



Continuing Competencies

FACT SHEET

October 2007

National Project funded under the Aboriginal Health Human Resources Initiative

First Nations have identified the need to have trained community health managers/directors in their health centres. The First Nations Health Managers (FNHM) Continuing Competencies project is a national project that will establish a knowledge and information sharing network for FNHM, complete an environmental scan (through a needs assessment and situational analysis) of the current levels of training for FNHM and their employment context, and will propose a set of core and continuing competencies for FNHM to possess to do their job effectively.

The FNHM Advisory Committee advises on the project. The Committee is co-chaired by the First Nation and Inuit Health Branch (FNIHB) and the Assembly of First Nations (AFN), and has representation from each region. Members are appointed by the National First Nations Health Technicians Network and FNIH Regions, and confirmed by the AFN Chiefs' Committee on Health. (See appendix.)

Over the fall and winter of 2007-2008, focus groups and telephone interviews will be conducted with FNHM by the First Nations Centre at the National Aboriginal Health Organization. Information collected will inform the environmental scan, which in turn will lead to a draft framework for continuing competencies.

First Nations Health Managers National Forum in 2008

The AFN and FNIHB are pleased to announce the upcoming FNHM National Forum, tentatively set for **March 18-19 in Edmonton**. FNHM from communities and tribal councils from across the country will be invited to provide input in the work on the continuing competencies framework, and strengthen the network of FN Health Managers. More details will be available on the new FNHM Website.

FNHM Website

An important aspect of building a network for FNHM is the development of a new website for FNHM. The website will:

- Create a home on the internet for First Nations Health Managers to network, and increase communication between themselves as a support system;
- Build the networking between FNHM to share successful practices in doing their job;
- Ensure transparent communication and discussion from FNHM on the development of the core and continuing competencies;
- Make available examples and documents that would be helpful for FNHM in various aspects of health human resource management.

The website will be launched in November 2007 at www.FNHealthManagers.ca

Aboriginal Health Human Resources Initiative

The shortage of health care workers is a national issue, especially in First Nations communities. Severe gaps in services exist in First Nations communities, and First Nations peoples are under-represented in all health care fields, compared to the general population. In 1996, the Royal Commission on Aboriginal Peoples¹ stated that workers would be required in all areas of health, including medicine, nursing, mental health, psychology, midwifery, dentistry, nutrition, addictions, gerontology, public health, health administration, and other areas. The report recommended steps that government and educational institutions should take to train 10,000 First Nations, Inuit and Métis workers in health and social services by 2006. The federal government supported this recommendation, and agreed that it was key to improving the health care delivery system for First Nations.

As a result, the federal, provincial and territorial governments agreed to work collaboratively. An agreement was reached with First Nations at the Special Meeting of the First Ministers and First Nations, Inuit and Métis Leaders in September 2004. The 2005 federal budget secured funding of \$100 million spanning five years for the Aboriginal Health Human Resources Initiative (AHHRI).

AHHRI Objectives

The AHHRI objectives specific to First Nations are:

- To increase the number of First Nations who are aware of health careers as viable career options, focusing particularly on youth awareness;
- To increase the number of First Nations students entering into, and succeeding in health career studies;
- To increase, and retain the number of post-secondary educational institutions which are supportive of and conducive to First Nations students in health career studies (e.g., culturally safe curriculums; student support; access programs, mentorship; and reduced barriers to admissions);
- To identify the conditions that create supportive and conducive work environments that will increase the retention of First Nations health care workers, and non-Aboriginal health care workers working in First Nations communities;
- To establish the foundations for collaboration;
- To initiate the establishment of baseline information, to initiate targeted research and analysis on the supply and demand for First Nations health care workers, and to identify best practices and approaches in order to support policy, planning and program decisions; and,
- To establish standards of practice and certification processes for First Nations community-based allied health care workers, which will help to ensure a properly trained and mobile health work force, and help improve retention of community-based allied health care workers, including the development of continuous learning opportunities to ensure health care providers keep pace with the changing health field (the First Nations Health Managers project is funded under this objective).

¹ Report of the Royal Commission on Aboriginal Peoples: Gathering Strength Vol. 3, pages 263-267. Ottawa, 1996.

Funding

AHHRI is funded by Health Canada's First Nations and Inuit Health Branch (FNIHB). The governance includes a national First Nations and Inuit Advisory Committee which includes community and national representation, as well as a Métis and Off-Reserve Advisory Committee. The AFN received a mandate in January 2007 from the Chiefs' Committee on Health to co-chair the First Nations and Inuit Advisory Committee. The AFN relies on the National First Nations Health Technicians Network to provide direction from a regional perspective. The AFN also works with its PTO-employed AHHRI First Nations coordinators in every region. (See regional contacts as appendix).

Managed by FNIHB, the AHHRI funds projects in regions and on a national level, and the budget over the five years ending in 2009-2010 is \$100 million.

Regional AHHRI projects are developed and funded through a collaborative workplanning process between FNIHB regional officials and PTOs. As a result, unsolicited proposals cannot be considered directly at the National office. Almost all regions have approved workplans as of September, 2007, and are receiving funds to initiate or continue multi-year projects for fiscal year 2007-2008.

Examples of projects

Examples of regional AHHRI projects are:

- Creation of innovative bridging programs for First Nations to reach academic requirements to enter into nursing programs;
- Science camps for youth to learn more about science as a requirement to enter into health programs, and the career opportunities in health;
- New partnerships between First Nations and universities/colleges to incorporate cultural safety into existing health programs.

National AHHRI projects focus on changing the HHR system on a wide scale. For example, a national project driven by the Indigenous Physicians Association of Canada is funding the incorporation of cultural safety into every medical curriculum in Canada. The First Nations Health Managers project is funded as a national AHHRI project.