



Preparing a Holistic Approach for A Virtual Aboriginal HealthA Holistic Approach “-Discussion Paper

Kum.Y.Sita maha Lakshmi,

Lecturer in History,A.S.D. Govt. Degree College for women(A), Kakinada

Abstract: 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. This paper analyses the Preparing a Holistic Approach for A Virtual Aboriginal Health.

Key words: Virtual Aboriginal, health care practices, emotional and spiritual

Introduction

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” 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”. Initiatives leading to enhanced training within the health sector must consider multiple ethical processes to generate a respectful structure, processes and outcomes.

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.

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.

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

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.

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: 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

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.

Northern Inter-Tribal Health Authority (NITHA): Capacity Development Program

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.

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.

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

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.

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.

Centre of Excellence for Child Welfare

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 Excellence

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.

Conclusion

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.

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References

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.

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

Downey, B. 2003. Aboriginal Health Human Resources: "A Pillar for the Future". Discussion Paper for International Network for Indigenous Health Knowledge and Development