs* (such as those established at several of the post-

secondary institutions in Saskatchewan) can support program design and delivery that meet the real and unique needs of communities. Collaborative relationship can generate more supportive learning environments for students and build the capacity of mainstream organizations.

*Community delivery:* As the Capacity Development Working Group (2005) neatly stated, postsecondary institutions should be “delivering training to where people are, not the other way around.” Saskatchewan does have a relatively large number of community-based education-related postsecondary programs that target Aboriginal peoples in the north. Most graduates of these program have found employment in the north where, in at least one division, teacher turnover has dramatically declined (Malatest, 2004). These programs help to reduce the “financial and social hardship” (Malatest, 2004, p. 26) associated with forced relocation to attend a post-secondary program.

*Partnerships between Aboriginal-controlled and/or community-based institutions and non-Aboriginal postsecondary training and education institutions* enhance the capacity of both to provide programming that contributes to career development and long-term success for Aboriginal people and communities. As noted in the earlier description of health-related postsecondary programs in Saskatchewan, many of these partnerships are already in place in the province. Malatest (2004) notes that the Meadow Lake Tribal Council’s First Nations Partnership Program, co-ordinated through University of Victoria provides in-community child-care training that incorporates distinct cultural practices, values, language, and spirituality of the seven communities represented by the tribal council. Retention rates for students in the program have been twice that of the national average for Aboriginal people in postsecondary training. The program has generated employees for local child-care centres and enabled new programming in the communities.

*Partnerships between training and education programs and employers* can ensure that training will be valuable and meet real needs. These partnerships can also support laddering between education and training programs and the workplace.

*Programs designed specifically to support Aboriginal people’s participation in mainstream postsecondary institutions* include Access programs, preparatory programs, and transition year programs. These programs typically provide holistic and comprehensive supports that address the real-life needs of Aboriginal students and trainees. Examples of this in Saskatchewan are the NAPN/M and NHSAP programs described earlier.

*Outreach to young people.* To identify, prepare for, and reach their goals, Aboriginal students need guidance and active support. Some postsecondary institutions actively recruit Aboriginal students by visiting their communities and sharing information about career opportunities and their programs. Others offer mentoring activities or tutoring to children and youth in the K-12 system. These kinds of activities make youth aware of and give them opportunities to establish relationships with the postsecondary system.

*Cross-jurisdictional initiatives.* The recent MOU between FSIN, the Province of Saskatchewan, and the Government of Canada establishing a partnership that will (amongst other things) work to increase First Nations' peoples' participation in the health care workforce is just one example of how First Nations and governments can work across jurisdictions. Cross-jurisdictional initiatives enable First Nations and governments to focus on their shared responsibilities to Aboriginal peoples and communities, developing working relationships, avoiding redundancy, filling gaps, and maximizing leverage from their combined resources.

## NEXT STEPS

To know where you're going, you need to know where you are and where you've been. Environmental scans and literature reviews are supposed to help us understand those last two pieces. The review undertaken here, however, does not, in all honesty, offer much more than a description of where we think we might have been or where we are right now. This is not from lack of effort. Hundreds of reports, articles, and websites were scanned as part of this review and many of these have been cited here. In spite of that, it has been difficult to pull together a clear picture of Aboriginal peoples' participation in health-related training, education, and employment in Saskatchewan. There are many statistics out there, but they are spotty and do not necessarily measure the same things or measure them in ways that enable comparison. This makes it very difficult, for example, to assess what is actually going on for Aboriginal students in most of the postsecondary programs or to understand the extent to which existing postsecondary programs and practices are meeting Aboriginal communities' health human resource needs.

James Wilson, the Education Director of the Opaskwayak Cree Nation in Manitoba, often speaks of the importance of "measuring what we value and valuing what we measure" (personal communication, 2008). This, in

fact, may be exactly what is missing in this area. Postsecondary institutions typically have the capacity to measure and gather whatever information their institution might need. Who has the capacity and the will to measure and gather the information that First Nations, Métis, and other Aboriginal people, organizations, communities, and nations need as consumers of the services provided by the postsecondary system?

To develop an effective Aboriginal health human resource strategy or to improve health-related postsecondary education and training for Aboriginal peoples, we need to continue to learn from First Nations, Métis, and other Aboriginal peoples what they value. It bears repeating: Aboriginal people are their own experts. They know their own strengths, resources, and needs. They must be actively involved and empowered in the design, development, and implementation of any strategies or programs intended for their use. For example, in the FNIHB report on the First Nations' health sector labour force in Saskatchewan (Smylie et al., 2006), health directors revealed the crucial need for training and education in two distinct areas: the need for more on-the-floor direct service health workers in virtually all areas and the need for more training that supports capacity building and development at an organizational level.

As Malatest (2004) has noted, while there may be anecdotal support for our understanding of what works and what doesn't in postsecondary education and training for Aboriginal students and communities, there is very little data or research that measures the long-term impacts of what are understood to be or put forward as best practices. We are in a position now to learn from Aboriginal people what they value: What are their health human resource needs? How can the postsecondary system help them meet those needs? These simple questions can provide a starting place to develop meaningful measurements and processes for evaluating the effectiveness of any attempt to develop Aboriginal health human resources.

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