

Against the Odds: Aboriginal Nursing

**National Task Force on
Recruitment and Retention Strategies**

June 4, 2002



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Production Assistance

Mr. Tom Moyle, Supervisor, and staff of Imaging and Production Services, University of Manitoba, were responsible for the technical production of the CD-Rom version of this Report.

Use of Symbols in this Report

The Elder-in-Residence at the University of Manitoba, Mr. Roger Armitte, offered advice and counsel about the use of symbols.

Braided sweetgrass, a unifying symbol within this report, arose from Ms. Lucy Barney. An Aboriginal woman completing her Master's degree, she uses the image of a braid to represent the body, mind, and spirit. With the 'spirit' often missing in healthcare, the braid is weakened—and yet, the need for spiritual strength is imperative to healing. Braided sweetgrass is used to depict the successful Aboriginal nursing student's experience. A student finds success when all the threads (for example, the nursing program, personal and academic assistance, family support, adequate finances, academic support, and availability of childcare) are woven together in unity and strength.

The bear paw print represents healing. It is a powerful symbol among Aboriginal people and it is applied to the Aboriginal nursing students who were interviewed as part of this Task Force Report. These men and women will become healers in their own right. Their future embraces scientific and traditional healing modalities.

Artwork

The Task Force commissioned Mr. Jack Simpson, an Aboriginal student at the University of Manitoba, to draw the braided sweetgrass and bear paw prints.

Aboriginal

Locating a term that was inclusive of Canada's original people proved difficult. Various terms exist which are political, historical, cultural or anthropological in their origins, eg, First Nations, Native people, indigenous people, status Indians, non-status Indians, the Inuit, and Métis. By Aboriginal, we mean all the original people with whom the Government of Canada shares a legal, moral, and political relationship.

We recognize that people have their own unique histories, geographies, struggles, accomplishments, successes, and traditions. The term Aboriginal includes First Nations, the Métis, and the Inuit.

Canadian Association of University Schools of Nursing (CAUSN) Membership

CAUSN is considering one membership category for all universities and colleges in Canada that offer baccalaureate nursing programming. While we acknowledge this change may be imminent, for the purpose of this report we make use of existing CAUSN membership categories; full and affiliate members.

June 1, 2002

Mr. Ian Potter
Assistant Deputy Minister
Health Canada
Ottawa, Ontario

Dear Mr. Potter:

On behalf of the *National Task Force*, we are pleased to submit to your office, "Against the Odds: Aboriginal Nursing".

The recruitment of Aboriginal people into nursing, and their retention as care providers, are of great importance to all Canadians.

Our report offers recommendations based on national consultation with relevant communities, for example, members of the Canadian Association of University Schools of Nursing (CAUSN), Aboriginal nursing students, provincial and national Aboriginal groups, representatives from First Nations and Inuit Health Branch, provincial nursing officers, and the Aboriginal Nurses Association of Canada. These and other participants have contributed to recommendations for change.

Thank you for the opportunity to identify, from a national perspective, current successes, challenges, and opportunities in the recruitment of Aboriginal people into nursing education, and their retention as clinical practitioners with First Nations and Inuit Health Branch and Band-transferred communities.

Sincerely,

David Gregory, RN, PhD
Co-Chair, Task Force

Professor Fjola Hart Wasekeesikaw
Co-Chair, Task Force

Executive Summary

Health Canada and First Nations and Inuit Health Branch (FNIHB) are committed to increasing the presence and participation of Aboriginal registered nurses within their respective organizations. Aboriginal communities, the Aboriginal Nurses Association of Canada, and the “Royal Commission on Aboriginal People” (1996) have also expressed the need for more nurses of Aboriginal ancestry. To this end, Health Canada approached the Canadian Association of University Schools of Nursing (CAUSN) to facilitate a national task force on this matter.

The Task Force’s mandate was as follows:

- conduct a literature review on the successful recruitment of Aboriginal people into nursing programs—and how to promote success among these students;
- explore the extent to which Aboriginal people are enrolled in nursing programs in Canada;
- identify nursing programs in Canada which are demonstrating success in educating Aboriginal registered nurses;
- ascertain barriers faced by Aboriginal people who pursue nursing as a career;
- create a national inventory of college and university resources supporting Aboriginal people in their nursing studies;
- explore funding sources and financial supports available to Aboriginal nursing students;
- determine how to better retain Aboriginal nurses “in the field”; and,
- offer recruitment and retention strategies to promote and enhance the presence of Aboriginal registered nurses within FNIHB, Band-transferred, and northern Inuit communities.

The Recommendations that follow arise from a consultation process with groups and communities from across Canada. Data were collected from CAUSN members and other colleges. Interviews were conducted with CAUSN Schools of Nursing, Aboriginal organizations, representatives of FNIHB and Health Canada, provincial nursing officers, and representatives from Ministries of Education and Health. Aboriginal nursing students were also interviewed. An extensive literature review related to enhancing success among Aboriginal post-secondary students was also carried out. Data from previously published reports, both governmental and non-governmental, are included in the Report.

The title of the Report, “Against The Odds,” was formulated after interviewing the Aboriginal nursing students and learning of their struggles to become registered nurses. Aboriginal nursing students face formidable challenges in completing post-secondary programs. Against these odds, men and women are pursuing their educational goals, drawing on the support of their families and communities, other Aboriginal students, their teachers, and available program infrastructure. They are strong and determined; they will succeed.

The major findings of this Report are organized along five themes.

Preparation: There is an urgent need to ensure that Aboriginal youth complete their high school education. In addition, students must include math, science, and English in their program of studies. Otherwise, they will not meet admission criteria for nursing programs offered by colleges and universities. Aboriginal youth need encouragement and guidance to consider nursing as an achievable career option.

Recruitment: Successful recruitment of Aboriginal people into nursing programs depends upon concerted and targeted recruitment efforts, visible role models, community development, and ongoing partnerships among FNIHB, schools of nursing, and Aboriginal communities. In particular, the Task Force is concerned about the virtual absence of Inuit registered nurses in Canada.

Admission, Nursing Access and Bridging Programs: Affirmative actions around the admission of Aboriginal students into nursing programs is critically important. Programs demonstrating success or which have the potential to foster success include Nursing Access Programs and bridging programs for Licensed Practical Nurses (LPNs) and Registered Practical Nurses (RPNs).

Progression: The progression of Aboriginal students through nursing programs is enhanced when schools of nursing offer flexible programming and curricula that are relevant to the world views and life experiences of these students. Community-based programs have eliminated some of the barriers that students face when pursuing post-secondary education. The presence of personal and academic supports also enhance progression. Adequate funding is central to the successful completion of nursing programs.

Post-Graduation Recruitment and Retention: Targeted mentoring programs, further development of nurse managers, and capacity enhancement of Community Health Representatives (CHRs) hold potential for supporting new graduates and/or new employees. Designated field teaching units may have a positive impact on retention rates as well as foster partnerships among FNIHB, schools of nursing, and Aboriginal communities.

The next section of the Report, *Report Highlights*, is an overview of these five themes. Following these highlights are specific recommendations made by the stakeholder groups in relation to the five thematic areas.

Report Highlights

A. Preparation

Preparation for entry into a nursing program is enhanced by students' high school education experiences and the guidance they receive to consider nursing as a viable career option.

1. High School Completion and Academic Background

There is an urgent need to ensure that Aboriginal youth complete their high school education—and that the quality of their education, including the content of math, English, and science courses, is such that students meet university and college entrance requirements.

Education is key to a better future for Aboriginal people in Canada. It is of great importance that Aboriginal students complete high school.

Current high school attrition, low completion rates, and the lack of math, science, and English courses are undermining this future.

2. Guidance and Encouragement

There is a need to encourage Aboriginal youth to consider nursing as an achievable career option.

Aboriginal communities have an important role in motivating students to complete high school courses enabling them to meet admission criteria for colleges and universities.

High school guidance counsellors influence students' career choices. Recent negative media coverage about the nursing profession may unduly sway guidance counsellors from promoting nursing to students.

Furthermore, CAUSN and its members should ensure that guidance counsellors understand “nursing” and the career opportunities available within the profession.

B. Recruitment

Successful recruitment of Aboriginal youth into nursing programs depends upon concerted and targeted recruitment efforts, visible role models, community development, and ongoing partnerships between FNIHB, schools of nursing, and Aboriginal communities.

1. Concerted and Targeted Recruitment Efforts

The development and funding of concerted recruitment efforts that include print and media materials targeted to all First Nations, Inuit, and Métis communities in Canada is a priority.

Non-traditional nursing students, including men and visible minorities, are also under-represented within the nursing profession.

2. FNIHB's National Recruitment Plan

In 1999 the FNIHB developed a National Recruitment Plan for increasing the numbers of Aboriginal youth in health careers programs. Those interviewed for this report expressed a need to review and revise this plan which was perceived as dated.

3. Visible Role Models

At an early age, Aboriginal children need to be introduced to a broader range of nursing roles and activities, as what they often see of nursing practice in their communities is limited in scope.

Participation of Aboriginal registered nurses in recruitment activities and an increased number of Aboriginal faculty members will offer youth appropriate nursing role models.

4. Community and Economic Development

Nursing has the potential to affect economic development of communities at the individual practitioner level. In addition, highly skilled nurses contribute to the health of communities.

Healthy communities and a healthy workforce are central to economic and community development within Aboriginal communities.

The education of Aboriginal registered nurses is an economic development strategy and should be of great interest to Human Resource Development Canada, Indian and Northern Affairs, Industry Canada, the Western Diversification Fund, and other related agencies.

5. Partnerships Among FNIHB, Schools of Nursing, and Aboriginal Communities

In the past, FNIHB maintained strong linkages with universities and colleges. Currently, the relationship between FNIHB and schools of nursing is generally characterized as ad-hoc and informal.

At times, despite geographical proximity, schools of nursing and access programs do not have formal linkages. They often operate in parallel.

Regions within FNIHB have implemented recruitment activities that are directed toward nursing students. Several current initiatives are pilot projects and will require summative evaluations. Limited funding is available for these pilot projects. Those initiatives demonstrating success will require sustained

and adequate funding.

There is a need to develop stronger ties between schools of nursing and Aboriginal communities.

C. Admission, Nursing Access and Bridging Programs

An affirmative action process to admit Aboriginal students into schools of nursing is of critical importance. Other transitional supports that have demonstrated their effectiveness or have the potential to foster success include Nursing Access Programs and Bridging Programs.

1. Affirmative Action Admission Process

Low numbers of Aboriginal students are enrolled in nursing programs across Canada. With the increasing need for Aboriginal nurses, affirmative action in relation to admission options is warranted. For example, schools of nursing may consider designated seats, admission categories for Aboriginal applicants who meet entrance criteria, and so forth.

2. Nursing Access Programs

While general access programs for Aboriginal and other people have demonstrated their effectiveness, few students enter nursing from these programs. Nursing specific access programs are needed.

Admissible Aboriginal students are being turned away from Nursing Access Programs because of the limited number of funded seats. For example, at the University of Manitoba, funding for the Nursing Access Program restricts the number of seats to seven, while the number of qualified applicants exceeds forty.

There is a need for transition or preparatory programs to enable Aboriginal students to meet the admission criteria for nursing programs.

3. Bridging Programs

Aboriginal people who are licensed practical nurses (LPNs) or registered practical nurses (RPNs) have met the clinical competencies of their respective regulatory bodies.

Formal recognition of such nursing knowledge and skills (for example, advanced standing or prior learning assessment for Aboriginal LPNs or RPNs) by nursing programs has the potential to augment the number of Aboriginal registered nurses.

D. Progression

Student progression through nursing programs is enhanced when schools of nursing have flexible programs that are relevant to the world views and life experiences of Aboriginal students.

Innovative curricular programming and the establishment and support of student communities increase the likelihood of students' success.

Sufficient funding for educational programs and the development of an accurate data base for funding eligibility are vital supports in students' progression through nursing programs.

1. Program Flexibility and Relevance

Aboriginal students who show great potential as baccalaureate-educated registered nurses can experience the work load as overwhelming. Most students have families that require their time, others experience difficulties because they are not educationally

prepared for the demands of a professional program. Some may struggle with English as their second language.

Science-based courses that are offered over an extended period of time promote successful outcomes.

Most Aboriginal nursing students have spouses/partners and dependents. Acknowledging these family members as an integral part of the student's educational journey—and offering support to these family members may enhance the retention of students in nursing programs.

Many Aboriginal students experience nursing curricula dominated by a western world view. Students often find this curriculum and its concepts removed and remote from their world views.

2. Innovative Curriculum Programming

Community-based programs have been successful in eliminating some of the barriers that students face when pursuing their nursing degrees, such as having to leave families and support networks to engage in study. These programs accommodate student learning needs. Additionally, the curriculum is modified to enhance connections between the educational content of nursing programs and students' cultural knowledge.

Registered nurses, whether Aboriginal or non-Aboriginal, require knowledge and skills related to the political domain.

This need is particularly true for nurses in Aboriginal communities who may encounter real or perceived interference to their clinical practice from individuals, communities, and governments.

Conversely, registered nurses need to work

constructively with Aboriginal communities and work collaboratively with political decision makers as appropriate.

3. Developing and Sustaining Student Communities

It is imperative that there are adequate supports available to students throughout the duration of their nursing programs.

Often students feel isolated and alone, without peer support from other Aboriginal students.

In addition to the establishment and support of student communities within nursing programs, virtual communities that connect Aboriginal students across Canada should be developed and sustained.

4. Funding

The Aboriginal nursing students who were interviewed for this Report observed that the funding they received was insufficient to cover living costs as well as the costs of attending post-secondary institutions.

Without exception, all participants expressed concern about the level of funding currently available to Aboriginal nursing students.

There is also an urgent need for funding that will support graduate education of Aboriginal students. The professorate in schools of nursing across Canada should more closely reflect the country's demographics.

5. Data Base Development

CAUSN currently requests data on the number of Aboriginal students enrolled in nursing programs or who have graduated from member schools. At present, not all programs know how many Aboriginal students are actually enrolled in their programs because this information is

normally self-declared.

Such data are important, however, in determining whether the number of Aboriginal students is increasing in Canadian nursing programs.

E. Post-Graduation Recruitment and Retention

The initiation of targeted mentoring programs, development of nurse managers, and enhancement of the capacity of Community Health Representatives (CHRs) hold potential for supporting new graduates and/or new employees.

1. Supports for New Graduates and/or New Employees

Aboriginal nurses who choose to practice in their home or related communities face considerable pressure and would benefit from participation in a mentoring program during their first year of employment.

There is also a need to more fully understand these challenges and work with communities to create a more supportive environment for these nurses.

The concept of designated teaching units within FNIHB Regions was introduced as an important measure for the retention of newly employed Aboriginal and non-Aboriginal registered nurses. Such teaching units would provide primary health care opportunities (practice and research) for schools of nursing across Canada.

The influence of nurse managers in the clinical arena on nurse retention should not be underestimated. In certain Regions, the need for nurse managers with hands on management experience is great. Limited financial incentives for nurse-in-charge and zone nursing officer positions may be contributing to this deficit.

The Community Health Representative (CHR) model holds potential for enhancing health services delivery and the support of registered nurses in Aboriginal communities.

In addition, the ANAC can offer ongoing advice to governments and Aboriginal organizations.

Retaining Aboriginal and non-Aboriginal registered nurses is of concern to FNIHB. FNIHB has recently implemented changes which are having a positive impact on retention rates in the field. Health Canada and FNIHB are committed to enacting further changes in this regard.

2. Retention of Nurses in Aboriginal Communities and Freedom of Mobility

The issue of retention is of concern for Aboriginal and non-Aboriginal nurses. FNIHB has recently implemented changes which are having a positive effect on the retention rates of nurses in the field. Health Canada and FNIHB are also committed to enacting further changes in this regard.

The current shortage of Aboriginal registered nurses is of serious concern to the Task Force. Such concern, however, should not serve as informal or formal FNIHB policy, whereby Aboriginal registered nurses must practice in their respective or related communities. Aboriginal registered nurses should have the freedom of movement enjoyed by all other registered nurses in Canada.

3. Leadership Role of the Aboriginal Nurses Association of Canada (ANAC)

The need for national leadership in relation to Aboriginal nursing is clear.

The Aboriginal Nurses Association of Canada (ANAC) can provide the necessary leadership to facilitate an increase in the number of Aboriginal registered nurses.

Task Force Recommendations by Stakeholder Groups

NOTE: Recommendations are presented at the end of each relevant section throughout this Report. All of these recommendations are included in this table, identified and “tagged” according to the section from which they arise. For example, 5.4.1.1 refers to recommendations based in Section 5 of the Report, subsection 4 of Section 5, the first major area or focus of recommendations (1; High School Completion and Academic Preparation), and the first specific recommendation (1) under that area.

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
A. PREPARATION						
1. High School Completion and Academic Background						
a. That the federal, provincial and territorial school systems, in partnership with Aboriginal groups, conduct a review of the current schooling situation and offer tangible and timely measures to increase the number of Aboriginal students completing high school.	5.4.1.1		7.6.1.1	8.4.1.1		
b. That Aboriginal communities ensure students complete core courses such as math, science, and English which are required to gain entry to university/college programs such as nursing.	5.4.1.2					
c. That the federal, provincial and territorial school systems make tutors readily available to Aboriginal high school students, especially for science, math and English courses.	5.4.1.3					
d. That teachers in First Nation and Métis communities, and Inuit settlements build upon learning styles of Aboriginal people and incorporate appropriate pedagogical approaches to teaching.	5.4.1.4					
e. That teachers approach Aboriginal students as ESL learners, as appropriate.	5.4.1.5					
2. Guidance and Encouragement						
a. That upon successful evaluation, the <i>Kwantlen Capacity Development Camp</i> be considered for replication by provinces and territories across Canada. The Federal Government (HRDC, DIAND, Health Canada) may wish to cost share in the funding of this program.					9.7.1.1	

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
b. That Aboriginal communities encourage and support Aboriginal people to pursue degree and advanced level nursing education for careers as registered nurses including nurse practitioners, researchers, and nursing professors.	5.4.1.6					
c. That schools of nursing across Canada ensure guidance counsellors are supportive and informed of nursing as a viable career among Aboriginal youth. Such advocacy may assume various forms: <ul style="list-style-type: none"> • sending letters and promotional materials to guidance counsellors citing success among Aboriginal students; • inviting guidance counsellors for breakfast meetings and presentations on career options within nursing; • addressing guidance counsellors at their annual meetings 					9.7.3.1	
B. RECRUITMENT						
1. Concerted and Targeted Recruitment Efforts						
a. That CAUSN member schools ensure information regarding access and transitional year programs is easily locatable (for example, on websites) and at a reading level that facilitates understanding.	5.4.12.3					
b. That CAUSN member schools make concerted efforts to attract Aboriginal students into graduate programs. The University of Alberta leads the country with four students in their Master of Nursing Program.	5.4.12.4					
c. That Health Canada (Indian and Inuit Health Careers and/or other relevant departments) provide funding for a national recruitment campaign targeting Aboriginal children, teens, and young adults. The campaign would direct printed materials to all First Nations, Inuit, and Métis communities in Canada, and could also include ads on the Aboriginal Peoples Television Network.	5.4.12.6					

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
d. That Health Canada, in partnership with Human Resource Development Canada, establish strategic nursing student recruiter positions across Canada especially in those areas of the country that have programming and infrastructure in place. For example, a full-time nursing student recruiter was hired by the Manitoba Keewatinowi Okimakanak (MKO) with positive results in Manitoba. This recruiter travelled to First Nations communities throughout northern Manitoba and met with Education Directors.	5.4.12.7					
e. That universities and colleges ensure all promotional / recruitment materials reflect diversity among the student body.		6.3.3.5				
f. That recruitment efforts take place not only in junior grade schools and high schools, but also at youth and adult education centres. Whenever possible, Aboriginal nursing students should accompany student recruiters to events such as Career Days.		6.3.3.6				
g. That universities/colleges conduct exit interviews with students who indicate they want to leave a nursing program. These students can identify what has contributed to their decision to leave. Moreover, it may be possible to identify supports that would enable them to complete their studies.		6.3.3.10				
h. That CAUSN members and education authorities within Aboriginal communities consider targeting men for a career in nursing.				8.4.4.1		
i. That Aboriginal communities encourage Community Health Representatives (CHRs) to consider further education in health-related disciplines, including nursing.				8.4.4.2		
j. That the Inuit Tapirisat Kanatami in partnership with FNIHB and CAUSN schools in Nunavut and the Northwest Territories take measures to ensure the presence of Inuit students in nursing programs as the need for Inuit registered nurses is critical.						
2. FNIHB's National Recruitment Plan						
a. That recommendations arising from this National Task Force serve as the basis for a revised national recruitment plan for FNIHB.				8.4.12.1		

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
b. That FNIHB ensure Aboriginal people are included in revising the national recruitment plan.				8.4.12.2		
c. That advertisements in <i>The Canadian Nurse</i> be updated to reflect the realities and opportunities of nursing in Aboriginal communities.				8.4.12.3		
3. Visible Role Models						
a. That CAUSN members encourage Aboriginal graduates to engage in recruitment activities in First Nations and Inuit communities.	5.4.12.1					
b. That Aboriginal children be introduced to health career options and opportunities commencing as early as kindergarten.	5.4.1.7					
c. That CAUSN members market promotional materials to include culturally diverse Aboriginal communities.	5.4.12.2					
d. That CAUSN member schools make every effort to hire Aboriginal faculty and staff into nursing programs.	5.4.12.5	6.3.3.7				
e. That nursing programs consider a “buddy” system which pairs first year Aboriginal students with upper-level Aboriginal nursing students.		6.3.3.9				
f. That CAUSN members take action to increase the presence of Aboriginal professorate in Canada, and that appropriate funding (bursaries and scholarships) be provided to Aboriginal graduate students who wish to pursue their Master’s and PhD degrees.			7.6.7.1 7.6.7.1			
4. Community and Economic Development						
a. That marketing and recruitment materials address the economic benefits of a nursing career for practitioners.				8.4.5.1		
b. That FNIHB identify the potential community economic benefits of investing in nursing to Aboriginal community leaders.				8.4.5.2		

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
c. That FNIHB approach appropriate prospective partners such as Industry Canada, HRDC, and the Western Diversification Fund to enhance educational opportunities for Aboriginal communities as “economic and community development” initiatives.				8.4.5.3		
5. Partnerships Among FNIHB, Schools of Nursing, and Aboriginal Communities						
a. That FNIHB Regions take measures to re-establish or strengthen linkages and partnerships with respective schools of nursing.	5.4.11.1			8.4.6.1		
b. That FNIHB and Band-transferred communities develop a formalized plan of action in consultation with schools of nursing for the recruitment of Aboriginal graduates. Such efforts in relation to the senior practicum experience would be invaluable to both FNIHB and schools of nursing.				8.4.6.2		
c. That FNIHB Regions meet with representatives from schools of nursing to understand the breadth and depth of community health nursing within nursing curricula, including the nature of clinical practice.				8.4.6.3		
d. That schools of nursing, Access Programs, and Aboriginal communities work more closely together in the education of Aboriginal students.	5.4.11.2					
e. That schools of nursing and Aboriginal communities establish more formalized partnerships such as advisory councils or committees.	5.4.11.3	6.3.3.8	7.6.3.1			10.5.1.3
f. That schools of nursing identify specific faculty as point-persons and mentors for Aboriginal students.	5.4.11.4					
g. That schools of nursing invite Elders, traditional healers, and community leaders to teach students as appropriate.	5.4.11.4					

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
C. ADMISSION, NURSING ACCESS AND BRIDGING PROGRAMS						
1. Affirmative Action Admission Process						
a. That CAUSN members consider designated seats within programs, for example, the Nurse Education Program of Saskatchewan (NEPS) offered jointly by the Nursing Division, SIAST and the College of Nursing , University of Saskatchewan designates 12.2% of the seats for Aboriginal students.	5.4.2.1					
b. That CAUSN members consider an admission category for admissible Aboriginal students as a separate cohort. Aboriginal students who fully meet the admission criteria are thusly considered for admission within cohort.	5.4.2.2					
2. Nursing Access Programs						
a. That the Federal Government (Indian and Northern Affairs, Health Canada–Indian and Inuit Health Careers Program) in partnership with the Provinces make developmental and operational dollars available to CAUSN members for the purpose of establishing preparatory programs, transition years, and nursing access programs. For example there may be merit in having such programming available at Trent and Laurentian University. These programs and their funding could be time limited, eg., operate for a period of five to seven years.	5.4.3.3			8.4.3.1		
b. That CAUSN members consider establishing transition or preparatory years that permit Aboriginal students and others to meet nursing program entrance requirements.	5.4.3.1		7.6.2.1 7.6.2.3			10.5.1.1 10.5.1.2
c. That CAUSN members, the Canadian Nurses Association, and other relevant groups brief provincial governments and universities on the need for Nursing Access Programs.	5.4.3.2					

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
d. That mobile community-based preparatory or transition year programs such as the Health Education Access Program offered throughout northern Manitoba by Keewatin Community College be established in other provinces and territories, and rotate through Aboriginal communities.		6.3.3.2				
e. That a Nursing Access Program be established at the Six Nations Polytechnic (SNP). It may be feasible to consider a partnership between SNP and Mohawk College or McMaster University enabling Aboriginal students to pursue a nursing degree.	5.4.3.4					
f. That Health Canada, Indian and Northern Affairs, and Human Resource Development Canada in partnership with the provinces consider “topping up” transition/preparatory years and successful Nursing Access Programs so that additional seats are funded.	5.4.3.5					
g. That Nursing Access Programs assist Aboriginal students with the following: <ul style="list-style-type: none"> •obtaining daycare that accommodates nursing students’ clinical hours •locating appropriate housing •budgeting and managing finances •offering academic advisement and personal counselling •establishing a “gathering place” for Aboriginal students Schools without an Access program should offer systematic assistance to meet these student needs.	5.4.3.6					
h. That the extent of federal and provincial funding (matched dollars) for the Native Nurses Entry Program (NNEP) at Lakehead University be reviewed to ensure funding levels are adequate.				8.4.3.2		
i. That the current level of funding provided for the Native Access Program to Nursing (NAPN) at the Nursing Division Saskatchewan Institute of Applied Science and Technology, and the College of Nursing University of Saskatchewan be reviewed to ensure funding adequate funding.				8.4.3.3		

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
j. That the Nursing Access Program (NAP) at the Faculty of Nursing, University of Manitoba be funded in partnership by Indian and Northern Affairs/Health Canada and the Province of Manitoba (matching dollars). At present, the NAP is funded solely through the operating budget of the Faculty of Nursing.				8.4.3.4		
3. Bridging Programs						
a. That CAUSN members consider advanced standing, credits, or prior learning assessment for graduates of Licenced Practical Nursing (LPN) and Registered Practical Nursing (RPN) programs.				8.4.2.1		
D. PROGRESSION						
1. Program Flexibility and Relevance						
a. That CAUSN members consider program flexibility that permits students to complete more challenging courses over a longer period of time; for example, anatomy and physiology might be completed over two terms instead of one.	5.4.4.1					
b. That CAUSN members review existing curricula to ensure they are addressing Aboriginal ontology (world view) and epistemology (nature of knowledge) in nursing courses as appropriate.	5.4.5.1	6.3.3.3				
c. That CAUSN members offer rural/northern nursing as core or elective courses, as appropriate.	5.4.5.2					
d. That CAUSN members ensure senior practicum experiences in northern/rural communities and nursing stations are actively encouraged.	5.4.5.3					
e. That CAUSN members ensure the choice of non-nursing Native Studies electives as part of their nursing programs.	5.4.5.4					

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
f. That CAUSN members maximize the availability of clinical opportunities in Aboriginal communities, for example, clinical placements for community health nursing students could take place in Aboriginal communities.	5.4.5.5					
g. That CAUSN members increase development and delivery of on-line courses at the undergraduate level in rural and remote regions of Canada.	5.4.5.6					
h. That CAUSN members and colleges ensure faculty, staff, and students are afforded opportunities for cultural awareness and sensitivity.	5.4.5.7					
i. That faculty and staff be made aware of the multiple roles, realities, and challenges faced by Aboriginal students who pursue post-secondary studies.		6.3.3.4				
j. That FNIHB report to CAUSN members the impact on recruitment for the following programs: <ul style="list-style-type: none"> • BN program subsidy; • Summer student program; • Student practicum experience. 				8.4.7.1		
k. That Regions apply for sustained and adequate funding for those recruitment programs demonstrating success.				8.4.7.2		
2. Innovative Curriculum Programming						
a. That Health Canada (and other appropriate branches of the Federal Government) offer developmental monies to CAUSN members to establish community-based nursing programs in First Nations communities and Inuit settlements as per the Norway House model developed by the University of Manitoba.	5.4.6.1					
b. That CAUSN members continue to emphasize the range of political processes, knowledge, and skills for use within Aboriginal and Non-Aboriginal communities.				8.4.10.1		

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
c. That clinical training programs offered in partnership between FNIHB and schools of nursing, for example <i>Primary Care Skills</i> , ensure that students are exposed to the political nature of clinical practice.				8.4.10.2		
3. Developing and Sustaining Student Communities						
a. That Health Canada (Indian and Inuit Health Careers) provide funding to support a virtual community (chat room) for Aboriginal nursing students. The chat room could be located on the Aboriginal Nurses Association of Canada website.	5.4.9.1	6.3.2.5				
b. That Health Canada (Indian and Inuit Health Careers) provide funding to establish a “clearinghouse website” for information related to Nursing Access Programs, transition years, and bursaries and scholarships. This resource could be located on the Aboriginal Nurses Association of Canada website.	5.4.9.2					
c. That university/college programs ensure the availability of food banks.		6.3.2.1				
d. That universities and colleges help locate adequate day care services for Aboriginal students, the majority of whom are parents. This is especially germane for nursing students whose clinical learning may commence early in the day or continue until late into the evening. For example, Winnipeg’s Grace General Hospital offers on-site day care from 6:30 a.m. until 9:00 p.m.		6.3.2.2	7.6.6.1			
e. That Health Canada facilitate a round table discussion with Indian and Northern Affairs and appropriate Aboriginal organizations to determine how students’ family members can be supported, thereby contributing to student success.		6.3.2.4				
4. Funding						
a. That the Department of Indian and Northern Affairs, Human Resource Development Canada, and Health Canada continue to establish innovative measures to increase the level of funding available to Aboriginal students entering university nursing programs.						10.5.2.2

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
b. That Health Canada, Indian and Northern Affairs, and Human Resource Development Canada establish targeted bursaries for undergraduate and graduate Aboriginal nursing students.	5.4.7.1					
c. That all organizations involved with funding Aboriginal post-secondary students ensure ongoing measures of accountability among federal, provincial, First Nation, and private foundations.	5.4.8.1					
d. That Health Canada and Indian and Northern Affairs initiate a round table discussion to review existing funding levels for students seeking professional degrees such as nursing.	5.4.8.2	6.3.1.1 6.3.1.6	7.6.5.1		9.7.2.1	10.5.2.1 10.5.2.3
e. That Health Canada initiate a round table discussion with Indian and Northern Affairs and CAUSN to review criteria for full-time and part-time student status in professional programs such as nursing.		6.3.1.2	7.6.5.2			
f. That full funding (tuition and allowance) be directed to students who complete courses during intersession / summer session terms.			7.6.5.3			
g. That Indian and Northern Affairs consider whether funding for nursing programs should be extended by one year, given the expectation, and demands of a professional program.	5.4.8.4					
h. That whenever possible, travel funds be allocated to students enabling them to return home at least twice a year.	5.4.8.6					
i. That Aboriginal students be provided with lap-top or home-based computers for the duration of their studies to enable them to access university/college resources from home.		6.3.2.3				
j. That First Nation Bands and Inuit Communities ensure tuition and other program-related expenses are paid promptly.		6.3.1.3	7.6.5.4			
k. That First Nations Bands and Inuit Communities engage in regular and ongoing communication with students about funding deadlines and requisite forms.		6.3.1.4				

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
l. That the manner in which students are selected by First Nation Bands and Inuit Communities for financial support is made transparent, and that a summary of support offered to students be made available to all community members.		6.3.1.5				
m. That provincial Métis organizations review the present system of a mandatory year-long waiting period before Métis students can be considered for funding.		6.3.1.6				
n. That First Nations Bands and Inuit communities ensure Aboriginal students receive guidance and support regarding money management.		6.3.1.7				
o. That First Nations and Inuit Health Branch (FNIHB) promotes consistent communication with nursing programs regarding the availability of employment program opportunities that offer full funding for fourth year nursing students in return for service agreements.		6.3.1.8				
p. That Health Canada and/or other relevant federal departments such as Indian and Northern Affairs and HRDC engage in a round table discussion to review funding for post-secondary education and to establish, in part, scholarships specifically for Aboriginal students who pursue Master's and Doctoral degrees.				8.4.8.1		
5. Database Development						
a. That admission forms for CAUSN members request applicants self-declare their Aboriginal status for statistical/administrative purposes only.	5.4.10.2	6.3.3.1				
b. That CAUSN encourage members to collect data on the following: •number of Aboriginal nursing students at the undergraduate and graduate levels; •number of Aboriginal nursing graduates over time.	5.4.10.3					

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
E. POST-GRADUATION RECRUITMENT AND RETENTION						
1. Supports for New Graduates / New Employees						
a. That whenever possible, successful Aboriginal nurses offer mentoring to newly graduated or newly employed Aboriginal nurses. These nurses should be supported as much as possible during their first year of employment given the complexity of their practice contexts.				8.4.11.1		
b. That FNIHB work with schools of nursing to develop and offer a course in <i>nursing management</i> . Ideally, this course should be offered through distance education modalities and entail an on-site component whereby FNIHB and Band-transferred nurse managers would gather at a university or college.				8.4.15.1		
c. That FNIHB consider ongoing education opportunities for nurse managers offered in partnership with schools of nursing and business schools.				8.4.15.2		
d. That FNIHB determine the impact of current financial incentives on recruiting and retaining experienced nurse managers.				8.4.15.3		
e. That Band-employed registered nurses be included in efforts to enhance management skills among nursing staff.				8.4.15.4		
f. That Band-transferred and Inuit communities work in partnership with FNIHB to determine how the Community Health Representative (CHR) model could be further enhanced to provide additional support for nurses in the field.				8.4.13.1		
2. Retention of Nurses in Aboriginal Communities and Freedom of Mobility						
a. That the Aboriginal Nurses Association of Canada and Aboriginal communities work to address the pressures faced by Aboriginal registered nurses who return to their home (or other related) communities to provide health care services.			7.6.8.1			

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
b. That First Nations review the disparity in salaries between federally-employed and Band-employed registered nurses and that measures be taken to address this disparity.			7.6.8.2	8.4.14.3		
c. That the population-to-nurse ratio be reviewed to ensure adequate numbers of registered nurses in Aboriginal communities.				8.4.14.1		
d. That nursing stations are fully staffed as per their allotted positions. FNIHB staff are diligently working to achieve this status, however, a high turnover rate of nursing staff in some Regions undermines these efforts.				8.4.14.2		
<p>e. That FNIHB consider establishing designated teaching units within Regions. These FNIHB teaching units could deliver a formal preceptor/mentoring program and be affiliated with schools of nursing and their respective nursing programs.</p> <ul style="list-style-type: none"> •Universities and colleges would be presented with an opportunity to be involved in the delivery of primary health care. In addition, there would be opportunities for research and faculty practice. •These units would require stable staffing and adequate accommodation. Newly graduated nurses and/or newly employed nurses would greatly benefit from a 3- or 6-month placement / internship. Likely these units would free up the practice consultants from orienting new staff. •Units could also potentially serve as sites for senior practicum nursing students. 				8.4.14.3		
f. That FNIHB explore additional flexible work options for nurses in the field. For example, it may be reasonable to offer job sharing.				8.4.14.4		
g. That FNIHB continue to address the need for adequate housing that meets industry standards. Employment options in nursing stations may be limited for nurses who have several dependants.				8.4.14.5		
h. That FNIHB continue to minimize the use of agency nurses. Agency nurses are expensive and may not have the knowledge and skills to function fully in nursing stations.				8.4.14.6		

Recommendations	CAUSN Members	Aboriginal Students	Aboriginal Organizations	FNIHB	Provincial Nursing Advisors	Funding
<p>i. That FNIHB, Indian and Northern Affairs, Industry Canada, and Human Resource Development Canada (HRDC) continue to expand information technology and communication capacities in nursing stations and health centres throughout Canada.</p> <ul style="list-style-type: none"> •Linking nurses to family and friends through e-mail would decrease feelings of isolation. Furthermore, virtual communities with chat room options and/or Internet meeting capability would be of great benefit for nurses in the field, including the nurse-in-charge. 				8.4.14.7		
<p>j. That FNIHB consult with ANAC and other relevant organizations to address the need to have nurses respected by members of Aboriginal communities. Similarly, there is a need to ensure that nurses are respectful of Aboriginal communities, including political leadership.</p>				8.4.14.8		
<p>k. That Regions secure necessary funding to fully implement the practice consultant role.</p>				8.4.14.10		
<p>l. That FNIHB consider the merits of employing different kinds of nurses in the field, for example, Licensed Practical Nurses (LPNs)/Registered Practical Nurses (RPNs). This entails the “right provider in the right place at the right time”.</p>				8.4.14.9		
3. Leadership Role of the Aboriginal Nurses Association of Canada (ANAC)						
<p>a. That the Aboriginal Nurses Association of Canada obtain sustained fiscal and human resources to provide CAUSN, governments, Aboriginal, and educational agencies with leadership, direction, and advice related to recruitment and retention strategies.</p>			7.6.4.1			
<p>b. That ANAC work with federal research agencies to ensure that research monies are made available to support priority research in relation to the field of Aboriginal nursing. Of particular importance is the need to more fully understand the experience of Aboriginal nurses working in First Nations and Inuit communities.</p>			7.6.4.2			

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1. Introduction

Health Canada and First Nations and Inuit Health Branch (FNIHB) are committed to increasing the presence of Aboriginal nurses within their respective organizations. Aboriginal communities and the Aboriginal Nurses Association of Canada have also expressed the need for nurses of Aboriginal ancestry. To this end, the Canadian Association of University Schools of Nursing (CAUSN) was approached by Health Canada to facilitate a national task force.

The Task Force's mandate was as follows:

- conduct a literature review on the successful recruitment of Aboriginal people into nursing programs
- determine the extent to which Aboriginal people are enrolled in nursing programs in Canada;
- identify nursing programs in Canada which are demonstrating success in educating Aboriginal registered nurses;
- ascertain barriers faced by Aboriginal people who wish to pursue nursing as a career;
- create a national inventory of college and university resources supporting Aboriginal people in their nursing studies;
- explore funding sources and financial supports available to Aboriginal nursing students;
- ascertain how to better retain Aboriginal nurses "in the field"; and,
- offer recruitment and retention strategies to promote and enhance the presence of Aboriginal registered nurses within FNIHB, Band-transferred, and northern communities.



Task Force Membership

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CAUSN Members

- Nunavut Arctic College
- Aurora College, Yellowknife, NT
- University of Northern British Columbia
- University of British Columbia
- University of Calgary, AB
- University of Alberta
- Saskatchewan Institute of Applied Sciences and Technology (SIAST)
- University of Saskatchewan
- Saskatchewan Indian Federated College
- University of Manitoba
- Red River College, MB
- University of Manitoba
- Lakehead University, ON
- Laurentian University, ON
- Dalhousie University, NS
- Memorial University of Newfoundland



2. Methodology

The Task Force applied a combination of qualitative and quantitative research methods to determine how to better recruit Aboriginal and people into nursing education programs across Canada. Data from these research methods aided in developing strategies to retain Aboriginal registered nurses employed by FNIHB and Band-transferred communities. Information was collected through an extensive search through the literature, internet sites, and program brochures, and through, in-person and interactive video interviews with key stake holder groups and agencies.

Interviews were conducted with the following representatives from Canadian nursing and Access programs:

- universities and colleges representatives
- Aboriginal nursing students
- Aboriginal organizations
- Provincial education representatives
- Health Canada and FNIHB representatives

The draft project report was distributed to task force members for review and critique. Comments received from this draft distribution were incorporated into the final report.

2.1 Project Activities

Ethical Approval

The project received ethical approval from the University of Manitoba Education/ Nursing Research Ethics Board (ENREB) in November 2001.

Informing Organizations,
Governments and Aboriginal
Organizations about the Project

In October 2001, the Co-Chairs sent a letter to the Task Force members of the project and

14 members of the Canadian Association of University Schools of Nursing (CAUSN). The letter provided information about the Task Force project and included the project proposal submitted to Mr. Ian Potter, Assistant Deputy Minister of the First Nations and Inuit Health Branch (FNIHB), Health Canada.

Literature Review

Literature reviewed for this project is included in the bibliography. The Task Force conducted an extensive review of documents including studies, reports, handbooks, websites and statistical information, including literature from journals, reports, websites and discussion papers authored by Aboriginal organizations. The literature shows a conspicuous lack of attention to Aboriginal nursing issues.

Interviews

Commencing November 2001 the Task Force issued (e-mail or fax) an overview of the project (refer to Appendix A1), interview guide (varied according to group), and a telephone disclaimer (Appendix A2 - A4) to the six primary project groups for their review prior to their participation. Semi-structured interview guides were used to gather data. Field notes were recorded throughout the interviews and basic content analysis was employed to analyse the data. Interviews were informal and lasted 45 minutes to 1 hour. Participants were informed of their voluntary agreement to engage in this study through a telephone disclaimer which explained the study in detail (refer to Appendices A2 - A4). Interviewers recorded field notes throughout the interviews, and basic content analysis was employed to analyse the data. Interviews were completed during April 2002.



The Task Force targeted six primary project groups:

1. - Canadian Association of University Schools of Nursing (CAUSN)

- Associate Members
- Community Colleges

- In total, 65 institutions were contacted; 44 institutions participated
- 21 institutions declined
- 56 individuals representing the 44 institutions participated
- All CAUSN and associated members were provided with a telephone disclaimer (Refer to Appendix A2, A3) and a copy of Interview Guide #1 (Refer to Appendix A5, A6) prior to participation.
- Each institution determined how many individuals would participate in the interview.
- With the exception of one in-person interview all other interviews were conducted by telephone.

2. Aboriginal Students

- After the second interview with CAUSN members the decision was made to include a student interview section.
- An addendum to the ethics proposal was then submitted and approved to include Aboriginal students.
- Students were informed of the project by their university/college and were given the opportunity to contact the Task Force independently if they wished to participate.
- 16 First Nations and Métis nursing students agreed to be interviewed.
- All students were issued a telephone disclaimer (Refer to Appendix A4) and a copy of Interview Guide #2 (Refer to Appendix A7) for their review prior to participation.
- With the exception of one in-person interview all other interviews were conducted by telephone

3. Provincial Education/Government Representatives

- 9 individuals participated, representing six regions:

- British Columbia
- Saskatchewan
- Manitoba
- Ontario
- Nova Scotia
- Prince Edward Island

- Alberta and Quebec were contacted to participate in the Task Force project, but declined as provincial nursing education representation is not in place within their provinces.
- All interviewees were issued a telephone disclaimer (Refer to Appendix A2) and a copy of Interview Guide #3 (Refer to Appendix A8) for their review prior to participation.
- All interviews were conducted by telephone.

4. Aboriginal Organizations

- Eight board members from the Aboriginal Nurses Association of Canada (ANAC) interviewed representatives from Aboriginal organizations in their respective regions.
- 16 Aboriginal organizations participated; 8 organizations declined.
- All interviewees were provided with a telephone disclaimer (Refer to Appendix A2, A3) and a copy of Interview Guide #4 (Refer to Appendix A9, A10) for their review prior to participation.
- All interviews were conducted by telephone.

5. First Nations and Inuit Health Branch/Health Canada Representatives

- Three interviews were conducted with First Nations and Inuit health Branch (FNIHB), senior management, and Health Canada. A total of 10 interviews were conducted.
- All interviewees were issued a telephone disclaimer (Refer to Appendix A2) and a copy of Interview Guide #5 (Refer to Appendix A11) for their review prior to participation.



- With the exception of one interactive video interview, all interviews were conducted by telephone.

6. Regional Nursing Officers and Associated Representatives

- Ten interviews were conducted with 13 individuals representing the following regions and territories:
 - Pacific
 - Alberta
 - Saskatchewan
 - Manitoba
 - Ontario
 - Quebec
 - Atlantic
 - Yukon Territory
 - Northwest Territories
 - Nunavut Territory

- All interviewees were issued a telephone disclaimer (Refer to Appendix A2, A3) and a copy of Interview Guide #6 (Refer to Appendix A12,A13) for their review prior to participation.
- All interviews were conducted by telephone

2.2 Limitations

Educational Institutions

- Statistics regarding the numbers of Aboriginal students and faculty in nursing programs across the country are likely inaccurate given that self-declaration of Aboriginal status is voluntary.

Aboriginal Student interviews

- Despite the Task Force's best efforts, no Inuit nursing students came forward to participate.
- Recruitment of students depended on educational institutions identifying Aboriginal nursing students and providing them with the Task Force contact information. Students then decided whether or not to

contact the Task Force.

Provincial Education

- Alberta and Quebec do not have provincial nursing education representatives. Therefore, the Task Force was unable to collect provincial perspectives for these two jurisdictions.

Aboriginal Organizations

- Several Aboriginal organizations declined participation in the Task Force project.
- The Task Force made a concerted effort to represent Aboriginal organizations in Quebec by employing a bilingual interviewer and providing a translated telephone disclaimer and appropriate interview guide. Repeated attempts to arrange interviews met with no success, and the Task Force had to abandon this avenue of inquiry to meet the project delivery date.

Access to Current Data

- Since self-declaration of Aboriginal status is optional, accurate data about the numbers of Aboriginal students in nursing programs across the country is difficult to gather. The numbers of Aboriginal students and faculty represented in this report are based on data filed by representatives from the universities and colleges.
- The most recent data available about Aboriginal populations was from the 1996 Census. This information is not reflective of the population growth among Aboriginal people across Canada during the last five years.



Funding Section

Funding was an issue of great concern to several stakeholder groups contacted by the Task Force. Although the Task Force provides information on the funding of nursing students, this complex area warrants a more comprehensive review.

2.3 Practical Applicability

The Task Force seeks to increase the recruitment of Aboriginal people into nursing and to improve the retention of Aboriginal registered nurses. Through understanding the cultural and contextual issues faced by Aboriginal nursing students, as well as those working within the field, key stake holder groups have the potential to positively influence the educational experiences and work lives of Aboriginal registered nurses.



3. Literature and Previous Reports: Recruiting and Retaining Aboriginal Nursing Students

In this section we offer a synthesis and summary of relevant literature and previous reports based on an exhaustive literature search conducted by an academic librarian. We also present findings from available research studies.

The education literature is instructive about successful recruitment and retention strategies for undergraduate Aboriginal students. While the evidence is primarily anecdotal, there are common approaches and patterns reported by educational agencies in both Canada and the United States that enhance the successful completion of university nursing programs by Aboriginal students.

Mr. John Kim Bell¹, founder and President of the National Aboriginal Achievement Foundation, articulates the need for Canadians to enter into partnerships with Aboriginal people to promote an educated and skilled Aboriginal workforce. Mr. Bell makes the following observations:

- 920,000 working-age Aboriginal Canadians will enter the workforce by 2006;
- the birth rate among Aboriginal Canadians is three times higher than any other group in Canada;
- 70% of Aboriginal children born today are destined to never complete highschool;
- without at least a highschool diploma, most of these children are destined to become adults who enter into a brutal cycle of poverty and chronic unemployment.

Much is at stake for Aboriginal people and indeed, all Canadians. More Aboriginal children must obtain their high school diplomas. Furthermore, Aboriginal students should be encouraged and supported by parents, teachers, guidance counsellors, and their communities to complete specific high school core courses such as math, science, and English enabling them to meet admission requirements for post-secondary education professional programs.

Schools of nursing across the country should actively recruit Aboriginal people into the profession. Attracting non-traditional and minority students into nursing education programs is also imperative in light of the nursing shortage.

3.1 Against The Odds: Aboriginal Nursing

That Aboriginal students are successful at college or university studies is notable given the odds against them. Student success in university nursing programs may be hampered by several concurrent factors:

- difficulty meeting university prerequisites, minimal development of basic academic skills, and

¹

John Kim Bell (2002). The Globe and Mail, February 5, p. A15.



- low completion rates for high school^{2,3,4,5};
- differences in the command and usage of the English language, as well as communication patterns that differ from non-Aboriginal nursing students¹;
 - learning styles that are oriented more toward “learning through looking” than verbal/textual approaches,^{2,3} coupled with teaching approaches which do not accommodate that difference²;
 - negative perceptions of nursing among high school students, including minority students⁴.

Once students are admitted into nursing programs, their success is greatly influenced by personal and family factors^{2,3,4}.

These include:

- personal motivation to succeed
- support from family
- personal study habits
- family expectations and concerns
- support from friends

Kulig and Womack also suggest that characteristics of the university or institutional barriers have a direct impact on student success. University or institutional barriers undermining success among Aboriginal nursing students can include:

- inadequate financial aid available to students
- limited access to library resources and/or students being unaware as to how to access library resources
- size of the university, eg., larger universities can be intimidating
- lack of cultural understanding, eg., expectations, values, and culture of a post-secondary institution may be foreign to students
- lack of relevant curriculum
- negative attitudes and stereotypes, including racial biases and prejudices,⁵ from other students and teaching staff.³

Kulig and Dolberry stress the importance of **peer support** in enhancing the success of Aboriginal nursing students. This support can be informal, eg., other Aboriginal students. High attrition rates have been linked to lack of affiliation, such as the absence of limited social support groups, student or peer study groups, peer support groups, and faculty support and advisement.⁶

² Kulig, J. (1987). Native American registered nurses and state board examinations. Journal of American Indian Education (Jan): 29-38.

³ Womack, R. (1997). Enhancing the success of native American nursing students. Nurse Educator 22(4):14, 31, 43, 47.

⁴ Dolberry, J. (1992). Nursing education in Indian country. Tribal College, Winter: 20-21.

⁵ Dowell, M. (1996). Issues in recruiting and retention of minority nursing students. Journal of Nursing Education 35(7):293-297.

⁶ Thomas, B., Andres, J. (1987). Affiliation and retention in higher education. College and University 62(4):332-339.



Support programs such as ACCESS or an Aboriginal student office can have a positive impact on students and their retention in nursing programs. Programs that address linguistic competence (grammar, syntax) and communicative competence (ability to receive, process, and convey information accurately) can greatly increase student retention.⁷

A recent study revealed the following characteristics of programs and successful approaches to the recruitment and retention of minority students in a dietetic program⁸

- **Program Flexibility:** Students should be offered additional time to complete their program requirements. Aboriginal students often have family responsibilities (eg., children) and may be disadvantaged educationally as they enter programs.
- **Tutoring/Mentoring:** The availability of tutoring/mentoring support is a promising means of enabling minority students to achieve their potential.
- **Financial Support:** Aboriginal students should have access to scholarship and bursary supports.
- **Outreach:** Representatives of programs especially minority graduates of programs should engage in outreach, visiting grade schools, and encouraging young children to consider nursing as a career.

A successful program preparing Aboriginal associate-degree registered nurses in Montana⁴ recommends the following:

- students need adequate preparation in science, mathematics, reading, and English skills;
- students may require at least one year of specially designed courses to improve their skills in these areas;
- faculty mentors and peer mentors are integral to recruiting students.

A physician assistant program⁹ increased the number of minority students and retained them once admitted through the following actions:

- undertaking a vigorous, active recruitment program, including a full-time recruiter;
- making counselling services available;
- increasing the presence of minority faculty as role models⁷;
- enhancing cross-cultural aspects of the curriculum¹⁵;
- offering activities which facilitate learning;
- engendering more supportive attitudes among program faculty members.

Of note is the study's finding that "only one of the six minority students who withdrew did so for academic reasons alone. The other five experienced personal or social problems that precluded their remaining in the program or performing at a level commensurate with their abilities. This

⁷ Jalili-Grenier, F., Chase, M. (1997). Retention of nursing students with English as a second language. Journal of Advanced Nursing 25:199-203.

⁸ Greenwald, H., Davis, R. (2000). Minority recruitment and retention in dietetics: issues and interventions. Journal of the American Dietetic Association, 100(8):961-966.

⁹ Garcia, R., Fowkes, V. (1987). Recruitment and retention of minority students in a physician assistant program. Journal of Medical Education, 62:477-484.



finding suggests the need for **support systems**" (p. 483).

An "honestly welcoming climate" is important.¹⁰ All minority candidates whether nursing students, faculty, or staff members must feel that the university is a place where they belong. This requires commitment from the top down (university and faculty/school administration) and from the bottom up (students, staff and faculty).

Canadian programs demonstrating success in recruiting and retaining Aboriginal nursing students have incorporated many of these strategies. They have attended to matters related to access and ongoing support for Aboriginal students. Ultimately, it is a matter of **personal empowerment** for Aboriginal nursing students. Empowerment can be defined as:

"the interpersonal process of providing the proper tools, resources and environment to build, develop and increase the ability and effectiveness of others to reach goals for individual and social ends."¹¹

With the proper tools, resources, and environments, Aboriginal nursing students can be successful and overcome the odds against them.

With rare exceptions¹² the literature focuses on undergraduate nursing programs. Given the need for Aboriginal professorate, actions are also required to recruit and retain Aboriginal nursing students into graduate programs in Canada. Faculty renewal that encompasses minority professorate can only be addressed through graduate education. Support and encouragement should start in grade school, and include faculty and deans in university and college programs.

3.2 Existing Reports on the Recruitment and Retention of Aboriginal Nursing Students

The Royal Commission on Aboriginal People¹³ (RCAP) made the following observations about the successful participation of Aboriginal people in professional programs. Aboriginal students were successful, in part, when they had access to the following:

- adequate financial support;
- academic support;
- personal and family support;
- professional support from a core group of Aboriginal students.

The Royal Commission on Aboriginal People also observed that educational institutions and

¹⁰ Sayles-Cross, S. (1994). Recruitment and retention of minority students, faculty and staff. The ABNF Journal (November/December):158-160.

¹¹ Hokanson, J. (1992). Empowerment in nursing education: Concept analysis and application to philosophy, learning, and instruction. Journal of Advanced Nursing, 17; 609-618.

¹² Washington, L. (1999). Expanding opportunities in graduate education for minority nurses. JNBNA.

¹³ Royal Commission on Aboriginal People (1999). Health Canada, Volume 3, Chapter 3, Section 3.3, Part 2.



programs could improve opportunities for Aboriginal people by:

- establishing specific admission and retention targets for Aboriginal students;
- re-examining entry requirements;
- establishing pre-professional and pre-admission preparation programs;
- developing an organized system of financial, academic, personal and family supports for Aboriginal students.

The Aboriginal Nurses Association of Canada¹⁴ has identified six major strategies to enhance recruitment and retention of Aboriginal nursing students:

1. Encourage young people to enter nursing education

- offer presentations in schools in Aboriginal communities by nurses, especially Aboriginal nurses;
- offer presentations in high schools in both urban and small centres with a significant Aboriginal population (eg., Thompson, MB; Thunder Bay, ON);
- prepare students for college and university so they do not become overwhelmed and set themselves up for failure;
- invite newly-graduated Aboriginal nurses to return to communities and talk about how they succeeded.

2. Provide financial support to Aboriginal nursing students

- C pay nursing school tuition in return for service payback;
- C establish more scholarships for Aboriginal students;
- C set up a clearinghouse (1-800) on sources of financial support for education of Aboriginal students;
- C provide summer jobs for Aboriginal nursing students.

3. Provide appropriate and accessible nursing education

- C encourage Bachelor of Nursing for entry to practice;
- C establish more nursing education programs near Aboriginal communities.

4. Create positive nursing programs

- encourage universities to designate seats for Aboriginal students in nursing;
- ensure strategies to fill all of the designated seats;
- establish entry programs for Aboriginal nursing students at universities;
- provide on- and off-campus support systems to students.

5. Support nurses through the degree process

- recruit and support Aboriginal nursing students who have completed most but not all of their education;
- help students through university “red tape”.

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Survey of Nurses in Isolated First Nations Communities: Recruitment and Retention Issues, Final Report, September 2000, Aboriginal Nurses Association of Canada.



6. Participate extensively in job fairs, youth fairs, First Nation career events

- create a more organized and systematic coordination of participation with job fairs and youth fairs, perhaps through a clearinghouse on this information.

The report, *Evaluation of Models of Health Care Delivery in Inuit Regions*,¹⁵ identified four challenges facing Inuit regions regarding the recruitment and retention of Inuit nurses:

1. Urgent Need for Inuit Nurses

- there are far too few Inuit nurses;
- people from outside the North fill the majority of nursing positions;
- until Inuit nurses are trained in large enough numbers to meet Northern needs dependence on southern nurses is likely to continue.

Of note is the study's finding that, "in order to attain parity with the non-Native population by 2001, it will be necessary to train more than 800 Native nurses and to increase nearly tenfold (more than 200) the current number of Inuit health professionals" (p. 26).

2. Opportunities for Nursing Education

- Prior to the recent nursing program offered through Arctic College in Iqaluit, Inuit had to travel to southern Canada to attend university or college.

3. Cultural Sensitivity

- There is a need for Inuit involvement at all levels of the health care system.
- Inuit knowledge, values and culture need to be integrated into health, social services and nursing curricula.



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Evaluation of Models of health care Delivery in Inuit Regions (2000).
Health Canada, Health Transition Fund File No. NA485.

4. Information Technology

- Health professionals working in the Arctic need to be thoroughly trained to utilize the telehealth tools that are available to them.

Recommendations to enhance the recruitment of Inuit into nursing programs include:

- recruitment efforts need to focus on young people;
- outreach initiatives need to present nursing careers as a desirable profession to promote an increased interest among children and youth;
- the educational system needs to provide the required background and academic standards for students to pursue nursing education.

3.3 Summary and Conclusions

The literature is clear on how to recruit and retain Aboriginal students into nursing programs leading to a degree. We have organized this information into three major educational domains: high school, pre-health/preparatory year, and nursing programs.



3.4 Synopsis of the Literature: Pathways to Success

High School
Recruitment activities by role models such as Aboriginal registered nurses among grade school students. Completion of high school including requisite courses in math, science (chemistry and/or biology) and English.
Pre-Health and/or Preparatory Year
Transition, preparatory year, entry program, pre-health education program for students who lack a high school diploma or prerequisite courses for admission to university/college study. Preparatory training should include: <ul style="list-style-type: none">• English courses, including academic writing skills;• basic science (chemistry, physics and/or biology) and math courses;• basic computer skills;• library and Internet research skills;• courses in Native Studies;• Introduction to University/College;• Introduction to Professional Nursing• academic tutoring, writing workshops, academic advising, personal counselling and peer support;• study skills;• life-skills.



Access and Nursing Programs

Access and Nursing Programs that offer support to Aboriginal students throughout the program leading to completion of their BN degree. These supports should include:

- peer support, including a core group of Aboriginal students who can provide a sense of community as well as personal and professional support to each other;
- academic advising and tutoring, personal counselling;
- study skills and life skills;
- linguistic and communicative competence;
- research skills;
- student advocacy;
- mentorship by faculty;
- role models among faculty and staff;
- science-based courses offered over a longer duration, such as anatomy and physiology; chemistry; physiology; and statistics.

Commitment to Aboriginal students by administration, faculty and support staff.

- awareness and accommodation of students' learning styles;
- awareness and accommodation of students' communication patterns;
- more supportive attitudes among faculty and students;
- strategies to enhance personal empowerment of students;
- pre-admission and pre-professional preparatory programs;
- specific admission and retention targets for Aboriginal students;
- Aboriginal Student Centres.

Relevant curriculum

- Native studies electives;
- Aboriginal ontology, epistemology, and explanatory models related to health and healing, disease and medicine, spirituality;
- Aboriginal-based theory;
- enhanced cross-cultural aspects of the curriculum.

Flexible programs

- flexibility around completion time



Student Characteristics
<ul style="list-style-type: none"> • personal motivation to succeed; • personal study habits.

Supports
<ul style="list-style-type: none"> • adequate financial support; • availability of additional scholarships and bursaries; • support from family and community; • support for immediate family members including counselling, involvement in program-related social activities; • assist immediate and extended family members to understand the demands placed upon the nursing student.

Advice for Teachers. A collaborative effort among the University of Regina, the Saskatchewan Indian Federation College, Gabriel Dumont Institute, and the Teaching Development Centre resulted in an excellent faculty resource: *First Nations and Métis Students: A Faculty Guide*. The following verbatim excerpt is provided with the authors' permission.

Teaching From an Aboriginal Perspective and Facilitating Success of Aboriginal Students

The material in this section is adapted from two sources: a paper "Teaching from an Aboriginal Perspective" (2000) by Herman Michell, faculty member of the Saskatchewan Indian Federated College and a research report "Strengthening the Circle: Facilitating Success of First Nations' Students in a Non-Native Post-Secondary Institution" (2000) by Joan Roy and Mary Hampton, faculty members of the University of Regina and Luther College, respectively, and professors of Psychology.

The research conducted by Roy and Hampton is based on data from four focus groups that were conducted with First Nations' students and Professors from both SIFC and the University of Regina. The research supports Michell's suggestions stating that "The professor/student relationship is the foundation for facilitating success of First Nations' students.

The Teaching Development Centre gratefully acknowledges the generosity of these authors in allowing their work to be used in this guide. Michell, Roy and Hampton agree on the importance of distributing this information as widely as possible.



Introduction

Given the historical events that First Nations' and Métis peoples have experienced, it is important as post-secondary institutions to realize that people learn in different ways and that often, the way we learn as individuals is rooted in our experiences. For First Nation and Métis peoples, our experiences shape who we are, how we perceive the world and how we learn.

This section is meant to serve as a guide for university teachers, but we must caution that there are no "prescriptions" of how to teach Aboriginal students. There has been relatively little research done in this field. Generalizations can be dangerous and education is a complex endeavour. We know there is a need to develop a variety of pedagogical models. The following are suggestions that may work for you. Indeed the humanistic and student-centred approaches identified below may well be appropriate for *all* students. These suggestions, primarily from Michell's paper, are grouped according to 5 themes identified by students and professors in the Roy and Hampton research: Relationships, Curriculum, Teaching Methods, Teaching Style and Classroom Climate, and Aboriginal Life Experiences.

Theme One: The professor/student relationship is the foundation for facilitating success of Aboriginal students

- 1) Get to know your students. Honour the knowledge and skills students bring with them into the classroom. Use these experiences as a basis for instruction. Build a partnership based on mutual respect.
- 2) Do not humiliate students in front of their peers. Control your temper and instruct in quiet patience. There is a time and place for everything. Concentrate on the behaviour and not the person. Be specific and offer guidance and direction.
- 3) Use humour appropriately. Self-deprecating humour and modesty are attributes that many students appreciate.
- 4) Be accessible. Allow students multiple avenues and time where they can come and see you to discuss assignments, lessons and problems.
- 5) First impressions always count. Demonstrate warmth and high expectations. Set the tone, parameters and expectations of assignments in the first class. Be consistent. Make sure the students understand by asking for feedback.

Theme Two: Including Aboriginal content in curriculum is a tool for facilitating student success

- 6) Collaborate with Aboriginal elders to identify concepts and content areas relevant to culture and languages. Develop detailed and activity centred programs.
- 7) Actively engage in learning about Aboriginal history, colonization, culture, languages, traditions, taboos and visions for the future. This will help you to avoid classroom and community misunderstandings.
- 8) Concentrate on positive contributions made by Aboriginal people, but also show the reality of their different living circumstances. Some live in urban and rural and reserve communities.
- 9) Curriculum is organic and personal. Understand the oral tradition of narrative. Actively ask questions and participate in Aboriginal communities, ceremonies, gatherings, etc. Approach the elders and knowledge carriers of the community. Learn about proper protocols when approaching elders—offer tobacco.
- 10) Critique the textbooks that you use in your courses. Many of them are Euro-centric. They



transmit values, norms, traditions, and stories of the cultures producing them. Try to select texts that have an accurate portrayal of Aboriginal experiences, and preferably by Aboriginal authors.

Theme Three: Teaching methods: Learning is a shared endeavour and co-operative experience

- 11) Use examples from Aboriginal contexts in order to explain concepts and lessons. Start from what the student is familiar with and incorporate one aspect at a time with the newer learning aspects. Focus on community concerns, issues and problems—use local terms.
- 12) Encourage students to participate in what is learned, when it is learned and how learning is assessed.
- 13) Use Aboriginal resource people in your courses. Be specific as to what you want them to do or talk about. Ensure that it is in line with your course objectives.
- 14) Use a multi-sensory approach to teaching. The more input channels that are accessed, the more likely it is that learning will occur. Different sensory channels provide alternative memory anchors from which students can access information.
- 15) Use a variety of visual aids when explaining lessons, information and new concepts. Many Aboriginal people are highly visual in how they come to understand the world.
- 16) Traditional Aboriginal cultures have a rich and diverse array of approaches to education. These approaches include experiential learning and storytelling, as well as observation and apprenticeship. Use class discussions to balance lectures.
- 17) A good sequence for classroom instruction includes the following: review material from last class—solicit questions—teach new content—solicit questions—do an activity—review today's lesson.
- 18) Introduce problem-solving circles with scenarios that reflect Aboriginal community realities.
- 19) Allow for peer teaching and group projects to encourage interaction where students can freely participate verbally in private. Many Aboriginal students appear shy when asked to speak up in public. Do not isolate them or put them “on the spot.” Many Aboriginal cultures teach that we should listen more than we should speak.

Theme Four: Teaching Style and Classroom Climate: “You don’t take a class, you take a person.”

- 20) Let the students know that, as a university [college] teacher, you are a researcher and learner too. Be genuine. Say so when you don’t know. Promote a community of scholars. Humility is a teaching style.
- 21) Promote a sense of place and belonging in the classroom steeped in humility and reverence for all life.
- 22) Do not attempt to “rescue,” “save,” or “lower standards” for Aboriginal students. Try to balance humanistic concerns with high expectations for achievement.
- 23) Show them their successes; provide feedback that is immediate and consistent. Give praise that is specific. Some Aboriginal students prefer praise in private so that they do not appear to be superior to their peers.



Theme Five: Understand the life of Aboriginal post-secondary students

- 24) Provide students the opportunity to explore their own identities and communities. This will deepen their understanding of themselves as well as their local and social world.
- 25) Do not ask Aboriginal students or expect them to be able to give a lot of information about their cultures. This learning is life-long and acquired over a lifetime. Some beliefs cannot be shared.
- 26) Allow enough time for a verbal response especially for Native language speakers. They need time for second language processing. Do not interrupt the process and do not allow other students to interrupt.
- 27) Become aware of communication patterns that are specific to different cultures. For example, some Aboriginal people regard direct eye contact as confrontational.
- 28) Understand extended family obligations sometimes take precedence over school. Appreciate that for some First Nations' and Métis students, life experience will have been grounded in poverty.
- 29) Know too that First Nations' and Métis students deal with personal and systemic racism on a daily basis.
- 30) Other barriers to success can be a lack of preparation for the university [college] setting because of their prior educational experience and a lack of appropriate role models in their life. They may be the first person in their immediate family to be attending university [college].



4. Facilitating the Recruitment of Aboriginal People into University Nursing Programs

The Task Force has come to understand that Canada affords a limited number of supportive programs to Aboriginal people who wish to realize their dream of obtaining a degree in nursing. There are at least four different kinds of programs: preparatory or transition years, general Access Programs, Nursing Access Programs, and a community-based degree program offered in a First Nation Community. Each of these programs are highlighted in Appendices, Section C.

4.1 Preparatory Years or Transition Years

These programs assist students to attain university admission criteria for nursing and/or health programs. Examples include:

Aboriginal Pre-Health Education Program, Secwepemc Cultural Education Society, Simon Fraser University, University College of the Cariboo, Kamloops, British Columbia.

This program strives to assist First Nations students to be successful with their degree studies in nursing. The Secwepemc Cultural and Education Society and Simon Fraser University, with support from Secwepemc communities, the Shuswap Nation Tribal Council, and the University College of the Cariboo, offer an Aboriginal Pre-Health Program. The program prepares First Nations students for university entrance into the Faculty of Nursing or the Faculty of Science, leading to degrees in nursing, medicine, dentistry, rehabilitative medicine, or environmental health. The courses and resources available to students facilitate the students' transition to academic and professional life, and provide them with the skills needed for success in a university program.

Northern Health Sciences Access Program (NHSAP), Saskatchewan Indian Federated College (SIFC), Prince Albert, Saskatchewan.

Upon successful completion of this program, students may be eligible for admission to the Nursing Education Program of Saskatchewan, the partnership program offered by the Nursing Division, SIAST and the College of Nursing, University of Saskatchewan.

Health Education Access Program (HEAP), Keewatin Community College, The Pas, Thompson, Norway House Cree Nation.

The HEAP Program at Norway House is a regional program with students coming from many Aboriginal communities. Fully supported by the partnership among Manitoba Keewatinowi Okimakanak, the Norway House Cree Nation Education Division, and the University of Manitoba, this program is the first step for many to become health care providers, including registered nurses. Men and women who have completed high school, as well as those who lack a high school diploma but who have work experience and motivation, are eligible to apply to the HEAP. Students who successfully complete this program are eligible to apply to the Northern Baccalaureate Nursing Program in Norway House, or to the University of Manitoba's Joint-Bachelor of Nursing Degree offered in partnership with Keewatin Community College in Thompson and The Pas, Manitoba. HEAP is designed to be mobile throughout Manitoba. For example, the program has been offered in Norway House Cree Nation for the past two years, but has the potential to be offered in other First Nations communities, e.g., St Theresa Point.



Southern Nursing Program, College Prep for Nursing, Red River College, Winnipeg, Manitoba.

This program gives priority to Aboriginal students, recent immigrants, and single parents who demonstrate a need. They receive instruction in English, mathematics, chemistry, pre-nursing science, Introduction to College Studies, as well as a professional development course, a college orientation, and a psychology course. Students in the Southern Nursing Program have a variety of supports including academic advising, tutoring, supplemental classes, ESL instruction, personal support and counselling, cultural adjustment assistance, daycare and housing referrals, and access bursaries. After completing the preparatory and introductory classes students are guaranteed a seat in the Joint BN program offered by Red River College in collaboration with the University of Manitoba.

Native Nurses Entry Program (NNEP), School of Nursing, Lakehead University, Thunder Bay, Ontario.

Students who successfully complete this program are eligible to apply to the collaborative baccalaureate nursing program offered by Lakehead University and Confederation College.

Native Health Sciences Preparation Program, Six Nations Polytechnic, Ohsweken Ontario.

This one-year program is comprised of courses that prepare students to apply to programs in nursing or medicine. Six Nations Polytechnic does not have a nursing program. After graduating from the Native Health Science Preparation Program, students may transfer to a nursing program such as that offered at Mohawk College of Applied Sciences and Technology.

Nursing Access Program, Aurora College, Northwest Territories.

This ten-month program prepares students with courses in English, mathematics and biology, as well as health studies. Upon successful completion students may apply to the Northern Nursing Program at Aurora College. Though this program does not target Aboriginal students, 90 percent of the Nursing Access students are Aboriginal, and the number of Aboriginal students in the nursing program substantial.

Health Careers Access Program (HCAP), Nunavut Arctic College, Iqaluit, Nunavut.

This eight-month program is offered to students with at least a grade 10 diploma. Students are instructed in English, mathematics, science, and health studies. Students who complete this transition year are eligible to apply to the Arctic College degree nursing program offered in partnership with Dalhousie University.



Table 1. Preparatory Years or Transition Years for Aboriginal Students

Institution	Program	Entrance Criteria	Length	Content	Notes:
Secwepemc Education Institute (BC)	Aboriginal Pre-Health Program	<ul style="list-style-type: none"> • Dogwood Certificate • Adult Equivalency Course • College Prep Program • Exceptional circumstances 	11 months	Preparatory courses in mathematics, chemistry, biology, and physics University courses: English, First Nations courses, and a medical terminology course Supports: computer and research classes, Basic First Aid and CPR, tutoring, English writing workshops, academic advising, crisis support, and referrals.	
Saskatchewan an Indian Federated College (SK)	Northern Health Sciences Access Program	<ul style="list-style-type: none"> • Meet SIFC mature entrance requirements or • Adult 12 or • Complete Secondary Level Standing with a minimum 60% average 	10 months	Prepares students to meet the entrance requirements of the Nursing Education Program of Saskatchewan (NEPS)	Upon successful completion students are eligible for admission
Norway House & Keewatin Community College (MB)	Health Education Access Program	<ul style="list-style-type: none"> • High school completion • Mature student status 	10 months	Preparatory courses in mathematics, chemistry and biology, as well as college and university level courses.	Upon successful completion, students will meet the Faculty of Nursing entry requirements and have 21 university credit hours
Red River College (MB)	Southern Nursing/ College Prep for Nursing	<ul style="list-style-type: none"> • Priority given to Aboriginal and students, recent immigrants, and single parents who have Manitoba Senior 2 and entry-level competency in math and reading skills 	1 year	Preparatory courses in English, mathematics, chemistry, pre-nursing science, Introduction to College Studies, professional development, college orientation, and psychology. Supports: academic advising, tutoring, supplemental classes, ESL instruction, personal support and counselling, cultural adjustment assistance, daycare and housing referrals, and access bursaries.	Upon successful completion, students enter the Joint BN program; space is guaranteed.



<p>Lakehead University (ON)</p>	<p>Native Nurses Entry Program</p>	<ul style="list-style-type: none"> • Mature students • Healthcare workers with a minimum of grade 10 • Students with at least one year of post-secondary education • Exceptional circumstances 	<p>9 months</p>	<p>Preparatory courses: English, chemistry, mathematics, biology communications, professional development, study skills and logical reasoning</p>	<p>Upon successful completion, students are eligible for admission</p>
<p>Six Nations Polytechnic (ON)</p>	<p>Native Health Sciences Preparation Program</p>	<ul style="list-style-type: none"> • Grade 12 or equivalent • Mature student 	<p>1 year</p>	<p>Courses to prepare students for programs in nursing or medicine.</p>	<p>Students may transfer to the nursing program at Mohawk College of Applied Sciences and Technology</p>
<p>Aurora College (NT)</p>	<p>Nursing Access Program*</p>	<ul style="list-style-type: none"> • High school completion • Mature student status 	<p>10 months</p>	<p>Preparatory courses in English, mathematics and biology, and health studies</p>	<p>Upon successful completion, students may apply to the Northern Nursing Program</p>
<p>Nunavut Arctic College (NU)</p>	<p>Health Careers Access Program</p>	<ul style="list-style-type: none"> • Grade 10 diploma or equivalent 	<p>8 months</p>	<p>Preparatory courses in English, mathematics, science, and health studies</p>	<p>Upon successful completion, students may apply to the Nunavut Nursing Program</p>

* Note: The Nursing Access Program offered at Aurora College is not specific to Aboriginal students, however it has been included here as 90% of those who take this program are Aboriginal.



4.2 General Access and Transition Year Programs

These programs offer students academic and personal supports as they engage in university studies. Data suggest that few nursing students are enrolled in these general access programs or complete such programs and transfer into nursing programs. See Tables 8 through 18 in section 5.1 for a Canada-wide listing of programs.

Table 2. General Aboriginal Access and Transition Year Programs

Institution	Program	Entrance Criteria	Length	Content	Note:
Okanagan University College (BC)	Aboriginal Access Program	<ul style="list-style-type: none"> Completion of intermediate Adult Basic Education 	1 year	One-week orientation, academic preparation, academic, personal and cultural support with tutoring, access to computers, advising, and support from Elders .	
University of Northern British Columbia (BC)	Northern Advancement Program	<ul style="list-style-type: none"> Aboriginal ancestry 	1 year	Two-week orientation, credit courses in chosen field of study, along with courses in library skills, text-reading skills, financial management, exam strategies, and career planning	
University of Alberta (AB)	Transition Year Program	<ul style="list-style-type: none"> Aboriginal ancestry, and 60% high school average with at least 50% in all courses 	1 year	Classes in one of 8 streams leading to further studies in that faculty. Three-day orientation to the campus, as well as access to a student lounge, study space, computer lab, advocacy, tutoring, information about funding.	Complete transfer credits earned while in the access program.
University of Manitoba (MB)	Access Program	<ul style="list-style-type: none"> Preference given to Aboriginal students, residents of Northern Manitoba, and low income earners who meet the regular university entrance requirements, or who qualify for mature student status 	Duration of the student's degree	Pre-university orientation, academic advising, Introduction to University course, tutoring, personal support/counselling, and financial support	



<p>Georgian College (ON)</p>	<p>ShkiMiaan Access Program</p>	<ul style="list-style-type: none"> • Ontario Secondary School Diploma • Mature student status 	<p>1 year</p>	<p>Preparatory courses in communications, writing and speaking skills, human rights, career success, Ojibway language and culture, Native heritage, holistic health and healing, psychology, growth and development, Native family life, and one university/college course elective</p>	
<p>Lakehead University (ON)</p>	<p>Native Access Program</p>	<ul style="list-style-type: none"> • Aboriginal ancestry and mature student status 	<p>1 year</p>	<p>Preparatory courses in English, mathematics, and Native studies, plus up to three and a half university credits</p>	<p>Also available: tutoring, academic counselling, and a support network</p>
<p>Sault College (ON)</p>	<p>Native College Entrance</p>	<ul style="list-style-type: none"> • Aboriginal ancestry 	<p>1 year</p>	<p>Preparatory Courses with emphasis on read, writing, critical thinking, speaking, mathematics and computer skills</p>	<p>Health Science Career prep also available that guarantees a seat in Nursing, but it is not specific to Aboriginal students.</p>
<p>Six Nations Polytechnic (ON)</p>	<p>Native University Access Program</p>	<ul style="list-style-type: none"> • Aboriginal ancestry 	<p>1 year</p>	<p>First-year university courses.</p>	<p>Students who maintain a C average are guaranteed admission into any of the following universities: the University of Waterloo, Wilfred Laurier University, Guelph University, Brock University, or McMaster University</p>



<p>Trent University (ON)</p>	<p>Native Studies Diploma</p>	<ul style="list-style-type: none"> • Grade 12 • Mature student status (Aboriginal students are encouraged to enroll) 	<p>2 years</p>	<p>Students complete seven undergraduate courses, four of which must be drawn from Native Studies. A three-week pre-session course for first year students, introduces them to the institution, and upgrades academic skills. Strong personal support is offered throughout the program.</p>	<p>Students who complete the Diploma Program may transfer their credits to another program</p>
<p>John Abbott College (QC)</p>	<p>College Adaptation Program</p>	<ul style="list-style-type: none"> • Inuit ancestry 	<p>8 months</p>	<p>Students are encouraged take prerequisites and general core courses in the area they wish to pursue (i.e., nursing), as well as up to two Innuttut courses. Students are given the opportunity to participate in activities promoting the Inuit culture.</p>	<p>Students may enroll in a three-week summer orientation course which provides study skills and an introduction to southern, urban, and college life.</p>
<p>University of New Brunswick (NB)</p>	<p>Bridging Year Program</p>	<ul style="list-style-type: none"> • Aboriginal ancestry • Do not meet the university admission criteria 	<p>1 year</p>	<p>The program offers students the opportunity to take four courses, one of which must be a university course related to the field of their choice.</p>	
<p>Dalhousie University (NS)</p>	<p>Transitional Year Program</p>	<ul style="list-style-type: none"> • Aboriginal or African Nova Scotian ancestry 	<p>1 year</p>	<p>A range of courses can be adapted to meet individual needs. Scheduled tutorials are mandatory; additional tutoring is also available.</p>	<p>Preparatory courses are not for credit, but students who excel in a particular area may, with approval, take university courses in that area.</p>

NOTE: General access programs listed in the above chart are those specific to Aboriginal students.



4.3 Nursing Access Programs and Ongoing Support Programs

These programs are nursing- and Aboriginal-focussed. They may have aspects of preparatory/transition programs, as well as sustained academic and personal supports offered to students throughout their degree journey. Their goal is to offer maximum support to Aboriginal nursing students.

Native Access Program to Nursing (NAPN), Sihtoskatowin (Supporting One Another) for students enrolled in the Nursing Education Program of Saskatchewan (NEPS), at the College of Nursing, University of Saskatchewan, and the Nursing Division, Saskatchewan Institute of Applied Science and Technology (SIASST) in Saskatoon and Regina.

NAPN is a support and retention service for Aboriginal nursing students enrolled in the NEPS. True to its mandate, “success and excellence for Aboriginal nursing students,” NAPN supports students encountering the demands of a nursing degree program, first at the Nursing Division, SIASST, and in the final two years at the College of Nursing, University of Saskatchewan. Students receive academic and personal advising, tutoring, mentorship and culturally-appropriate counselling. NAPN also offers support and advocacy with childcare, housing, and funding concerns. NAPN offers a week-long fall orientation for students who are accepted into first year NEPS, where students can meet with NAPN staff, NEPS faculty and staff, and other Aboriginal nursing students. As well, it posts a monthly newsletter and organizes monthly luncheons for Aboriginal nursing students, enabling first year students to meet students in more senior years.

Nursing Access Program (NAP), Faculty of Nursing, University of Manitoba, Winnipeg, Manitoba.

NAP offers support for students throughout their program. In their first year, when students enter the University of Manitoba’s University 1 program, NAP provides an orientation to the university, as well as academic advising, personal counselling, tutoring, and financial assistance. These supports are in place until students graduate with their nursing degree.

Table 3. Nursing Access Programs and Ongoing Support Programs

Institution	Program	Available for	Duration	Content
University of Saskatchewan & Saskatchewan Institute of Applied Science and Technology (SK)	Native Access Program to Nursing	<ul style="list-style-type: none"> Aboriginal students enrolled in the Nursing Education Program of Saskatchewan at either the Saskatoon or Regina site. 	Supports students until they graduate	Academic and personal advising, tutoring, mentorship, culturally appropriate counselling, computer access, support and advocacy for childcare, housing and funding needs, as well as a Basic First Aid and CPR in the Fall orientation, monthly newsletters and luncheons.



University of Manitoba (MB)	Nursing Access Program	<ul style="list-style-type: none"> • Students who meet regular university requirements • Mature students 	Supports students until they graduate	Students take University 1 courses. The access office provides additional supports including an orientation to the university, academic advising, personal counselling, tutoring, financial, housing and childcare assistance.
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4.4 Nursing Degree Programs with an Aboriginal Focus

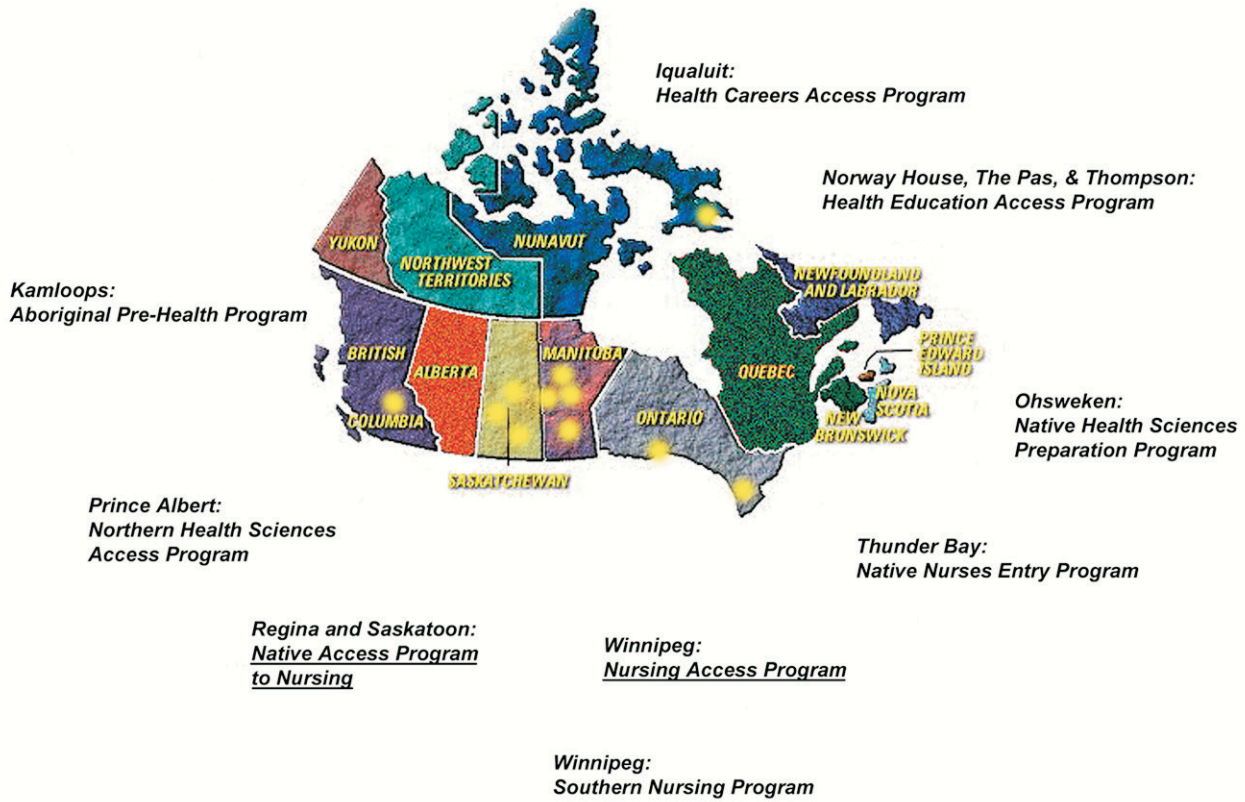
Perhaps the most unique nursing program in Canada is the Northern Nursing Program offered in Norway House Cree Nation in northern Manitoba. Students complete their first two academic years (spread over three years) in a First Nation community and then locate to Thompson or Winnipeg for their final two years. The program is community-based, involves a partnership with the Norway House Cree Nation, and collaboration with Manitoba Keewatinowi Okimakanak (MKO).

Table 4. Community-based Degree Programs Offered in a First Nations Community

Institution	Program	Entrance Criteria	Duration	Content	Supports
Norway House	U of M's BN degree located in the Norway House Cree Nation community	<ul style="list-style-type: none"> • University of Manitoba's BN entrance requirements 	3 years (the degree is completed at another university site)	The first two years of the University of Manitoba's BN degree	community daycare, tutoring, academic and personal counselling, and local housing



Figure A: Aboriginal Nursing Program Information



5. National Picture: The Need for Aboriginal Students in Nursing Education Programs

CAUSN members, including affiliated colleges and relevant colleges from across Canada, were surveyed (n=43) to determine progress made with respect to educating Aboriginal people. Of note is the substantial presence of general *Aboriginal student supports* at Canadian universities and colleges. It was reassuring to observe that 90.7% of CAUSN members and affiliated colleges, as well as other colleges, offer some kind of Aboriginal student supports. These supports include First Nations student associations, services, programs, centres, counselling units, and council. Aboriginal nursing students can access these supports by virtue of their presence at universities and colleges.

Some progress has been made regarding *general access programs*. These access programs are available to Aboriginal and non-Aboriginal students. They provide academic and personal supports to students who have been “disadvantaged” educationally, socially, economically, and politically. Students, supported by access programs, have a much better chance of being successful in their studies. Several universities and colleges reported, however, that the migration of students from these general access programs to nursing programs occurs infrequently.

Aboriginal Student Supports

Yes	No	Total
39 90.7%	4 9.3%	43 100%

General Access and/or Transition Year Programs

Yes	No	Total
16 37%	27 63%	43 100%

Transition or Preparatory Year Programs

Non-Aboriginal and/or Aboriginal Students			Programs Specifically for Aboriginal Students		
General	Health	Nursing	General	Health	Nursing
17	7	4	12	5	2



Universities and colleges have established *preparatory programs or transition years* for Aboriginal students. These programs prepare students to meet university admission or college admission criteria. They may also have elements of an access program (eg., academic and personal counselling), but their primary intent is to enable Aboriginal students to become admissible to nursing (or other health-related) programs.

Preparatory or Transition Programs in Canada

British Columbia: Aboriginal Pre-Health Education Program, Secwepemc Cultural Education Society, Simon Fraser University, University College of the Caribou, Kamloops.

Saskatchewan: Northern Health Sciences Access Program (NHSAP), Saskatchewan Indian Federated College, Prince Albert.

Manitoba: Health Education Access Program (HEAP), Keewatin Community College, The Pas, Thompson, Norway House Cree Nation.

Southern Nursing Program, College Prep for Nursing, Red River College, Winnipeg.

Ontario: Native Nurses Entry Program (NNEP), School of Nursing, Lakehead University, Thunder Bay.

Native Health Sciences Preparation Program, Six Nations Polytechnic, Ohsweken, Ontario

Two jurisdictions in Canada offer Nursing Access Programs; Saskatchewan and Manitoba. These programs offer support to Aboriginal nursing students throughout the duration of their program of studies.

Jurisdictions offering a preparatory program and/or a nursing access program have many more Aboriginal nursing students than those universities/colleges without such programming. Clearly, such programs are creating opportunities for Aboriginal people who wish to pursue a career in nursing.

Nursing Access Programs

1. Saskatchewan: Native Access Program to Nursing (NAPN) "Sihtoskatowin ~ Supporting one another~"

- Saskatchewan Institute of Applied Sciences and Technology
- University of Saskatchewan

2. Manitoba: Nursing Access Program (NAP)

- University of Manitoba: Fort Garry Campus

It is worth noting that it is the colleges that have taken a leadership role in preparing Aboriginal people for university-level nursing studies in Canada.



Designated Seats and Other Approaches to Recruitment

2 Seats	3 Seats	4 Seats	5 Seats or More	None
2 4.7%	1 2.3%	2 4.7%	4 9.3%	29 70%

- Nine (21%) universities/colleges in Canada annually set aside one to five seats for Aboriginal students.
- The University of Manitoba identified a “special admission category” which permits Aboriginal applicants to be considered outside of the general pool of applicants. Applicants meet the Faculty’s admission criteria, but they are “competitive” only among themselves.
- The University of British Columbia admits all Aboriginal students with an entrance average of 67%.
- The University of New Brunswick admits all students who successfully complete a bridging year.
- Some universities and colleges have designated a percentage of their total nursing program seats for Aboriginal students. They include: Okanagan University College, 6%; Saskatchewan Institute of Applied Sciences and Technology (SIASST), 12.2%; and the University of Saskatchewan, 12.2%.
- SIASST has recently adjusted their policy to have all nursing applicants compete in a general admission pool. Those applicants who self-identified as Aboriginal and were not successful in the competitive process will then be considered in the designated 12.2% pool, resulting in a higher number of Aboriginal students in the nursing program.



Table 5. Nursing Programs Reporting Five or More Aboriginal Students

University or College	Number of Students
Okanagan University College	6
University College of the Cariboo	16
University of Victoria	8* (approx)
University of Alberta	19
University of Lethbridge	5
Saskatchewan Institute of Applied Sciences and Technology	46
University of Saskatchewan	29
Red River College	19
University of Manitoba (Fort Garry Site)	17
University of Manitoba (Norway House Site)	10
Lakehead University	12
University of New Brunswick (Fredericton)	7
Dalhousie University	5
Memorial University	5
Aurora College	26 diploma**
Nunavut Arctic College	7

* University of Victoria: 27 Aboriginal students since 1996 in the third and fourth years; 8 = average

**Aurora College will have a degree program in Fall 2002



Table 6. Aboriginal Students Studying at the Graduate Level

University or College	Program	Number of Students
University of British Columbia	Master's	1
University of Alberta	Master's	4
University of Saskatchewan	Master's	1
University of Manitoba	Master's	1
Dalhousie University	Nurse Practitioner	1

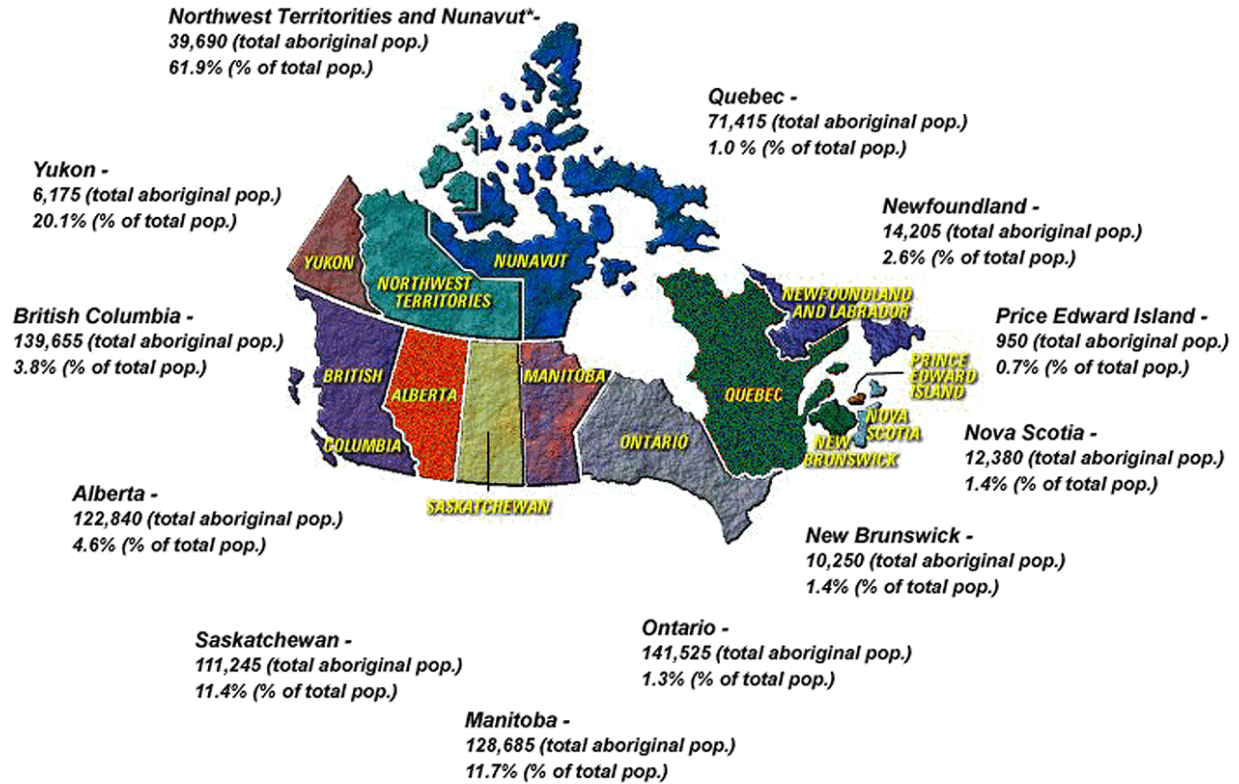
Although the Task Force focussed on undergraduate nursing education, it became evident that few nursing students of Aboriginal ancestry are pursuing graduate degrees. Of serious concern to the Task Force is the need for Aboriginal professorate who hold at least a Master's degree. Increasing the number of Aboriginal students holding Master's and doctoral degrees is a matter warranting attention by schools of nursing and nursing programs. The virtual absence of Aboriginal professorate and the need for role models within academe is borne out in the following table.

Table 7. Aboriginal Faculty Members

University or College	Number	Position
University of Victoria	1	Instructor
Grande Prairie Regional College	1	Instructor
University of Saskatchewan	1	Assistant Professor
Keewatin Community College	1	Instructor
	1	Clinical Instructor
Red River College	3	Southern Nursing Program Instructors
	4	Nursing Program Instructors
University of Manitoba (Fort Garry)	1	Instructor
University of Manitoba (Norway House)	1	Lecturer
McMaster University	1	Clinical Instructor
Ryerson University	2	Instructors
Sault College	1	Instructor
University of Toronto	2	Instructors
Aurora College	1	Instructor
Nunavut Arctic College	2	Instructors



Figure B: Aboriginal Population by Province



* The Nunavut Territory is not included as it was a part of the Northwest Territories in 1996 when the census was taken.

Figure C: Aboriginal Population in Canadian Cities

British Columbia:

Vancouver-

31,140 (Total Aboriginal Population)
1.7% (% of Total Population)

Victoria-

6,570 (Total Aboriginal Population)
2.2% (% of Total Population)

Alberta:

Calgary-

15,195 (Total Aboriginal Population)
1.9% (% of Total Population)

Edmonton-

32,825 (Total Aboriginal Population)
3.8% (% of Total Population)



Saskatchewan:

Regina-

13,605 (Total Aboriginal Population)
7.1% (% of Total Population)

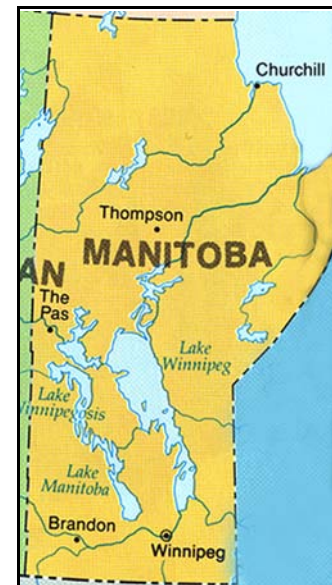
Saskatoon-

16,160 (Total Aboriginal Population)
7.5% (% of Total Population)

Manitoba:

Winnipeg-

45,750 (Total Aboriginal Population)
6.9% (% of Total Population)



Ontario:

Hamilton-

5,460 (Total Aboriginal Population)
0.9% (% of Total Population)

Ottawa-Hull-

11,605 (Total Aboriginal Population)
1.2% (% of Total Population)

Sudbury-

4,625 (Total Aboriginal Population)
2.9% (% of Total Population)

Toronto-

16,095 (Total Aboriginal Population)
0.4% (% of Total Population)

Thunder Bay-

7,325 (Total Aboriginal Population)
5.9% (% of Total Population)



Quebec:

Montreal-

9,965 (Total Aboriginal Population)
0.3% (% of Total Population)

Quebec-

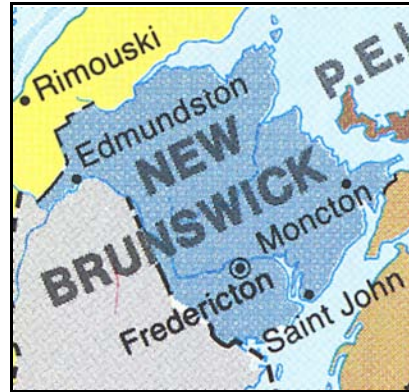
2,605 (Total Aboriginal Population)
0.4% (% of Total Population)



New Brunswick:

Saint John-

665 (Total Aboriginal Population)
0.5% (% of Total Population)



Nova Scotia:

Halifax-

2,115 (Total Aboriginal Population)
0.6% (% of Total Population)



Newfoundland:

St. John's-

700 (Total Aboriginal Population)
0.4% (% of Total Population)



5.1 Provincial Perspectives

In the following tables “General Access Program “ and “Nursing or Health Preparatory Program” refer to those programs that are available for Aboriginal students, but are not exclusive to Aboriginal students. Please note that the data regarding the number of Aboriginal students are self-declared. Furthermore, the data were presented verbally by representatives of Nursing programs.

Table 8. British Columbia

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal and Supports</i>	<i>Number of Aboriginal Nursing Students</i>	<i>Number of Aboriginal Faculty</i>
1. Camosun University-College	no	no	no	none	First Nations Student Association	2	0
2. British Columbia Institute of Technology	no	no	no	none	First Nations Programs and Services	0	0
3. Kwantlen University-College	no	no	no	none	First Nations Education Support	2	0
4. Malaspina University-College	yes	no	no	none	First Nations Student Services	3 BScN	1Instructor teaching the Home Support Resident Care Program
5. Okanagan University-College	no	no	no	6% of seats designated to Aboriginal students	Aboriginal Services & Programs	6	0
■ Secwepemc Education Institute	–	yes	–	–	–	–	–
6. University-College of the Cariboo	no	no*	no	none	First Nations Student Association	16 (approx)	0
7. University of British Columbia	no	no	no	Aboriginal students with 67% are admitted	First Nations House of Learning	1 Master's	0
8. University of Northern British Columbia	yes	no	no	none	First Nations Centre	3	0

9. University of Victoria	no	no	no**	none	Aboriginal Student Services	8***	1 Instructor
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* The University College of the Cariboo does not have a preparatory program, but they are closely connected to the Aboriginal Pre-Health Program offered at Secwepemc Education Institute (accredited through Simon Fraser University).

** The University of Victoria only offers the third and fourth year of the program.

*** There have been 27 Aboriginal nursing students at the University of Victoria since 1996; we have taken the average

Table 9. Alberta

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students</i>	<i>Number of Aboriginal Faculty</i>
1. Grande Prairie Regional College	no	no	no	2 seats	Services for Aboriginal Students	uncertain (low)	1 Instructor
2. Keyano College	no	no	no	4 seats	Aboriginal Student Centre	4	0
3. University of Alberta	yes	no	no	4 seats	Native Student Services	19 BScN 4 Master's with 1 student continuing on to PhD studies	0
4. University of Calgary	no	no	no	none	Native Centre	3	0
5. University of Lethbridge	no	no	no	none	no	5 BN (approx) 3-4 Post-diploma	0

Table 10. Saskatchewan

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students</i>	<i>Number of Aboriginal Faculty</i>
1. Saskatchewan Indian Federated College	no	yes	no	none	yes	23 in NHSAP	Primarily Aboriginal
2. Saskatchewan Institute of Applied Sciences and Technology Nursing Education Program of Saskatchewan (NEPS) Regina and Saskatoon campus	no	no	yes	12.2% of seats	Aboriginal Student Activity/ Counselling Centres & NAPN	46 Years 1 & 2 (NEPS)	0
3. University of Saskatchewan Nursing Education Program of Saskatchewan (NEPS) Regina and Saskatoon campus	no	no	yes	12.2% of seats	Aboriginal Student Centre & NAPN	29 Years 3 & 4 (NEPS)	1 Assistant Professor

Table 11. Manitoba

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students</i>	<i>Number of Aboriginal Faculty</i>
1. Keewatin Community College	no	yes	no	none	Mamawechotan Aboriginal Centre	uncertain	1 Instructor 1 Clinical Instructor
2. Red River College	no	yes	no	none	Aboriginal Student Resource Centre	12-14 in Southern Nursing Program & 19 in the Joint BN Program	3 in the Southern Nursing Program & 4 in the Nursing Program
3. University of Manitoba Fort Gary Campus	yes	no	yes	<i>Special Student Admission Category</i>	Aboriginal Student Centre	17 in the Nursing ACCESS Program	1 Instructor
4. University of Manitoba Norway House	no	yes	no	<i>Special Student Admission Category</i>	yes	20 in the Health Education Access Program 10 in 2 nd Year	1 Lecturer 1 Student Advisor

Table 12. Ontario

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students</i>	<i>Number of Aboriginal Faculty</i>
1. Cambrian College	yes	no	no	none	Wabnode Institute	2-3 (approx)	0
2. Lakehead University	yes	yes	yes*	none	Aboriginal Programs and Services	17 in NNEP 12 in BScN (through NNEP)	0
3. Laurentian University	no	no	no	none	Laurentian University Native Education Council (LUNEC)	uncertain	0
4. McMaster University	no	no	no	2 seats	no	1 Nurse Practitioner	1 Clinical Instructor
5. Mohawk College of Applied Arts and Technology	yes	no	no	none	Aboriginal Student Services	1	0
C Six Nations Polytechnic	yes	yes**	–	–	–	–	–
6. Queen's University	no	no	no	none	Four Directions Aboriginal Centre	0	0
7. Ryerson University	no	no	no	none	Aboriginal Student Services	1 (approx)	2 Instructors
8. Sault College	yes	yes	no	none	Native Student Centre	1	1 Instructor
9. Trent University/Sir Sanford Fleming College	yes	no	no	none	Native Studies Department & Native Education Council	3	0
10. University of Toronto	yes	no	no	none	First Nations House	0	2 Instructors
11. York University	yes	no	no	none***	First Nations Aboriginal Students Association	2****	0
• Georgian College (Partner with York University)	yes	yes	no	unofficially a <i>Special Admissions</i> status	Anishnabe Resource Centre	2 (approx)	0

* The Native Nurses Entry Program at Lakehead University is a transition year program, but support for students continues when they enter into the Nursing program.

** This program will be offered in affiliation with Niagara College next year, and will be slightly different.

*** York University offers Year Three and Year Four, the first two years are completed at Georgian College, Seneca College or Durham College.

**** Interviewee did not know of any Aboriginal nursing students, but according to another source, the Aboriginal Health Careers Program 2001 Scholarship Business Awards, there are at least 2 Aboriginal nursing students attending York University.

Table 13. Québec

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students</i>	<i>Number of Aboriginal Faculty</i>
1. John Abbott College	yes	no	no	none	First Nations Resource Centre	5 diploma program	0
2. McGill University	no	no	no	none	First People's House	0	0
3. Université du Québec à Trois-Rivières	no	no	no	none	none	0	0

Table 14. New Brunswick

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students</i>	<i>Number of Aboriginal Faculty</i>
1. University of New Brunswick (Fredericton)	yes	no	no	yes*	none	7	0

*Students who complete the general Bridging Year are guaranteed seats in the program of choice.

Table 15. Nova Scotia

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students</i>	<i>Number of Aboriginal Faculty</i>
1. Dalhousie University	yes	no	no	none	Native Education Counselling Unit	5 BScN 1 Nurse Practitioner	0
2. St. Francis Xavier University	no	no	no	none	Aboriginal Student Advisor	0	0
3. University College of Cape Breton	yes	no	no	5 seats	Mi'kmaq Student Centre	2	0

Table 16. Newfoundland

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students</i>	<i>Number of Aboriginal Faculty</i>
1. Memorial University of Newfoundland	no	no	no	3 seats	Native Liaison Officer	5	0

Table 17. Northwest Territories

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students*</i>	<i>Number of Aboriginal Faculty</i>
1. Aurora College Affiliated with the University of Victoria	no	yes	no	none	yes	14 (approx) in nursing access 26 (approx) in diploma program	1 Instructor

* Aurora College currently offers a diploma program; however, it will offer the BScN degree in 2002 in collaboration with universities in BC.

Table 18. Nunavut

<i>University/College</i>	<i>General Access/ Prep Program</i>	<i>Nursing or Health Preparatory Program</i>	<i>Nursing Access Program</i>	<i>Admissions Policy (Reserved Seats)</i>	<i>Aboriginal Student Supports</i>	<i>Number of Aboriginal Students</i>	<i>Number of Aboriginal Faculty</i>
1. Nunavut Arctic College	no	yes	no	none	yes	7 in diploma program 5 in Health Careers Access Program	2 Instructors

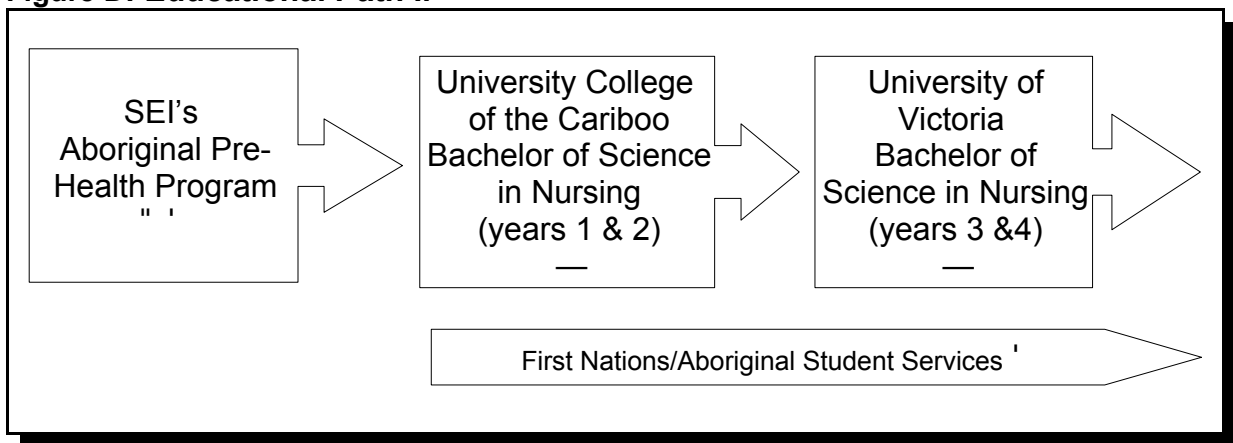
5.2 Examples of Educational Paths for Aboriginal Students Pursuing a Nursing Degree

There are many different ways in which Aboriginal students are supported at universities and colleges in Canada. The Task Force provides four examples or prototypes by which students can gain admission and complete nursing programs. In Figure D students complete a pre-health program offered by the

Key: " = Preparatory Program
 — = Nursing Program
 ' = Aboriginal Student Supports
 Z = Nursing Access Support Program

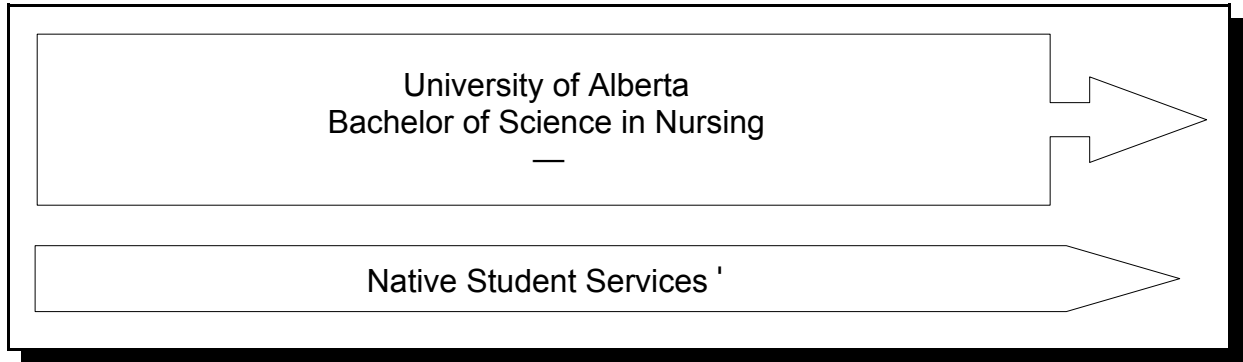
Secwepemc Education Institute and thereby meet the admission criteria for University College of the Cariboo. Years One and Two of the nursing degree program are offered by the University College of the Cariboo. Students then complete Years Three and Four with the University of Victoria. First Nations/Aboriginal Student Services operates separately but in parallel and is available to all students starting their first year of studies at the University College of the Cariboo.

Figure D: Educational Path I.



In Figure E, Aboriginal students are admitted to the Faculty of Nursing, University of Alberta. Students receive support from “Native Student Services” as they complete their BScN degree. These support services are offered centrally at the University of Alberta and operate outside of the degree program.

Figure E: Educational Path II.



A third model arises from the Saskatchewan Institute of Applied Sciences and Technology (SIASST) and the University of Saskatchewan. Students complete years one and two of their degree program at the Nursing Division (SIASST). In Saskatoon, they then relocate to the College of Nursing (University of Saskatchewan) for their final two years. In Regina, the entire four years are housed at the Wascana Campus, SIASST so students do not relocate. The structure of the program is the same at both the Regina and Saskatoon sites: the first two years are offered by the Nursing Division, SIASST and years three and four are offered by the College of Nursing, University of Saskatchewan.

Students are offered integrated academic and personal supports through the Native Access Program to Nursing (NAPN). This Access Program is made available upon admission to the Nursing Education Program of Saskatchewan (NEPS), i.e., commencing in years one and two at the Nursing Division (SIASST), and then continues without interruption at the College of Nursing (University of Saskatchewan) in years three and four.

As an example, the following figure illustrates the educational path of a student choosing to pursue nursing studies in Saskatoon. Please note, however, that a parallel process exists at the Regina campus.

Figure F: Educational Path III.

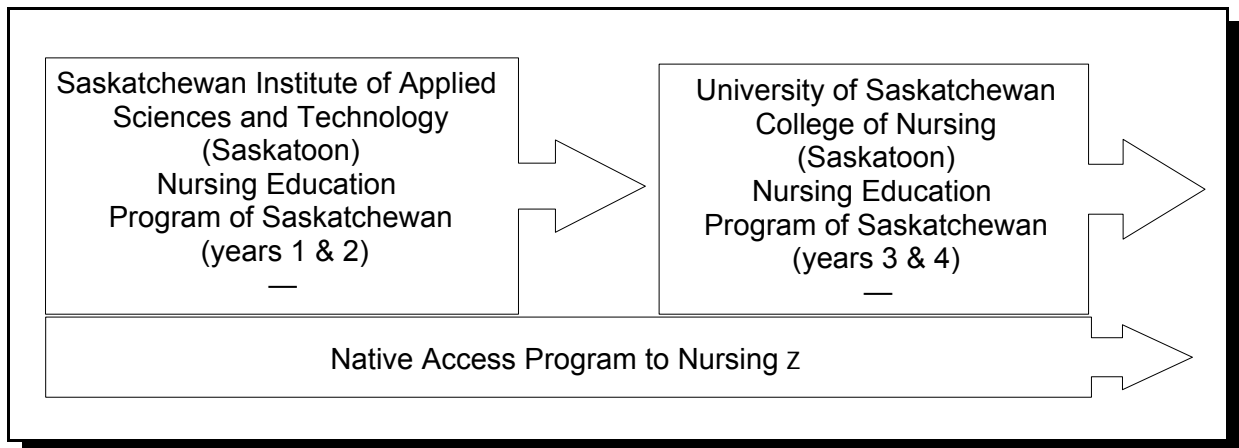
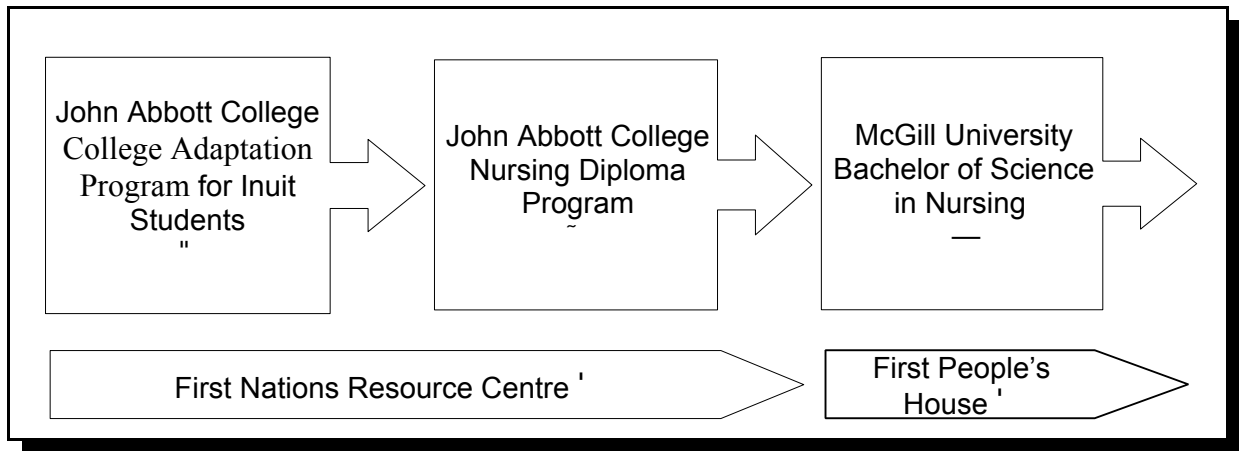


Figure G: Educational Path IV.



In this final figure, Aboriginal students, and in particular Inuit, complete the College Adaptation Program at *John Abbott College*. Graduates of this program then enroll in the nursing diploma program offered by the College. During these first two programs, Inuit students can access the First Nations Resource Centre. Upon completion of their nursing diploma program, students can then apply for admission to McGill University to complete the BScN degree. While at McGill, university students have access to resources offered by the First People's House.

5.3 The National Outlook

5.3.1 Students Lacking Academic Preparation

The percentage of Aboriginal students graduating from high school is well below the national average. Many of the Aboriginal students who choose to pursue nursing have to obtain their grade twelve equivalency. Additionally, many students who graduate from high school have not obtained instruction in the sciences, mathematics, and English, courses required for admission to nursing programs. For some students, these educational deficits reflect a lack of resources and the limited availability of teachers with particular expertise.

Some programs have been established which encourage younger Aboriginal students to pursue sciences with the hopes that more of these students will not only graduate from high school, but also be interested in science-based careers. Although few in number, preparatory programs are enabling more students to pursue nursing studies at post-secondary institutions.

Celebrating Success

University of British Columbia (BC): UBC offers the Summer Institute for Aboriginal Health, a science program which exposes secondary students to the health sciences within a university residence setting.

University of Alberta (AB): UA has entered discussions with the head of Amiskinawy Academy, an Aboriginal school in the area. They are considering more strategic links between the two levels of education by (1) bridging relationships between student advisors at the university and the high school level, (2) introducing nursing as a career option as early as the grade 8 level, and (3) establishing mentoring between university nursing students and those interested in nursing.

Saskatchewan Institute of Applied Science and Technology (SK): Recruitment efforts include career fairs and presentations in Aboriginal communities. The University of Saskatchewan and SIAST's "Super Saturday" program for students in grades 4-6 and 7-12 will be piloted for nursing this summer. Eleven Aboriginal communities are involved in this effort to introduce students to a variety of educational opportunities.

Red River College (MB): RRC has noticed that the level of education of incoming students has improved over the past 2-3 years, enhancing their retention rate.



Existing programs:

- *Secwepemc Education Institute (BC) - Aboriginal Pre-Health Program*
- *Saskatchewan Indian Federated College (SK) - Northern Health Sciences Access Program (NHSAP) www.sifc.edu*
- *Norway House & Keewatin Community College (MB) – Health Education Access Program (HEAP) www.keewatincc.mb.ca*
- *Red River College (MB) - Southern Nursing/College Prep for Nursing www.rrc.mb.ca*
- *Urban Circle Training Centre, Inc. (MB)*
- *Lakehead University (ON) - Native Nurses Entry Program (NNEP) www.lakeheadu.ca*
- *Six Nations Polytechnic (ON) - Health Sciences Preparation Program www.snpolytechnic.com*
- *Georgian College (ON) - ShkiMiiian (“New Roads”) Access Program www.georgianc.on.ca*
- *Sault College (ON) - General Arts and Sciences Health Career Prep www.saultc.on.ca*
- *John Abbott College (QC) - College Adaptation Program www.johnabbott.qc.ca*
- *Aurora College (NT) - Nursing Access Program (NAP) www.auroracollege.com*
- *Nunavut Arctic College (NU) - Health Careers Access Program (HCAP) www.nac.nu.ca*

University College of the Cariboo (BC): Students graduating from the Aboriginal Pre-Health Program with Secwepemc Education Institute (SEI), accredited through Simon Fraser University, can apply to UCC.

Saskatchewan Indian Federated College (SK): Since September 2001, SIFC has offered the Northern Health Science Access Program (NHSAP) in Prince Albert to meet the criteria for entrance into nursing. The NHSAP focuses on access into health science programs, but the majority of students are interested in pursuing nursing. SIFC, in partnership with the University of Saskatchewan and SIAST, is planning to offer the NEPS in Prince Albert as of fall 2002. This means that students located in northern Saskatchewan will have closer access to the program.

Norway House (MB): The Health Education Access Program (HEAP) is offered in partnership among Norway House Cree Nation, Keewatin Community College, and Manitoba Keewatinowi Okimakinak. Following this transition year students complete 3 years at Norway House, and then transfer to either Keewatin Community College (Joint Bachelor of Nursing Program in Thompson or The Pas) or the University of Manitoba (Winnipeg or Brandon sites) to complete their degree.



Norway House (MB): There are 25 seats available for the HEAP, and student demand exceeds that number. Approximately 15 HEAP students plan to take nursing next fall. The first intake of students into the HEAP program were only at the grade 8 level. They were able to obtain their high school 40S courses and are progressing well. These students were all special admissions students, but now applicants have completed high school or are transferring from another university program. The students in the HEAP program receive instruction in five university credit courses, as well as English writing skills, grammar, time management and study skills. Academic, social, and personal aspects of each individual are addressed. The Norway House HEAP program also offers a cultural component to student learning.

Keewatin Community College (MB): Keewatin Community College's Thompson and The Pas sites offer Preparation for Nursing, a ten-month program funded with access dollars. The program, with 25 seats at each location, includes instruction in math, chemistry, biology, and English, as well as two university courses that may be transferred towards a BN degree. An academic advisor contacts students monthly to follow up on their progress. This program is available to Aboriginal students, but not exclusively designated for them.

Red River College (MB): RRC offers the Community College Access Program, which consists of the one-year Southern Nursing Program/College Prep for Nursing Program (SNP/CPN). The Southern Nursing program is specifically for Aboriginal and immigrant Canadians. Approximately 20-25 students are enrolled, and students are turned away because of insufficient resources. This program has no waiting list.

The College Prep for Nursing Program has no mandate for specific designated groups. Approximately 20-25 students are enrolled in this program and there is a two-year waiting list. Students coming from the SNP/CPN are automatically guaranteed a spot in the Joint Bachelor of Nursing Program (offered in partnership with the University of Manitoba) if they maintain at least a 60% average in their courses. If students achieve less than 60% in a course, they may be admitted to the degree program on condition that they retake that course to meet the 60% requirement.

Aboriginal content and perspectives are incorporated in the delivery of most courses in the access program.

Urban Circle Training Centre, Inc. (MB): The Urban Circle Training Centre mission statement reads: "Utilizing the philosophy of the Medicine Wheel, Urban Circle Training Centre Inc. is a non-profit, community-based organization whose objective is to provide Aboriginal People with skill specific training targeted to job-market demands." Whereas academic access programs tend to focus on academic preparation, the Urban Circle model is decentralized and offers a more holistic model. Balancing the four-dimensional need of the community (emotional, mental, physical, spiritual) can propel a student into further education and training. This program has demonstrated success and has expanded over the past 12 years.

Lakehead University (ON): The Native Nurses Entry Program (NNEP) started in January 1987; as of May 2002, 22 BScN graduates have utilized the NNEP program. NNEP is for mature students only (21 and over) and its mandate is to provide an opportunity to access nursing for those students who do not meet the entrance requirements. The NNEP is a 9-month program (September to April) with a 2-week field placement with a Native health related agency at the end of the program. Students are automatically accepted into BScN after successful completion of NNEP.



Six Nations Polytechnic (ON): The Health Sciences Preparation Program consists of a year of upgrading and is geared towards preparing students to apply to nursing or medicine at the college or university of their choice. Currently seven Aboriginal students are in this program and all the instructors are Aboriginal.

Georgian College (ON): The ShkiMiaan (“New Roads”) Access Program is a transitional year preparing Aboriginal students to enter the nursing program at York university. The Pre-Health Program offers similar training but is not directed towards Aboriginal students. The joint nursing program with York University means that students are guaranteed a spot in the university program in their third year. to apply to the university as they are guaranteed a spot there in their 3rd year.

Sault College (ON): Sault College offers two access streams. The General Arts and Sciences - Health Career Prep stream enables students to obtain required courses to enter nursing. The Native College Entrance Program focuses on English skills, orientation to the University setting, and introductory courses in various disciplines. Students in either stream have access to the Native Student Centre which offers peer tutoring, a commuter lab, a learning resource centre, and Liaisons. Elders in the Community offer cultural opportunities and support. Those students who successfully complete the transition-year program are guaranteed a seat in the nursing program.

John Abbott College (QC): The two-semester College Adaptation Program is specifically for Inuit students: approximately 20 students are in the program currently. Though no formal nursing access program is in place, students wishing to pursue nursing are encouraged to obtain their prerequisites/general core courses. Currently, five Aboriginal students are in the three year nursing program: 2 in each of the first and second years, and one graduating this semester. Students graduating with their nursing diploma may then transfer to a university to complete a nursing degree. Ten Inuit students have graduated from nursing since 1989. Of those 10,4 completed their nursing diploma, and three of those went on to complete their degrees. These programs are successful because they are flexible and well supported by administration.

Dalhousie University (NS): Although eastern Canada has limited nursing access programming, Dalhousie University does offers a one-year Transition Year Program specifically for African Nova Scotian and Aboriginal students.

Aurora College (NT): The Nursing Access Program is a one-year program offered in conjunction with the regular nursing program. Upon successful completion, students are automatically accepted into nursing. Currently they offer the diploma program in 2.5 years; however, in 2002 they will be admitting approximately 30 students into a BScN offered in collaboration with the University of Victoria and its institutional partners. The Department of Health and Social Services in the Northwest Territories dedicates a whole division to recruitment and retention of nurses.

Nunavut Arctic College (NU): The Health Careers Access Program (HCAP) is an eight-month program offered in Iqaluit to students who have attained at least a grade ten level, who can speak, read and write Inuktitut/Inuinnaqtun. The students are instructed in English, mathematics, science, and health careers. Upon successful completion students may enter into the nursing degree program offered in partnership with Dalhousie University.



Barriers

High School Completion

- Many Aboriginal people have not their high school education. According to one participant, “38% of First Nations students are completing high school, 8.2% have the required courses for university in British Columbia”. These students require upgrading, a grade 12 equivalency test, or a transitional year program. Often access to adult education centres and/or independent learning centres for upgrading is limited or even unavailable. One-on-one instruction is critical to promote academic success among Aboriginal students.

Prerequisites

- Across the country, academic preparation for the post-secondary level is inadequate for Aboriginal students. Most students have insufficient training in math, sciences, and English, and do not meet the prerequisites for admission into degree programs. Students from remote and isolated communities attend schools with insufficient resources and may not have had lab experiences and limited basic science training. Students who study science through correspondence are often successful. Even if students are accepted into nursing programs, they struggle with difficult science-based courses such as anatomy and physiology, especially since these courses are packed into a tight time frame. These challenges often cause Aboriginal students to drift away from nursing and into other faculties.
- Grade equivalency is widely variable: a student with a Grade 12 diploma may only show Grade 9 reading/writing and comprehension skills.
- Many Aboriginal students entering post-secondary institutions in Canada struggle with English. Indeed English is a second language for many of them. To succeed in an academic setting, they need assistance to improve their language and writing skills.
- Time management is another area of concern. Many students have not learned how to balance course load and assignments with extra-curricular activities and family demands.
- Different learning styles may not be recognized nor accommodated by instructors.
- Federally-funded schools do not always meet the same educational standards as provincial schools, a problem that was repeatedly brought to the Task Force’s attention.

Resources/Facilities

- In remote and isolated areas, inadequate resources have a significant impact on students’ access to education. Some courses, especially sciences, are available on a limited basis.
- Often students attend schools in their home communities (reserves) until Grade 8 and then must leave to attend high schools in urban settings. Relocating can result in poor academic performance.

Lack of Exposure

- Young Aboriginal students are not necessarily exposed to the full range of healthcare service providers, so may not consider a career in the field.
- Secondary schools tend to place students into specific academic streams at an early age. It is crucial to present students with multiple career possibilities as early as possible, and follow through with information about necessary courses.



5.3.2 Lack of Access/Program Initiatives

Recruiting and retaining Aboriginal nursing students are more successful when Nursing Access Programs are available at a university or college. Unfortunately, these programs are few in number across the country. It is important to increase the number of Aboriginal people admitted to nursing programs and to support those students once they have been admitted. Several universities and colleges have admission policies that include reserved seats for Aboriginal students who meet admission criteria; these students compete only with other Aboriginal people for placement in nursing programs.

Celebrating Success: Existing programs

- *University of Saskatchewan & Saskatchewan Institute of Applied Science and Technology (SK)* - Native Access Program to Nursing (NAPN) www.usask.ca ; www.siaast.sk.ca
- *University of Manitoba (MB)* - Nursing Access Program (NAP) www.umanitoba.ca

Okanagan University College (BC): A special admission policy reserves 6% of seats for Aboriginal students in all faculties.

University of Northern British Columbia (BC): A specific academic plan for 2002-2007, titled "Planning for the Future: A Collaborative Effort to Develop a Future Network of Aboriginal Students in Nursing," suggests allocating 6-12 seats per year or 10 to 30% of available seats to Aboriginal students. The plan addresses the admission process, and recommends reviewing the minimum academic requirements, as well as implementing a more congruent process, including an oral interview for potential nursing students. Pre-admission counselling/advocacy and mentoring services specific to nursing are also identified within the plan as a strategy to recruit Aboriginal nursing students. Lastly, the plan suggests that geographic catchment status of the applicant should be reviewed as an indicator to prioritize admission.

University of Saskatchewan & Saskatchewan Institute of Applied Science & Technology (SK): Though no nursing transition/preparatory program exists, 12.2% of the nursing program seats are reserved for Aboriginal students (19 seats in Saskatoon, and 10 seats in Regina). In addition, the NAPN supports Aboriginal nursing students once they are admitted to the Nursing Education Program of Saskatchewan (NEPS). Previously NAPN was an access program that acted as a preparatory year; however, in 1997 NAPN became a support system assisting with retention. That change was based on finances and an increase in the number of students who were applying with the necessary pre-requisites. The NAPN staff provide a wide range of supports, and have also been involved in the development of curriculum (i.e., ensuring case studies accurately reflect the Aboriginal culture). The nursing faculty works closely with NAPN to ensure student success.

University of Manitoba (MB): The Nursing Access Program (NAP) supports students throughout their nursing degrees, from an orientation week before they begin their University I studies to access to academic and personal counselling, tutoring, and financial assistance throughout their years at the university.

Lakehead University (ON): The Native Nurses Entry Program (NNEP) staff provide support to students throughout their degree program.



McMaster University (ON): Though no nursing access program in place, two seats within nursing are allocated to Aboriginal students.

Six Nations Polytechnic (ON): The Native University Access Program, a general access program, consists of first year university courses. There are 24 Aboriginal students in the program this year, and six of the eight instructors are Aboriginal as well. Those students who maintain a 'C' average, are automatically admissible to the University of Waterloo, Wilfred Laurier University, Guelph University, Brock University, or McMaster University.

Six Nations Polytechnic (ON): The Health Science Focus Group, is a community initiative to increase the number of Aboriginal students choosing health profession fields. The Polytechnic will be holding a gathering with the First Nations education authorities to develop a strategy which addresses the following: (1) academic preparedness, (2) which universities are willing to take these students, (3) what supports will be in place for the students once in the program, and (4) financial stability to allow students to complete the program successfully.

Queen's University (ON): As of the fall of 2002, 5 seats in nursing will be reserved for Aboriginal students meeting the university's 70% entrance requirement. Students who self-identify on the personal information application form will be reviewed by both the admission office and staff from the Four Directions Aboriginal Centre who help identify who would succeed and then maintain communication and assist with tailoring the program (i.e., perhaps not taking a full course load) to maximize their chances of success.

Trent University & Sir Sanford Fleming College (ON): The nursing program just started in the fall of 2001, and though no nursing access program exists at this time, developing one is a priority.

Cambrian College (ON): Cambrian College recognises the need to increase the number of Aboriginal registered nurses and they are trying to promote this as a career option.

Mohawk College (ON): According to the Registrar's Office, Mohawk College has no special admission policy in place because they cannot set aside seats for a particular group when they are oversubscribed; their strict quotas are funded by the ministry.

University College of Cape Breton (NS): Though 5 seats out of 30 are reserved for Mi'kmaq students, they have yet to fill all of these seats.

Memorial University of Newfoundland (NF): The 3 seats reserved for Aboriginal students are open to students from across the country and therefore, though these are filled each year, the students are not necessarily from Newfoundland and Labrador. The school of nursing is willing to increase the number of reserved seats if Aboriginal groups request that change formally.

Barriers

Access

Financial

- Lack of sufficient financial supports for individual Aboriginal students.
- Along with their many advantages, collaborative partnership programs do require increased funding for the additional committees and meetings required to make the collaboration work.
- Funding for Health Careers at the University of British Columbia was cut when the federal



government directed these monies to the Chiefs' Health Committee for dispersion; funding has not been directed to this program.

- Need more funding for the Native Access Program to Nursing (Saskatchewan) since the number of applicants has steadily increased. NAPN currently exists in Regina and Saskatoon and will be required in Prince Albert.
- Lack of funding to provide distance education approaches for nursing education.

Resources/Facilities/Academic

- Increasing the number of Aboriginal students requires additional funding for new faculty as well as curriculum review to incorporate Aboriginal content.
- Limited classroom space and personnel hinder program delivery.
- Students who choose to complete practicums on a reserve have difficulty finding faculty (clinical course directors) with an understanding of those particular working conditions.
- Fewer institutional supports are available in centres with small Aboriginal populations.
- Faculty members working in remote and isolated communities receive limited compensation for living in the north, and therefore it is hard to recruit on-site faculty to these areas.
- Overtaxed faculty have too little time to deliver an Access program.
- Admission committees oppose special admissions criteria for Aboriginal students.

5.3.3 Lack of Support Programs

Many Aboriginal students face multiple challenges when pursuing a nursing degree. Students are more likely to succeed when supports are in place to reduce financial, educational, family, and personal stress.

Celebrating Success

Saskatchewan Indian Federated College (SK): The Northern Health Science Access Program (NHSAP) assists students in finding childcare as well as affordable housing. The SIAST has an excellent reputation for supporting students and seeing them through the nursing program.

University of Saskatchewan (SK): In total, 11 nursing students were hired this past summer to work in Aboriginal nursing health settings. One third-year student worked at the Willow Cree Health Centre (on a reserve), and two students were hired to work for NAPN. The Saskatchewan Tribal Council has presented employment opportunities on the reserves which helps to retain students because they see the opportunities available to them.

University of Saskatchewan and SIAST (SK): An excellent mentoring program (NAPN) matches first- and second-year students with third- and fourth-year students. A one-week orientation before classes begin and monthly lunches thereafter helps students overcome feelings of isolation.

Red River College (MB): RRC offers a combination of personal and academic supports to facilitate the success of its students. Among the personal resources are counselling, instruction in conflict resolution and time/stress management, weekly professional development workshops (often with an Aboriginal focus), Medicine wheel and Elders' teachings, and access to the Aboriginal Student Resource Centre. Academic supports include tutoring, particularly in English and ESL, supplemental instruction, and bi-weekly student review meetings with faculty members.



Red River College (MB): The Southern Nursing Program/College Prep for Nursing value flexibility in meeting the needs of the students. The philosophy of the program is that it is a “two-way” partnership; they offer supports and help, but the students need to access those supports.

Norway House (MB): The community-based model of education makes this program highly valued not only by the Norway House Cree Nation but by reserves throughout northern Manitoba. Communities would rather send their students to Norway House than to programs in communities that are closer in proximity because they know that students will be supported by the community. Elders are involved in teaching at Norway house and a traditional camp held for students and faculty each fall. During the academic year students may also receive support from an academic and personal counsellor on-site.

Urban Circle Training Centre, Inc. (MB) Based on their assessments, if the group as a whole requires something specific, such as a parenting program, the Urban Circle will make arrangements. Supports are provided to each individual class in addition to each individual student. Staff are available by phone on a 24-hour basis as part of a crisis intervention. Students have always been very respectful of this service as they understand that the staff have their own limitations and families; it has never been an encroachment.

Laurentian University (ON): The faculty do their best to help Aboriginal students once they are in the program, and they have never lost an Aboriginal student.

John Abbott College (QC): The staff at the First Nations Resource Centre go above and beyond “the call of duty,” maintaining contact with every Aboriginal nursing student, even after graduation. A strong partnership and integration exists between the First Nations Resource Centre and the Nursing Program, a situation that remains uncommon in other institutions.

Barriers

Financial

- Participants acknowledged limited funding to support students, through, for example, academic counsellors, tutors, etc.
- Space and personnel are limited, hindering program delivery.

Personal Supports

- Many students are dealing with life issues such as the loss of a child, court custody battles, history of addictions, which can severely affect their learning.
- Although some educational institutions claim to recognize Aboriginal perspectives-their actions and behaviour belie this claim. For example, on-campus fiddling music, drumming, and smudging ceremonies resulted in complaints about noise, and the need to adhere to the “non-smoking” policy at one educational institution. Faculties and schools of nursing are challenged to accommodate Aboriginal culture and customs in the face of institutional restrictions and regulations. Options that meet all needs must be pursued.
- Aboriginal approaches/perspectives always need to be justified at educational institutions, according to several participants.
- Institutions struggle with attitudinal barriers to or a lack of awareness of other world ontologies and epistemologies with respect to teaching, learning, and healing.



Integration Between Aboriginal Services and Nursing Programs

- Frequently no specific supports for Aboriginal nursing students exists within nursing programs. Often nursing and Aboriginal counselling services only connect over academic, social or financial crises. Programs and counselling services should ideally be linked, but in reality this does not always occur.

5.3.4 Funding

For the most part, Aboriginal students who apply are able to receive funding for their tuition, as well as a living allowance if they are studying full time. In spite of being a national program, students reported that funding criteria and coverage varied from one Band or community to another. Many students find that the living allowance is insufficient to cover their expenses, or that the demands of the nursing program require them to study with a lighter course load. Scholarships, bursaries and awards are available for Aboriginal students who qualify. Funding is also available through the First Nations and Inuit Health Branch's Health Careers Program. Unfortunately, substantial financial challenges continue to exist for Aboriginal students.

Celebrating Success

Red River College (MB): RRC offers 59 bursary spots for all three Access divisions, in addition to the funding received by Band-sponsored students.

Norway House (MB): FNIHB has presented incentives for fourth-year students to be trained for nursing in rural areas and nursing stations. Students can receive up to \$12,000 for the last year of education, a signing bonus, as well as valuable mentoring through exposure to hospitals and nursing station work, all at a paid salary.

Barriers

Issues Associated with Funding

- Aboriginal students will have their funding "cut" if they do not take a full course load, even though it is difficult to manage full-time professional studies.
- Because of the high demand for funding, restrictions have been enacted. Normally, funding is available for four years of studies, even though many students take five years to complete the program, and students must maintain at least 60% of a full course load. Students usually take 3-3.5 years to complete the first two years of studies is key to helping students succeed in a science-based program such as nursing.
- Waiting lists for Band funding do not always correlate well with waiting lists for nursing programs. Because nursing programs often require a wait of 2-4 years, students will opt for faculties with quicker entry.
- Funding opportunities and Band Council meeting times often do not coincide; an educational opportunity may arise, but the Band does not meet in time to facilitate the process. The lack of information flow can be discouraging for applicants.
- Students who fail a course may lose funding or have to repay their Band. As well, federal funding is not as generous as it used to be which results in more pressure to succeed the first time.

Insufficient Funds

- Relatively few scholarships are available for Aboriginal students, and Bands do not have enough



money to support all students.

- Student loans and Band funding do not cover all student expenses, especially for students with children.
- Sometimes funding is not secured when a student arrives at a school. Norway House Cree Nation, for example, tries to accommodate the student who arrives without money, furniture, and food, but such accommodation is not sustainable long-term.
- Students who have dependants face a difficult challenge: inadequate funding may mean that they cannot bring their families with them, but leaving family behind results in low student retention.
- Because of insufficient funds, some students have to borrow money which creates a substantial debt load upon graduation.

5.3.5 Culture Shock

Many Aboriginal students experience culture shock upon arriving at university or college. Not only do many have to move away from their home and families, but they are also entering a culture that is different from their own. They often lack means of keeping in touch with their families, since many homes in some communities do not have telephones. Peer support can be invaluable in retaining students in a nursing program.

Celebrating Success

University of Toronto (ON): The large number of Aboriginal people in all programs contributes to the university environment and helps Aboriginal students feel welcome.

Lakehead University (ON): The Native Nurses Entry Program is a small class which helps with socialization. These 10 to 15 students provide valuable support to one another.

Barriers

• Supports

- Students feel lonely and displaced, and return home because they feel unsupported emotionally.
- The small number of Aboriginal students in many urban nursing schools results in a lack of a peer support system.
- Universities and colleges tend not to be friendly because of a large student population and expansive buildings. One student offered this assessment: "It's overwhelming to be on campus, and simply getting an information package is inadequate— this is a general campus barrier, not specific solely to nursing."

Adjustments

- Without the familiar support of family and Bands, students feel painfully isolated.
- Students who move from a reserve or isolated community must adjust to the change from a small community to a larger, often urban, one, as well as to the change from high school to post-secondary education.
- Students coming from the north experience particularly acute cultural shock; some cannot cope with the change, especially when it is compounded with loneliness, and return to their home communities.
- Students often struggle to balance the demands of family and study, especially when family responsibilities are aggravated by a move or when a family is divided by a relocation.



5.3.6 Cultural Differences

Many colleges/universities across the country are consulting with Aboriginal communities or have advisory councils to help negotiate cultural differences. English is a second language for many Aboriginal students which has an impact on their ability to communicate well. Also, communication styles vary considerably across different cultures presenting a barrier for many Aboriginal students in the classroom setting. Culturally, many Aboriginal students may assume more of a listener role in conversations, waiting for an invitation to participate.

Celebrating Success

Red River College (MB): RRC hosts a multicultural awareness day, cancelling classes so that all students can participate.

Norway House (MB): Students in the Norway House program are encouraged in their public speaking in both English and Cree.

Georgian College (ON): The Indian and Inuit Health Career Programs funded a two day workshop for the Faculty of Nursing in Aboriginal culture; approximately 40 staff attended. With this cultural training and awareness, the nursing faculty have become open to and interested in what the Aboriginal services are doing. As well, funding from the Indian and Inuit Health Career Program has made possible the addition of native-specific case studies in the curriculum.

Ryerson Polytechnic University (ON): Aboriginal students fit in because everyone at the university is unique. Rather than focus on one group of people, the school celebrates the general diversity of race, culture, and age, while concurrently acknowledging the uniqueness of people. Students feel like “individuals.”

John Abbott College (QC): AC fosters links with the community outside the college as a way of signalling their respect for the partnership with Aboriginal people.

Barriers

Time

- Hunting and fishing season may draw students away from classes for periods of time.

Communication

- According to several participants, Aboriginal students tend to be more reflective in their listening in the classroom, whereas instructors expect more assertive participation.
- The culture of nursing, with its expectation of assertive behaviour, may interfere with the success of Aboriginal students who are often quiet and uncomfortable in such an aggressive context.
- Faculty and classmates are often unaware of the collision between Aboriginal culture and more common classroom etiquette; when Aboriginal students are interrupted or cut off, they are less likely to speak out again.

Cultural Understanding

- Faculty members' lack of awareness about Aboriginal cultures may cause them to misunderstand a student's needs. For example, when a student's auntie dies and he or she



wishes to return home for the funeral, a professor may not understand that this relative may be surrogate mother.

- Because they often represent different socioeconomic backgrounds and social contexts than the mainstream, when Aboriginal students talk about their experiences on the reserve or about their culture, other students may treat them with fascination and curiosity. Aboriginal students can offer a significant learning opportunity for others, but that situation is not without its challenges.

5.3.7 Family Pressures

Family and community play a significant role in the life of Aboriginal students. Commitment to one's family often takes priority over careers and studying. Families can be supportive of students, but they can also request significant amounts of the student's time and energy.

Barriers

Family Commitment

- Aboriginal students generally feel acutely their family obligations and need to leave at times because of demands back home. Students may even decide to leave a program if someone in their family is sick.
- Family members, intentionally or unintentionally, may place demands on a student.
- Many Aboriginal students are single parents, which adds a significant set of demands to their already heavy academic load.

Understanding from the Family

- Family expectations may be incompatible with the pressures of academic life. A lack of experience with post-secondary education compounds the difficulty negotiating between these competing demands.
- Spouses may sabotage a student's academic performance. A partner may require a female student to be cook, housekeeper, and parent, as well as student. If partners fear students will become too smart and leave them, they may make studying difficult.

5.3.8 The Need for Infrastructure Supports

Aboriginal students who pursue a degree in nursing face many hurdles. For example, once students are accepted into a program, they must arrange housing (a special challenge if they are relocating), child care, and access to public transportation, all within the restraints of their budget.

Celebrating Success

Norway House (MB): Support services include a new apartment block, a 15-passenger van that picks up and delivers people, a daycare, and tutoring at cost to the Norway House Cree Nation. The community supports those pursuing nursing degrees.

Cambrian College (ON): Its location itself is a strength; most students prefer to attend a university/college that is closer to their home community. Band education counsellors tend to recommend Cambrian College because of its location.

Mohawk College and McMaster University (ON): Both institutions are located close to the Six Nations reserve.



Barriers

Childcare

- Approximately 80% of Aboriginal students have children. Because students have often moved away from their support system/family, they cannot rely on a network to help in times of need. Some institutions even advise students with families to bring their own family sitters (such as relatives or partners) from their home communities.
- Daycare cost is high and daycare availability is low. One daycare, in a community of 6,000 has space for only 70 children and it is full. Affordable daycare is at a premium.
- Even when students find daycare, facilities may not offer adequate hours of care: students need to be able to drop off children before early-morning shifts or pick them up after a day-shift. Childcare issues can interfere with a student's ability to fulfil the practical obligations of a nursing program.

Housing

- In some communities, housing is extremely hard to find. For instance, the vacancy rate in northern Manitoba is 1%, and though provincial housing is available in Thompson it is limited and in poor condition.
- In many centres, available housing is too costly, especially given a limited funding support.
- Often affordable housing is not proximate to the academic institution, requiring students to assume the added burden of commuting, often with children in tow, or of having children cared for in a different section of the city.
- Married students or students with families often have difficulty finding housing on campus.

Transportation

- Public transportation is limited in remote areas. For example, public transportation is non-existent in The Pas. A car is assessed as an asset on student loan applications, even when it is a necessary tool to obtain one's education.
- Students, especially parents, relocating to urban centres may have significant transportation needs commuting to school and clinical placements, as well as to schools or childcare centres. Given the distance between affordable housing and campuses, and the particular characteristics of bus routes and scheduling, some students may require personal vehicles within urban areas actually serviced by public transportation.

5.3.9 Discrimination

Discrimination is a sensitive topic. Defined as "treatment or consideration based on class or category rather than individual merit; partiality or prejudice." (www.Dictionary.com), some Aboriginal students admitted experiencing discrimination while pursuing their nursing degrees.

Celebrating Success

University of Northern British Columbia (BC): All students in their first year are required to take a First Nations studies course, taught by an Aboriginal faculty member.

Barriers

- Racism, discrimination, and prejudice exist. The fact that racism, discrimination and prejudice in nursing are not well-publicized may contribute to a general complacency and a belief that they



simply do not exist.

- Attitudinal barriers blind people to other ways of looking at the world.
- Some students who leave nursing programs have claimed “personal reasons.” Further investigation established that these students, who were performing well academically, left because their relationships with instructors were strained. The students were uncomfortable because they had no personal relationship with instructors and they felt certain that disagreeing with an instructor would result in “negative consequences.” From the students’ perspective, faculty were not student-friendly.
- Classrooms can be demeaning to Aboriginal students who face student cliques and negative body language. In several instances, Aboriginal students were clearly excluded from group projects.

5.3.10 Lack of Role Models

Schools of nursing in Canada would like to employ Aboriginal faculty, but few Aboriginal students complete graduate degrees. Through mentoring and encouragement, nursing students at the undergraduate level will consider pursuing graduate work. Supporting more Aboriginal nursing students through the transition to clinical practice is another critical activity in the process of fostering significant role models for others.

Celebrating Success

Malaspina University College (BC): An effective mentoring program pairs up first-and-second year students with senior students who provide tutoring and support.

The University of Alberta (AB): UA recognizes the importance of role models in the community and faculty, and is aware of the need to encourage Aboriginal students to pursue master and doctoral level studies. Four Aboriginal students studying at the graduate level this year; one intends to pursue her doctorate next year.

University of Saskatchewan (SK): The single Aboriginal faculty member, a full-time Assistant Professor who is fluent in Cree, is in the process of developing a course in Aboriginal health. She intends to pursue her PhD.

Norway House (MB): The single Aboriginal faculty member is commencing doctoral studies.

Norway House (MB) Graduates from this program site now work at the Norway House Hospital.

Lakehead University (ON): Students who have completed the NNEP serve as role models (i.e., past graduates are guest speakers). The nursing program maintains contact with students after they leave the NNEP.

Dalhousie University (NS): The Nurse Practitioner Program (Outpost Nursing Program) often places students in the north where they serve as good role models by making nursing visible.

Aurora College (NT): Students are hired in nursing stations as clerks or translators.

Barriers

- Aboriginal role models in nursing are too scarce.



- Too few adequately-prepared Aboriginal people are available to assume faculty positions. Nursing programs need to attract and support Aboriginal students through graduate programs so that they are properly prepared to take on these roles.
- Sometimes students are under supported by their home communities. Elders may fear that students who are encouraged to pursue university degrees will not return home.

5.3.11 Lack of a Marketing Strategy

With an increased awareness of the need to recruit Aboriginal nurses, more schools of nursing are making efforts to create inclusive marketing strategies.

Celebrating Success

Queen's University (ON): If Senate approves five dedicated seats, then this information will be promoted on the university website, Four Directions Aboriginal Centre's website, and possibly the Aboriginal Nurses Association of Canada website.

University of Manitoba (MB): Promotional material displays Aboriginal students. Manitoba Keewatinowi Okimakanak has hired a full-time nursing student recruiter for Northern Manitoba.

Red River College (MB): Because its programs have been quite well known, RRC has needed to spend less on recruitment efforts.

Norway House (MB): Word is spreading throughout the north that the Norway House location of the University of Manitoba's BN program is unique. After seeing the first four graduates successfully complete the program, other students have enrolled in the program as word spreads throughout the North.

Dalhousie University (NS): Marketing efforts are a part of the general recruitment and updated promotional material features Aboriginal students. The first Aboriginal student who graduated from the Nurse Practitioner Program is highlighted on the university's homepage; the news of her graduation has been publicized in both local and community newspapers.

Sault College (ON): Sault College is engaging in a concerted effort to recruit and retain Aboriginal people into nursing. Posters and a recruitment video feature Aboriginal people as nurses. Their website features testimonies of Aboriginal students and they are developing brochures as well.

Nunavut Arctic College (NT): Recruitment efforts are occurring in junior and senior high schools, at the Nunavut Arctic College Learning Centers in each community, and in community health centers. Recruitment activities include: visits, presentations, brochures and posters, television announcements, an open-house involving adult educators and high schools, and calls home to local radio stations by nursing students promoting the nursing program. These efforts are designed to counter the limited knowledge about the Health Careers Access Program and nursing in general, resulting from a high turnover of school staff and principals.

Barriers

Funding

- UBC tried to arrange for an Aboriginal graduate student to go into the community to recruit, but the proposal was not funded.



- Marketing targeted specifically to Aboriginal students is often lacking because of insufficient funding.

Poor Targeting

Frequently, promotional material does not include Aboriginal students.

- Sometimes institutions undertake general Aboriginal recruitment/promotion for all programs, but they focus on populations in the south and do not include northern communities and schools.
- Recruitment efforts are usually by invitation, for example at Career Days. Schools may not host these events or may not invite representatives from a particular institution.

Time

- Participants reported a lack of time for recruitment activities.

5.3.12 Lack of Cultural Awareness Within Nursing Curricula

Faculty within nursing programs as well as those within the nursing profession need to be aware of and sensitive to Aboriginal culture.

Celebrating Success

Aurora College (NT): Aurora College offers a course for the faculty entitled, 'Living a Life: A Nursing Perspective on Aboriginal Health' designed by two Elders. Eventually, this course will be required in the BScN program.

Barriers

Schools of Nursing

- The unspoken assumption seems to be that students are mainstream and urban, which results in a conspicuous absence of culturally-relevant curricula for courses. Course content does not reflect Aboriginal attitudes and beliefs about death/dying and preventative health.
- Most institutions have inadequate linkages between schools of nursing and Aboriginal Student Centres.
- Course content does not reflect current health issues. For example, little attention is given to Aboriginal health issues even though Aboriginal people may be the highest users of the health care system in certain jurisdictions across Canada.



5.4 Recommendations: CAUSN Members and Colleges

5.4.1 Highschool Completion Academic Preparation

There is an urgent need to ensure that Aboriginal youth complete their high school education—and that the quality of their education, including the presence of math, English, and science courses, be such that students meet university and college entrance requirements.

Education is the key to a better future for Aboriginal people in Canada. Current attrition and completion rates are undermining this future.

To that end, the Task Force recommends:

1. That the federal, provincial and territorial school systems, in partnership with Aboriginal groups, conduct a review of the current schooling situation and offer tangible and timely measures to increase the number of Aboriginal students completing highschool.
2. That Aboriginal communities ensure students complete core courses such as math, science, and English which are required to gain entry to university/college programs such as nursing.
3. That the federal, provincial and territorial school systems make tutors readily available to Aboriginal high school students, especially for science, math and English courses.
4. That teachers in First Nation and Métis communities, and Inuit settlements build upon Aboriginal learning styles and incorporate appropriate pedagogical approaches to teaching.
5. That teachers approach Aboriginal students as ESL learners, as appropriate.
6. That Aboriginal communities encourage and support Aboriginal people to pursue

degree and advanced level nursing education for careers as registered nurses including nurse practitioners, researchers, and nursing professors.

7. That Aboriginal children be introduced to health career options and opportunities commencing as early as kindergarten.

5.4.2 University/College Admission Criteria and Policy

There is a low number of Aboriginal students enrolled in nursing programs across Canada. With the ever increasing need for Aboriginal nurses, affirmative action warrants consideration and action. It is interesting to note that there has been success in programs existing in Saskatchewan and Manitoba where efforts in this regard have been established.

To this end, the Task Force recommends:

1. That CAUSN members and colleges consider designated seats within programs, for example, the Nursing Education Program of Saskatchewan (NEPS) offered jointly by the Nursing Division, SIAST and the College of Nursing, University of Saskatchewan designates 12.2% of the seats for Aboriginal students.
2. That CAUSN members and colleges consider an admission category for admissible Aboriginal students as a separate cohort. Aboriginal students who fully meet admission criteria are thusly considered for admission within cohort.



5.4.3 Transition/Preparatory Years and Nursing Access Programs

While general access programs for Aboriginal and other people are indeed effective, the Task Force learned that few students enter nursing from these programs.

As well, admissible Aboriginal students are being turned away because of the limited number of funded seats. For example, at the University of Manitoba, funding for the Nursing Access Program restricts the number of seats to seven, while the number of applicants exceeds forty.

To this end, the Task Force recommends:

1. That CAUSN members and colleges consider establishing transition or preparatory years that permit Aboriginal students and others to meet nursing program entrance requirements.
2. That CAUSN members and colleges, the Canadian Nurses Association, and other relevant groups brief provincial governments and universities on the need for Nursing Access Programs.
3. That Health Canada, Indian and Northern Affairs, and Human Resource Development Canada consider funding mechanisms and/or opportunities for Nursing Access Programs and transition/preparatory years for Aboriginal nursing students. Funding for this initiative could be offered to the provinces/universities for a maximum time period, eg., 5 years.
4. That a Nursing Access Program be established at the Six Nations Polytechnic (SNP) and SNP could then be partnered with Mohawk College or McMaster University to allow students to pursue their nursing degree.
5. That Health Canada, Indian and Northern Affairs, Human Resource Development Canada in partnership with the provinces

consider “topping up” transition/preparatory years and successful Nursing Access Programs so that additional seats are funded.

6. That Nursing Access Programs assist Aboriginal students with the following:

- obtaining daycare that accommodates nursing students’ clinical hours
- locating appropriate housing
- budgeting and managing finances
- offering academic advisement and personal counselling
- establishing a “gathering place” for Aboriginal students

Schools without an Access program should offer systematic assistance to meet these student needs.

5.4.4 Program Flexibility

There are Aboriginal students who show great potential as baccalaureate educated nurses, but find the work load overwhelming. Some students have families that require their time, others have difficulties because they have not been as prepared for the demands of a professional program, have learning disabilities, or struggle with English as their second language.

To this end, the Task Force recommends:

1. That CAUSN members consider program flexibility that permits students to complete more challenging courses over a longer period of time; for example, anatomy and physiology might be completed over two terms instead of one.



5.4.5 Curriculum

Many Aboriginal students find that the curriculum comes from the western world view, and thus it is difficult for them to relate and/or it is not as applicable to the circumstances in which they see themselves nursing.

To this end, the Task Force recommends:

1. That CAUSN members and colleges review existing curricula to ensure they are addressing Aboriginal ontology and epistemology in nursing courses as appropriate.
2. That CAUSN members and colleges offer rural/northern nursing as core or elective courses, as appropriate.
3. That CAUSN members and colleges ensure senior practicum experiences in northern/rural communities and nursing stations are permitted and actively encouraged.
4. That CAUSN members and colleges ensure the choice of non-nursing Native Studies electives such as Traditional Healing, Native Medicine, and the Aboriginal People of Canada are permitted and actively encouraged.
5. That CAUSN members and colleges maximize the availability of clinical opportunities in Aboriginal communities, for example, clinical placements for community health nursing students could take place in Aboriginal communities.
6. That CAUSN members and colleges increase development and delivery of on-line courses at the undergraduate level in rural and remote regions of Canada.
7. That CAUSN members and colleges ensure faculty, staff, and students are

afforded opportunities for cultural awareness and sensitivity.

5.4.6 Community-Based Programming

Community-based programs have demonstrated success eliminating some of the barriers that students face when pursuing their nursing degrees such as having to leave family and their support network. These programs deliver the same education but adapt to learning needs, and include cultural understanding of nursing for the Aboriginal students.

To this end, the Task Force recommends:

1. That Health Canada (and other appropriate branches of the Federal Government) offer developmental monies to CAUSN members and colleges to establish community-based nursing programs in First Nations communities as per the Norway House model offered by the University of Manitoba.

5.4.7 Bursaries and Scholarships

Many Aboriginal students find that the funding that they receive is insufficient to cover the costs of living and attending university/college.

To address this problem, the Task Force recommends:

1. That Health Canada, Indian and Northern Affairs, and Human Resource Development Canada establish targeted bursaries for undergraduate and graduate Aboriginal nursing students.

5.4.8 Funding of Post-Secondary Students

The majority of CAUSN members and colleges identified the need for accountability related to how Aboriginal students were



selected for educational support by First Nations communities.

To address this issue the Task Force recommends:

1. That all organizations involved with funding Aboriginal post-secondary students ensure ongoing measures of accountability, eg., Federal, Provincial, First Nations and private foundations.

2. That Indian and Northern Affairs review whether the current level of funding for post-secondary education is adequate for professional programs such as nursing degree programs.

3. That Indian and Northern Affairs consider whether funding for nursing programs should be extended by one year, given the expectations and demands of a professional program.

4. That wherever possible, travel funds be allocated to students enabling them to return home at least twice a year.

5.4.9 Creating Virtual Communities for Aboriginal Nursing Students

Often Aboriginal students feel isolated and alone without the peer support from other Aboriginal students.

To address these problems the Task Force recommends:

1. That Health Canada (Indian and Inuit Health Careers) provide funding to support a virtual community (chat room) for Aboriginal nursing students. The chat room could be located on the Aboriginal Nurses Association of Canada website.

2. That Health Canada (Indian and Inuit Health Careers) provide funding to establish a “clearinghouse website” for information related to Nursing Access Programs,

transition years, and bursaries and scholarships. This resource could be located on the Aboriginal Nurses Association of Canada website.

5.4.10 Data Base: Aboriginal Nursing Students

CAUSN currently requests how many Aboriginal students are enrolled in a nursing program or have graduated from member schools. At present, not all schools/colleges know how many Aboriginal students are actually enrolled in programs because this information is normally self-declared.

To this end, the Task Force recommends:

1. That funded Aboriginal nursing students are identified to schools/colleges for statistical purposes only.

2. That admission forms for CAUSN members and colleges request that applicants self-declare their Aboriginal status for statistical/administrative purposes only.

3. That CAUSN encourage members to collect data on the following:

- number of Aboriginal nursing students at the undergraduate and graduate levels;
- number of Aboriginal nursing graduates over time.

5.4.11 Partnerships with CAUSN Members and Affiliates

At times, despite geographical proximity, schools of nursing and Access Programs do not have formal linkages and often operate in parallel. As well, the present relationship between FNIHB and schools of nursing is most often ad-hoc and informal. It would be greatly beneficial if more agencies involved in the education of Aboriginal nursing students fostered partnerships that were in the best interest of the students.



To that end, the Task Force recommends:

1. That First Nations and Inuit Health Branch (FNIHB) and nursing schools establish more formal relationships.

2. That schools of nursing, Access Programs, and Aboriginal communities work more closely together.

3. That schools of nursing and Aboriginal communities establish more formalized partnerships such as advisory councils or committees.

4. That schools of nursing identify specific faculty as point-persons and mentors for Aboriginal students.

5. That schools of nursing invite Elders, traditional healers, and community leaders to teach students as appropriate.

5.4.12 Role Models and Recruitment

Aboriginal children need to be introduced to a broader range of nursing roles and activities, as what they see in their communities is limited in scope.

To this end, The Task Force recommends:

1. That CAUSN member schools and colleges encourage Aboriginal graduates to engage in recruitment activities in Aboriginal communities.

2. That CAUSN member schools market promotional materials to include culturally diverse Aboriginal communities.

3. That CAUSN member schools ensure information regarding access and transitional year programs is easily locatable (for example, on websites) and at a reading level that facilitates understanding.

4. That CAUSN member schools make concerted efforts to attract Aboriginal

students into graduate programs. The University of Alberta leads the country with four students in their Master of Nursing Program.

5. That CAUSN member schools make efforts to hire Aboriginal faculty and staff into nursing programs.

6. That Health Canada (eg., Indian and Inuit Health Careers and/or other relevant departments) provide funding for a national recruitment campaign targeting Aboriginal children, teens, and young adults. The campaign would direct print materials to all First Nations, Inuit, and Métis communities in Canada, and could also include ads on the Aboriginal Peoples Television Network.

7. That Health Canada, in partnership with Human Resource Development Canada, establish strategic nursing student recruiter positions across Canada especially in those areas of the country that have programming and infrastructure in place. For example, a full-time nursing student recruiter was hired by the Manitoba Keewatinowi Okimakanak (MKO) with positive results. This recruiter travelled to First Nations communities throughout northern Manitoba and met with Education Directors.

8. That the Inuit Tapirisat Kanatami in partnership with FNIHB and CAUSN schools in Nunavut and the Northwest Territories take measures to ensure the presence of Inuit students in nursing programs as the need for Inuit registered nurses is critical.



6. Against the Odds: Voices of Aboriginal Students

The Task Force invited Aboriginal nursing students from across Canada to share perspectives on their educational experiences. Each person told us her or his story about being a nursing student. Their stories are instructive. They help us to understand the many, ongoing, and real challenges faced by Aboriginal people who pursue post-secondary education in Canada. The Task Force presents 16 student profiles which highlight facilitating and inhibiting factors, the challenges and triumphs experienced by these Aboriginal students. Although not necessarily representative of all Aboriginal nursing students in Canada, their experiences are indeed validated in the literature and research review found in the next section of this report.

Students were enrolled in university nursing programs in British Columbia (n=4), Saskatchewan (n=3), Manitoba (n=5), Ontario (n=1), Nova Scotia (n=1) and the Yukon Territory (n=2). Data were collected through open-ended telephone interviews.

The students' stories reveal their indomitable human spirit as they strive to complete their nursing degrees. Despite the odds, students were determined to become registered nurses. Such determination was deeply rooted in commitment: to oneself, to one's family, and to the Aboriginal people.

The particular struggles faced by Aboriginal nursing students are multilayered, complex, and numerous. The Task Force has organized them into five categories.

The Students: Demographic Profile

Table 19 on the following page, provides a demographic overview of the sixteen nursing students. This student "profile" confirms current research and literature about Aboriginal nursing students

- Thirteen of the sixteen students self-identify as First Nations students. Three students are Métis. Despite our efforts to include a diverse group of students, none of them are Inuit.
- Fifteen students were female.
- Six of the sixteen students were married or lived with a partner. Seven of the sixteen students were single, and of this number four were single parents, while three were divorced single parents.
- Twelve of the sixteen students have dependents. Interestingly, female students with dependants report financial support similar to single female students with no dependants.
- In contrast to First Nations students, Métis students receive little or no financial support.
- Eleven of the sixteen students were enrolled in urban-based nursing programs.



Table 19. Demographic Data: Nursing Students

Name	Age	Gender	Relationship Status	# of Dependants	Status	REPORTED FUNDING			Year in Program	Access Program
						<i>Tuition Support</i>	<i>Books per semester</i>	<i>Allowance per month</i>		
Helen	N/A	F	Common Law	1	FN	N/A	N/A	\$600	Master's	No
Barbara	35	F	Married	1	FN	Full	\$200	\$800	3	No
Beth	N/A	F	Single	0	Métis	None	None	None	3	No
Candy	35	F	Divorced	3	FN	Full	Full	<\$1400	2	No
Vanessa	25	F	Single	1	FN	Full	Full	\$1200	4	No
Veronica	N/A	F	Single	2	FN	Full	Full	\$1274	2.5	No
Kyle	28	M	Single	0	Métis	None	No	\$800	2	No
Allyson	30	F	Divorced	5	FN	Full	Full + \$200/yr supplies	\$1455	2	Yes
Reva	45	F	Single	2	FN	Full	Full	\$1149.50	2	No
Pamela	N/A	F	Married	0	FN	Full	Full	\$895	2	Yes
Linda	19	F	Single	0	Métis	None	None	None	1	Yes
Nancy	N/A	F	Married	2	FN	Full	Full	\$300	4	No
Rhonda	37	F	Divorced	2	FN	Full	Full	\$1305	4	Yes
Susan	N/A	F	Single	1	FN	Full	Full	\$1145	3	No
Marianne	N/A	F	Married	3	FN	Full	\$250	\$1000	1	No
Deborah	39	F	Married	3	FN	Full	Full	None	N/A	Yes

Note: Candy's allowance has been reduced since her son moved back to live with his father; a new allowance amount was not available. All names are pseudonyms.

6.1 Becoming a Registered Nurse

The particular struggles faced by Aboriginal nursing students are multilayered, complex, and numerous. The Task Force has organized them into five categories. These challenges act upon students as facilitators or inhibitors as they strive to become registered nurses.

Role Models: Students identified the need for role models within families, communities and at the institutional level. They also identified the lack of academic preparation as a significant challenge. Within some home communities, students suggested that the level of educational preparation was substandard. From the students' perspective, nursing recruitment and retention efforts are not effectively directed toward potential Aboriginal nursing students or Aboriginal nurses working in the field. With the exception of a few universities, colleges and organizations, Aboriginal people are under represented in nursing marketing initiatives.

The Nursing Program: Universities and colleges need to develop access programs to provide students with the necessary tools, skills and supports to succeed in nursing programs. Self-disclosure was identified as a means to improve the recruitment and retention of Aboriginal people into nursing. This is valuable information for colleges and universities looking to restructure their nursing programs to make them more inclusive and supportive to prospective Aboriginal students. Students expressed the need for more inclusive curricula that recognize Aboriginal and multicultural perspectives.

Supports for Success: People within institutions who have direct contact with Aboriginal students, both in nursing programs and in more general Aboriginal support structures, can make a dramatic difference to their success in nursing programs. Daycare was identified as a critical support required by many Aboriginal nursing students. It became apparent that childcare supports are not adequate, given their hours of operation and students' required clinical hours. In addition, peers and family offer both support and challenges to Aboriginal students.

Barriers to Becoming a Nurse: Aboriginal students are not just students. The Task Force has come to understand the complexity and extent of life challenges and responsibilities faced by many students over and above their nursing studies. Band funding difficulties including the timely allocation of funds were experienced by some students. Cultural differences related to learning were barriers among some of the Aboriginal students. This category addresses the need for culturally sensitive and supportive programs. Separation from home communities, family and friends was a considerable challenge and hardship experienced by many of the students. In more remote areas the lack of public transportation was an issue for students without access to a vehicle. In some of the northern territories Bus service is not available. Students identified the need to maintain and nurture their self-confidence to be successful as registered nurses.

Future Directions: Students spoke of the career paths they would like to pursue once they have completed their nursing degree. Some students expressed a sense of obligation to work within their home communities and care for their people. Several also voiced a desire to work as an advocate to promote change for Aboriginal people within the nursing profession.



6.1.1 What? Me a Nurse?

Role Models

Student interviews made clear the importance of Aboriginal role models in choosing to pursue nursing studies. For Beth and Candy, Aboriginal role models within their own families as well as contact with Aboriginal nurses through personal experiences motivated and inspired them to pursue their education to become registered nurses.

Both my mother and grandmother were nurses (Beth).

It was a 46-year-old female nurse of First Nations ancestry who was present during the birth of my second child. This nurse was an “angel” who had a profound impact on me and my future. Due to this experience I chose to pursue a career in nursing. (Candy)

Both Beth and Candy observe that these role models in their lives were, and continue to be, a major factor toward making nursing an achievable career for Aboriginal people. Both students feel that a career in nursing is an opportunity to make a difference in their own lives as well in the lives of others.

Susan, Nancy, Kyle and Deborah all at varying stages in their nursing programs, demonstrate leadership and role modelling behaviour in their educational institutions. In addition to their nursing studies they volunteer their time as tutors, contribute to educational associations, initiate strategies and programs specific to Aboriginal students, and assume various leadership and management-related roles.

Susan tutors other students and is the president of her academic institution’s Native Student’s Association. She is also working with two other students and the nursing department to create a recruitment and retention strategy (Susan)

Nancy now in her fourth year of nursing, helped establishing the Native Studies Program at her university. (Nancy)

Kyle is the director of academics for the Students Association on campus. He also volunteers his time to provide tutoring for first-year students. (Kyle)

Deborah was given the opportunity to act as a unit manager for a month, despite her initial hesitation, she found herself enjoying the work. Because she was well received and supported by her colleagues in her role as unit manager, Deborah is considering pursuing this leadership role in the future. Deborah is interested in recruiting more Aboriginal nurses, while serving as a role model to promote and encourage advanced nursing education. (Deborah)

Susan, Nancy, Kyle and Deborah reinforce the need for Aboriginal role models within nursing programs as well as in the field. Role models at the institutional level are critical in providing academic, emotional and culturally-sensitive support to Aboriginal nursing students. Students have expressed the need for a “home base” or “safe haven” where they can share feelings and experiences with others who understand their cultural context.



Academic Preparation

Students identify the lack of academic preparation as an inhibiting factor to becoming registered nurses. Most students do not meet the admissions criteria for universities and colleges. Many experienced difficulties with mathematics, sciences, English and writing skills.

My biggest barrier is the English language, which needs to be mastered. I have the ideas but articulating them on paper is difficult. The teachers are not there to facilitate the learning of students in home communities. The level of the curriculum is not up to par. If the students are not "star" students then they are not paid attention to. The teachers are not helping the students that need the help. We need to start preparing and teaching students earlier so they can develop effective learning skills at a young age. The learning curve is very high for coming from rural communities with their small elementary, junior, senior high schools and then going into large colleges or universities. (Helen)

Recruitment

Students emphasize the need to consider nursing recruitment efforts specifically targeted toward Aboriginal nurses and nursing. Of particular importance are marketing and publicity campaigns and internship and employment opportunities.

A place to start would be a more inclusive image of nursing to present to Aboriginal students at the junior and high school levels. As a career, nursing needs to be represented as an opportunity that can be achieved by Aboriginal people. Having Aboriginal nursing students involved in recruitment efforts would help improve the representation of Aboriginal people in nursing programs throughout Canada.

Pamela notes the need to change the image of the nurse as well as to have Aboriginal nurses speak to students at a younger age about the many different facets of nursing. (Pamela)

Kyle notes that there are a lot of the job/ career fairs with posters that depict the stereotypical white, blond, blue-eyed, female nurse. He feels that it is important to have commercials that are supportive of increasing Aboriginal representation in the field of nursing. (Kyle)

Reva recommends, "catch them when they are young!" by making presentations at junior and senior high schools, recruiting at youth centres and adult education centres. (Reva)

It is imperative that Aboriginal people are represented within the nursing profession and in recruitment efforts at all levels. Aboriginal nurses need to be represented within marketing initiatives produced by nursing schools in Canada.



CATEGORY	FACILITATING FACTORS	INHIBITING FACTORS
Role Models	- successful family members - Aboriginal nurses	- lack of role models
Academic Preparation	- Access and transition programs - tutoring	- English and writing skills do not meet university standards - Inadequate maths and sciences preparation - high school education that inadequately prepares students for post-secondary education - teachers in home communities who focus on "star" students
Recruitment	- Aboriginal students' involvement with recruitment	- marketing strategies that exclude or fail to represent Aboriginal students - lack of publicity regarding opportunities in nursing for Aboriginal people

6.1.2 The Nursing Program

Access Programs

Access programs and transition or preparatory year programs assist Aboriginal students to become registered nurses. Some students report, however, that once accepted into Access programs there were little or no supports available to them.

I basically set up my own "prep year", because the pre-health program was not available at this time. I wanted to take the pre-health program because Aboriginal culture was integrated into the curriculum. (Barbara)

I went through an access program after waiting two years to get in; I am currently in my second year of nursing. (Pamela)

All I ever got from Access was photocopies. I think universities that offer access programs are good at flagging students in but when the students get there they are in for a shock because help and supports are not always readily available. (Nancy)

Access and preparatory programs provide many students with their first nursing program experiences and therefore these programs are critical for them to be successful in moving into a nursing program. Delaying

entry into Access or preparatory programs, Pamela's experience, may erode a student's motivation and deter them from applying in the future.

Self-Declaration

Self-declaration of Aboriginal ancestry can serve as an important tool providing more accurate demographics about the number of Aboriginal nursing students, and practising Aboriginal nurses across the country.

I see self-disclosure as a positive thing. Allowing for a self-disclosure option on the application form, in addition to an explanation that this information is required for statistical purposes is important information. Self-disclosure can be an opportunity to inform students about the Aboriginal Centre or representation on campus, it's beneficial for all parties involved. An explanation on the application form would be beneficial to educate non-Aboriginal people about the purpose of self-declaration... This might help with the stigma attached to Aboriginal students as getting a break, getting something they don't deserve, or that they didn't have to work to earn. (Barbara)

More precise demographic data can help



universities and colleges restructure their nursing programs to make them more inclusive and supportive to prospective Aboriginal students.

Curriculum

Students repeatedly identify the need for culturally-sensitive and appropriate curricula within nursing programs. Exposure to Aboriginal health issues and traditional healing could be integrated into nursing curricula for all nursing students regardless of their cultural backgrounds.

A very small portion of the course content reflects Aboriginal health issues and traditional healing methods. Nurses need to be exposed to Aboriginal health issues, healing methods, beliefs and cultural sensitivity so that they can

better serve their Aboriginal patients. (Beth)

Course content shouldn't be so much from a Caucasian middle class perspective, because this is much different from the reality that nurses will face upon graduation. (Candy)

Because many students assume multiple roles in their lives, lack of program flexibility becomes a serious issue. Given competing responsibilities, students often find it difficult to manage a full course load, particularly a term or year that includes more challenging courses such as chemistry, anatomy, and physiology.

This fall I entered a nursing program, but I failed the anatomy class... I was taking six classes at the time. (Reva)

CATEGORY	FACILITATING FACTORS	INHIBITING FACTORS
Nursing Program	<ul style="list-style-type: none"> - flexibility - Aboriginal/culturally-sensitive curriculum - reserve-based and community-based preparatory or transition programs - availability of a variety of resources, from tutoring to computers, printing and paper 	<ul style="list-style-type: none"> - lack of flexibility - Minimal engagement of Aboriginal health concepts and healing methods - rigid pedagogical techniques which privilege only one kind of learning, which disadvantages Aboriginal students



6.1.3 Supports for Success

The People: Infrastructure

Pamela and Reva note the need for Aboriginal tutors and student advisors within academic institutions. Students suggest that nursing faculties and program staff should be encouraged to establish good working relationships with Aboriginal student services to effectively meet the needs of their students. Aboriginal tutors and student advisors provide students with a sense of belonging and cultural, emotional and academic connection.

There is a need for more Aboriginal tutors.. I do not care for the tutoring available at the college. I would prefer Native tutors. I felt like I was being talked down to. (Pamela)

There is a need for Aboriginal student advisors. Some of the instructors have a poor attitude and treat students as if they are inferior. There needs to be a connection between the Nursing department and the Aboriginal student services. (Reva)

From the students' perspective, academic institutions do a poor job orienting other departments as to what services and opportunities are available to Aboriginal students. Partnerships with other academic institutions and advisors would help Aboriginal students discover all of the options that are available to them. Advisors should be aware and respectful of Aboriginal student's diverse academic backgrounds and the range of career options that they may pursue.

I'm not happy with my advisor, there is no effort being made to assess where students are at... They assume that everyone is the same. Academic advisors and other advocates for Aboriginal students seem to remove themselves from everyone else in the institution, when in reality they should be working with them to educate them about Aboriginal students needs and to form alliances with advisors and supports at other universities. Advisors need more training to understand where their students are coming from. (Nancy)

Helen and Candy reported benefiting from culturally-sensitive support from First Nations counsellors and liaisons within their respective educational institutions.

Rhonda identified the need for open communication between instructors and students.

I was experiencing some anxiety and feeling guilty because I couldn't be there for my family. I went to see a First Nations liaison and she gave me some smudge and told me to go to a quiet place on campus to pray. I was able to release some of my anxiety. (Helen)

An academic representative has helped me to get on probation for my biology course instead of letting me go. I have been meeting with support once a week for my biology. (Candy)

Accessible and approachable instruction help engender a sense of confidence among students. Instructors must be willing to assume an active role and provide a positive learning environment to their students.

One of my struggles was with a couple of my instructors who made the process difficult. I disagreed with one of them about how a patient was being administered his medication when he didn't want it. The other instructor gave me an incomplete without discussing a very minor aspect about the assignment that had been handed in. (Rhonda)



Childcare

Many student nurses are also single parents. The hours of operation provided by their children's daycare centres present significant barriers to attending clinical and practicum placements.

My greatest barrier is trying to get to my practicum at 7:00 am when my daughter's daycare opens at 8:00 am. My practicum finishes at 7:00 pm and the daycare closes at 5:30pm. Each year I find different ways to work around it (i.e. having her daughter's father pick her up). I know a couple of other single mothers at school who have had to send their children to live with family members such as grandparents and in turn they are dealing with the emotional distress of being separated from their children... Having an accessible daycare that accommodates the shift work of students in a health profession would be a recommendation of mine. (Susan)

The biggest barrier for me is that my clinical starts very early and yet day cares are not open that early. (Veronica)

Extended hours of operation at daycare centres are necessary to accommodate students in nursing programs.

Peer support

Aboriginal nursing students expressed the need for peer support from other Aboriginal students. Sometimes that support is present in an institution and sometimes it is not.

I would like to see an informal Internet chat line set up for Aboriginal nursing students. This way no matter where they are or if they are the only one in their institution, they will have others from whom they can learn, and also those with whom they can share their experiences and knowledge. This would be a great support to students. Particularly when a crisis presents itself, there is a tendency to drop out. (Beth)

Vanessa experienced a strong sense of peer support within her educational institution.

There is a great support network for Aboriginal nursing students. I have not experienced a need for tutoring or counselling myself, but I see these as important supports for Aboriginal nursing students. I like the room where I can hang out with other students... I have found peer support through this program. I don't think I could have persisted with my nursing degree without the "extras" that this program has given me. I appreciate the staff and how they advocate on behalf of the students. (Vanessa)

In contrast to Vanessa's experience Pamela identified some of the challenges she experienced with the small number of Aboriginal students in her nursing program.

There are two of us (Native students) in my class and we both signed up for different class projects and nobody wanted to join our groups. The instructor asked if either of us wanted to join one of the other groups already formed. We felt uncomfortable doing this as it was obvious that nobody wanted to work with us. We formed our own group and worked on the project together. (Pamela)

Family Support

The support of family members can have a significant impact on a student's success. Several students discussed the connection between family dynamics and their studies.

Another problem I encountered was the perception of some Aboriginal people who think that those who pursue education want to be white. My brother and sister think this way of me. It's like a bunch of crabs in a bucket... When one tries to get out all the others pull it back in. (Rhonda)

Some students' experiences are quite negative, while other students' families display sacrificial support. These families' support has a significant impact on the students' ability to study and succeed.



In my second semester my student loan was not going to come through until February. My mother took out a personal loan to tide me over until the money was available.

(Linda)

I have two children; My oldest son lives with my parents on the reserve which is one hour away from me. This way he has some consistency with school and he enjoys living with his grandparents... My family is very supportive... My dad will get groceries for me to help me out.

(Veronica)

My husband has been behind me 100% from the beginning. He stayed at home with the kids, took the kids to practices, went to the school plays; He did all those things that a mother should be doing. (Deborah)

I live with my mother and father in their home just outside of the city. My mom and dad have been very supportive of my pursuit of a nursing degree. My mother looked after my son, so that he didn't have to go to daycare when he was younger. Now that he is eight years old he goes to the school just down the street, and she is there when he comes home for lunch.

(Vanessa)



CATEGORY	FACILITATING FACTORS	INHIBITING FACTORS
<i>The People</i>	- advocates working to support students	- lack of support from faculty - staff that students cannot trust*
<i>General Aboriginal Supports</i>	-availability of (or access to) tutors, counsellors, staff, academic advisors, Elders, and faculty/instructors	- lack of time to access Aboriginal supports - poor location of the university's Aboriginal support services - lack of Aboriginal representation within supports - inadequate emotional support from the Band
<i>Childcare</i>	- adequate childcare support - partners and extended family who provide childcare	- hours and availability that do not necessarily accommodate clinical hours - lack of subsidized positions
<i>Peer Support</i>	- Aboriginal peer representation - study group	- discrimination
<i>Family/Community</i>	- partners and extended family who provide encouragement and practical assistance	- unsupportive partner or family -hostility from some Aboriginal people who equate a desire for higher education with a rejection of the Aboriginal culture/people. - family obligations and commitments which may require students to set aside their education occasionally

Note:* Reflects the experience of one student

6.1.4 Barriers to Becoming a Nurse

Students Aren't Just Students

Most of the Aboriginal nursing students interviewed are mature students. Others' life experiences have dictated that they grow up faster than their non-Aboriginal peers. In many instances personal challenges and hardships may become overwhelming and determine whether or not a student jeopardize the goal of becoming a registered nurse.

I am married and have three children. I have had to be separated from my family in order to pursue my nursing degree. My husband and children had to remain at home because he has a permanent government job. It is very difficult to be separate from your family... I only get one trip home a year that is paid for. (Marianne)



The very nature of nursing knowledge precipitates self-reflection. Many of the students are dealing with major life traumas even as they pursue their degrees.

I come from a rough background and I became very good at abusing myself, seeing myself as the victim. But there came a point in my life when I decided that I wanted to provide the best life I could for my kids. First, I had to heal from my hurts. My mother had all eight of us kids taken away from her and placed in a residential school. As a result my family is not very close, and I have taken on the role of "fixer." (Deborah)

Aboriginal students enter nursing programs with a wide range of life experiences and multiple roles. Programs must acknowledge that range and the multiple roles these students fill.

Funding: Who Controls the Purse Strings?

Aboriginal nursing students make it clear that funding across the country is a highly complicated and non-standardized domain. From the students' perspective, the criteria utilized to determine funding is not reflective of the actual cost of living.

Funding is insufficient due to high rent, food and transportation costs. The criteria for determining financial assistance is not reasonable. You have to be in rags before you can get support! I do not know where next month's rent will be coming from. Aboriginal students should be fully supported financially. In order to get ahead you have to invest. First Nations groups want more Aboriginal people to get their university degrees and yet they are not willing to fully support them financially. (Marianne)

My financial support is not adequate because the cost of living is constantly increasing and yet band funding isn't. (Pamela)

Financial support is not adequate because it is not increasing to match the cost of living. (Veronica)

We were able to find low-cost housing, and we ate

cheaply, but in my second year I had to take out a student loan so that I could buy winter clothes for my children. My Band had refused my request for money. (Deborah)

Students reported challenges when attempting to access funding through their Bands. Several suggest that Band politics, particularly the power associated with a family name and inherited leadership roles within Bands, offer significant barriers to Band sponsorship.

I had to fight for funding from my Band. I have had problems with my Band's education coordinator (who inherited the position from her mother) and I have had little emotional support from my band. There has been a lot of game playing. Money has been withheld and not put into my account until the first of the month even though my rent is due at the end of the month. I had to call the education coordinator regularly to ensure that the money was put into my account. (Helen)

Funding is determined by what your last name is. I was the acting Education Coordinator covering a maternity leave. I treated everyone equally and now there has been a backlash because of that. (Candy)

I constantly have to phone and harass my Band to pay my University tuition. In the past they have not done so and this means that I cannot continue with my studies, and I also receive a bad credit rating because my tuition isn't paid on time. "The Bands are always juggling the money around... they steal from the education fund to pay for other things, so when it comes time to pay my tuition there is no money left." I think that the money Bands are given for education should be put somewhere so that it can be allocated to specific students. Maybe there should be a central agency that facilitates how the funds flow as well as have the Bands be accountable for their spending. (Nancy)

For many students, full funding that covers tuition, books and living allowance is dependent on assuming a full course load. Students report inconsistencies in the criteria required to determine how many credit hours constitute a full course load. In some



instances, the parameters of full-time study inhibit students from accelerating in their program. For students fulfilling multiple roles their lives, a full course load can be overwhelming and frustrating.

My biggest struggle is in the summer. If I take a course in the summer, a full load is very different than in the fall and winter sessions. Tuition and books are still paid for, but the funding is not adjusted. You still have to be taking 12 credits to receive the allowance. Even though I am spending as many hours studying, if not more than in regular session, my six credit hour course is not enough. This is stressful because I cannot work in the summer and take courses at the same time. If I take additional summer courses this throws off the other semesters. (Barbara)

My Band recognizes that students taking 3 full courses are eligible for band funding. I met that criteria and I still had to fight to get my allowance. They paid for my tuition and books but didn't want to give me a living allowance because they figured I was too old. (Nancy)

I was finding my courses were too demanding, so I dropped down to part-time. My Band still paid for the tuition and books, but I did not receive a living allowance. Thus, I had to take out a student loan. (Vanessa)

I think a recommendation might be to lower the course load requirement and still make Band funding an option. (Pamela)

Cultural Differences: Mainstream Nursing?

Students identify the need for educational institutions to be culturally sensitive when addressing the learning needs of Aboriginal students, to accommodate different learning styles and strategies.

First Nations people have a different way of learning. They have to be molded. Many of the instructors are not open to new ideas or different ways of learning. Universities need to have more cultural awareness about First Nations people and the issues that surround them. Aboriginal students deserve respect and common courtesy. (Helen)

For many of the nursing students, adjusting to this time-driven environment was a challenge working to deadlines was not relevant within the context of their lives either on reserves or urban settings, but time is of critical importance in a professional nursing program.

Time is a barrier that I had to overcome. I had to learn as others do that assignments have to be done by a certain time, not on "Indian Time." I have learnt to succeed by setting aside at least two hours a day for studying. (Deborah)

The Aboriginal culture is very different from western society, there is a totally different mind set between the two groups. Aboriginal people don't think of themselves as a separate entity. They see themselves as playing a role in the bigger picture of things. Aboriginal students have a different way of thinking and sometimes they don't even realize that they're not in sync with everyone else... Students who have to leave school to go back to their communities for a certain number of days are considered to be irresponsible by their instructors. The western culture is just as foreign to the Aboriginal community as it would be to any other group in the world. (Nancy)

Relocation

Many of the students have to relocate from remote communities to urban centres to complete a nursing degree. In some instances students leave behind their families and support systems. If students who relocate do not know what supports are available to them within their educational institutions, they may leave their programs.

My family is only one hour away but I can't visit them that often because I don't always have the money to get there. It is critical to educate students to let them know what it is really like to move away from home and inform them about the supports that are available to them. Relocation is often responsible for turning students away. (Veronica)



Transportation

Reva and Vanessa identified challenges when trying to get to their classes and clinical placements without adequate access to a vehicle or public transportation. In some of the smaller communities there is no access to public transportation or bus service and the cost associated with a taxi cab is exorbitant.

I do not have a vehicle and there is no public transportation, so I am left to rely on my feet to take me where I need to go. (Reva)

For the first couple years I did not have my own transportation to get to classes and clinical placements, so I had to depend on my father to drives me. (Vanessa)

Need for Self-Confidence

Nursing students need to be empowered to envision themselves functioning as registered nurses. Students must have confidence to take on the leadership responsibilities that are inherent in the profession.

Many of my peers and I struggled with the new role being given to us as student nurses. Those of us that grew up in residential schools were use to being followers, resulting in low self-esteem and poor coping skills. Being required to show leadership was tough because for most of our lives we were not given room to make choices. (Deborah)



6.1.5 Future Directions

Aboriginal Nurses Caring for Aboriginal People

Some students expressed a strong desire to “give back” to their communities upon completion of their nursing degree. They also wish to provide quality health care services to Aboriginal people living in remote communities.

I want to go back home where I can contribute to the care for people on my reserve, where there is a need for understanding and healing. (Pamela)

Working as an Advocate to Promote Change

Students voiced a desire to promote nursing opportunities for Aboriginal people.

I struggle with the desire to work up north and also down south. There is a lot that needs to be done in the north, but I also want to work down south because I know that this is where the power lies and where decisions are made for what happens up north. (Nancy)

Let Me Be a Nurse

For Kyle, Reva, Candy and Deborah the desire to engage in nursing practice is a priority. The need for experience and

exposure to their clinical area of choice is what these students seek upon completion of their nursing degrees.

My plans is to work in a hospital once I graduate... at least for a couple of years to gain some experience. (Kyle)

I would like to work in a hospital in the north, but I would also like to return to the city and work in a hospital, either in pediatrics or maternity. (Reva)

I would like to be a trauma flight nurse, and ultimately return to my home reserve, but not for awhile. My reserve is not a positive place for me. I don't want to raise my kids there. (Candy)

I want to be a community practitioner. I want to deliver babies and do stitches. (Deborah)

Future Directions of Aboriginal Nursing Students

Table 20 outlines the future directions chosen by the students interviewed. The sixteen participants demonstrate an interest in caring for Aboriginal people, promoting change for Aboriginal people, simply working within the field of nursing, and/or pursuing further education.



Table 20. Future Directions of Aboriginal Nursing Students

<i>Student</i>	<i>Caring for Aboriginal People</i>	<i>Promoting Change for Aboriginal People</i>	<i>Nursing in General</i>	<i>Further Education</i>
Helen	In the future, anything to do with Aboriginal health	Current: awareness/education in communities in B.C. regarding HIV, AIDS, and Hepatitis		
Barbara	Public health in a community-based wellness centre, perhaps on a reserve			
Beth			Policy-making for health promotion activities	May pursue further education
Candy	Return to her home reserve eventually		A trauma flight nurse	
Vanessa			Acute care, indefinitely	
Veronica	Nursing in her community for a while			
Kyle		Set up proposal for a mentoring program	Acute care for at least a couple years	
Allyson	Nursing in northern Manitoba			
Reva			Pediatrics/maternity in a hospital in the north or in Winnipeg	
Pamela	Nursing on her home reserve			
Linda			Labor and delivery in a city hospital or in USA prior to returning to home town	
Nancy	Work up north	Work down south where the power is and where decisions are made for the north		
Rhonda			Current: community health centre. Future: nursing and teaching in the palliative care field	Master's degree and social work degree
Susan	Work in Manitoba or the Pacific Region for FNIHB; eventually work up north			
Marianne	May work on a reserve in several years		Acute care in the Yukon	
Deborah			Nursing in Whitehorse	Master's or practitioner



6.2 Aboriginal Nursing Student Profiles



Helen decided to pursue a BScN after being encouraged by her fellow co-workers while she was a unit clerk. She graduated with her degree in 1997. Shortly thereafter, she gave a presentation to nursing students on HIV and AIDS and was approached to complete her Master's degree. Currently, she provides awareness and education to communities in her province about HIV, AIDS, and Hepatitis. She will likely stay at this position until her son finishes his post-secondary education as she currently enjoys her job and finds it satisfying.

Helen states that she had to struggle for funding from her Band. Sometimes her funds were not placed in her account until the first of the month, even though her rent was due at the end of the month. She would regularly have to call the Education Coordinator to ensure that the money was deposited on time. Helen observed that her funding was insufficient given the high cost of rent, food, transportation, (insurance, gas, parking), and was not enough for a family.

She is currently required to take four courses per semester and achieve at least a C+ in each course, if she doesn't meet these standards, she will lose her funding or have to repay the Band. She emphasizes that the course load is too heavy and does not accommodate the Aboriginal way of learning.

Helen is distressed by the lack of emotional support from the band and even sometimes feels oppressed by her own people.

Helen's biggest barrier is the English language. She has the ideas but articulating them on paper is difficult. She suggests that some teachers in home communities are providing inadequate instruction and that the level of curriculum is not up to par. Helen feels that institutions need to offer more cultural support. Non-Aboriginal students often do not want to be in group projects with First Nations students, which is both frustrating and hurtful. Helen was able to organize shift work for her and her partner to care for their son because they did not have childcare support for their son.

During her Bachelor's degree, Helen experienced anxiety and guilt because she could not be there for her family.

Helen's partner and son are two very important people in her life and serve as great supports for her. During her Bachelor's degree, she experienced anxiety and guilt because she could not be there for her family. She went to see a First Nations liaison who gave her smudge and told her to go to a quiet place on campus to pray. This helped release some of her anxiety. Having Elders available on campus provides meaningful support for distressed students.





Barbara, a third year nursing student, is a thirty-five-year-old wife and mother. Studying full-time in an accelerated program, Barbara is excited about finishing her degree in December, 2002. She plans to complete her practicum in Alberta in a hospital where there is an Aboriginal Wellness Program. Following this, she would like to work in public health in a community-based Wellness Centre, ideally on a reserve.

Barbara organized her own “prep year” before entering an accelerated nursing degree program.

She first became interested in health care when taking a first aid course. With that training she volunteered for ambulance service, but always found she wanted to do more, which led her to pursue nursing. After talking to an academic counselor, she chose to take some courses to prepare herself for nursing. Barbara basically set up her own “prep year.” She wishes that a pre-health program had been in place when she was preparing to get into nursing because this program integrates Aboriginal culture in the courses. Now that she is in the nursing program, she feels that she does not have the

time to be active in the Aboriginal group on campus.

Barbara was considered a non-status Indian until a few years back when she applied to have her status reinstated. She now receives \$800/month as an allowance from her Band. In addition, she receives funding for tuition and \$200/semester towards books. Barbara has had to take out student loans and has also received bursaries and scholarships each year. She has not needed tutoring or counseling, as she has found her instructors to be supportive enough.

Although Barbara is very appreciative of the money that she receives from her Band, her biggest barrier to completing her degree occurs during summer semesters when the funding formula is applied inappropriately. If she studies in the summer, funding for tuition, books and living expenses are available only if she takes 12 credits, which is impossible because a full load is different than in fall or winter terms. Barbara cannot work in the summer to compensate for lack of funding without jeopardizing her academic performance. In addition to being a university student. Even if she were able to take additional courses in the summer, this would change the number of credit hours she needs to take in the following semesters, prohibiting her from receiving a living allowance at that point. The ongoing struggle for financial support is significant because her husband does contract work which is not always steady, and she has an 18-year-old son who is still a dependant.





Beth, a Métis student is working part-time on her BScN through distance education. She has been practicing as a Registered Nurse for the past 10 years. At the moment, she is working three-quarter time and expects to need a total of three-and-a-half years to complete her degree.

Beth had no problems with her application process to the university. In her first term, she met a professor who has become a mentor for her, and continues to support her throughout her studies. Her family and friends also serve as a great support

system. Beth takes immense pride in her grandmother and mother who themselves were both nurses.

Both her grandmother and mother were nurses

As a Métis student, Beth does not qualify for Band funding. However, she has been able to pay for her own education and has found it important for herself to avoid student loans.

Upon completion of her degree, Beth plans to get involved with policy-making for health promotion activities, as well as possibly pursuing further education.





Candy is thirty-five years old and has lived a difficult life. She is considered a status Indian, but her mother is Caucasian so she does not look Aboriginal. She recalls the violence, fights,

accidents and deaths that characterized life at her home reserve. Though she has undertaken the slow work of healing, she observes that nursing is a field where students have to face their pasts as they attempt to combine theory with emotional and spiritual aspects of health.

From childhood, Candy always wanted to be a nurse. When she graduated from high school, she was accepted into a nursing school but didn't carry through to register. At 24, she and her husband moved off the reserve; nearly a decade later, she returned there to work. At that point, a friend asked her, "What is it that you really want to do with your life? Where do you see yourself five years from now?" These words really shook her. Another influential encounter came at the birth of her second son. The nurse, a 46 year-old First Nations woman and recent graduate, became an angel in Candy's life, rekindling her passion for nursing. Candy wishes she'd gone into nursing as a young woman, but she is pursuing her dream now and persisting against the odds.

Candy is passionate about nursing. She applied to a university program, started with a year of upgrading. She really enjoys the practical side of nursing, but struggles with writing papers. Candy states that the marks that she achieves do not reflect her knowledge; she especially struggles with

multiple choice questions, which makes courses like biology even more difficult.

Her tuition and required texts are covered, but not such things as uniforms. Candy receives an allowance of \$1400/month from her Band, an amount that has been reduced since her son moved back to live with his father. For the most part, her ex-husband pays for the children's school clothes and supplies. Candy feels that though

Candy persists with her education because of her goal, a future with hope for her children and for herself.

she is working hard, she does not always receive recognition from her Band. She has just applied for a student loan and will use this to supplement her other funding.

Candy has been receiving academic support once a week for her biology course. She is appreciative of the peer support as well, in particular from a friend with a science degree who has helped her out.

As Candy looks back, she wishes that she had taken her biology in her preparatory year so that she would have had a better handle on it. She had to re-do it in the summer. She is on academic probation because of her patho-biology course.

Sometimes when her confidence wanes, Candy is tempted to opt for the diploma program as opposed to the degree. Still, she persists with her education because of her goal: a future with hope for her children and for herself. She would like to be a trauma flight nurse and to return to her home reserve when her children are grown.





When Vanessa was seventeen, the nurse who attended at the birth of her son was rude and uncaring. It was this experience that inspired Vanessa to become a nurse. As she puts it, "There is a need for better nurses." Now, in her fourth year, Vanessa lives with her mom and dad in their house. At first her family questioned her career choice, since nursing positions were being cut but Vanessa knew she wanted to obtain her nursing

"There is a need for better nurses"

degree, and her parents have offered their full support.

In her first two years she did not have her own transportation to get to clinical placements or to classes, and had to depend on her father to drive her into the city. Her mother looked after her son, so that he did not have to go to daycare when he was younger. Now that he is eight years old, he attends school just down the street.

Vanessa's father has been a positive role model for her son, as she is a single mother. She realizes that she has been very fortunate as she has not had the many worries that other single mothers face.

Vanessa was adopted and only recently applied for her status. She received

it the year she applied to the nursing program. At this point, she applied for and was granted Band support. She receives an allowance of \$1,200/month and full tuition. Vanessa's Band provides her with \$300 per semester for books, but if she needs more she submits the receipt, and is then reimbursed. Given the support of her parents, Vanessa has found her funding to be adequate. In her first year, however, she had to withdraw from some courses because the demands were too great. In her second year she opted for a lighter work load as her Band recognizes twelve credits to be a full course load.

Where Vanessa is studying, there is a support network for Aboriginal nursing students. Though she has not needed tutoring or counseling, she sees these as important supports for nursing students. She has appreciated the lounge in which she can gather with other Aboriginal students. The peer support that she has found through her nursing program has been significant. The staff have also been an important source of encouragement and support. Vanessa observes that at times the faculty need to work at understanding the individual needs of their students, and accommodating these needs. She appreciates how the Aboriginal nursing support staff have acted as advocates for the students. Their encouragement has helped her persist in pursuing her dreams. When Vanessa is finished her degree she would like to work in acute care.





Veronica is in between her second and third year of nursing. She has two children; her oldest son lives with her parents on the reserve, which is one hour away from her.

He enjoys living with his grandparents, and this provides consistency with his schooling. She graduated from highschool in 1995, and the following year, she applied to complete two years of pre-nursing courses. Veronica could not register for the classes because they were full. Priority is accorded to 4th, 3rd, and 2nd year students, not 1st year students. In 1997 she spoke with an academic nursing representative who motivated her to reapply for nursing. Veronica did and was accepted in 1998. After obtaining her degree, Veronica sees herself going back home to work in her community.

Presently Veronica receives \$1,274/month as a living allowance, in addition to her full funding for tuition and books. Her Band recognizes four courses as a full course load and she is currently enrolled in three as well as her practicum. She has communicated this to her Band via letter, but is afraid they will ask her to pay back some money. In addition to costs for transportation, groceries, school lunches, diapers, milk, and baby supplies, Veronica pays \$759/month for rent, and \$300 per month for home daycare. There have been times when she has found herself needing to use the food bank, but her

family has also been supportive. Her father will buy groceries for her to try and help her out.

Veronica works part-time (10 hours/week) as an assistant for the Aboriginal nursing support services at her university, which provides her with an extra \$500/month. Veronica found that Band support was good for the first couple of years but now the post-secondary counselor for the Band is not as understanding, and even ignores Veronica's attempts to make contact. Veronica states that the Band's financial support is inadequate to cover the increasing cost of living.

Veronica indicates that the Aboriginal nursing supports in place are excellent. The staff are very personal and serve as a great support for the numerous students they serve. They have a good collection of books, resources, papers, assignments, computer, printing, paper and tutoring (all free of charge). They always have current applications for scholarships/ bursaries readily available and encourage students to

The Aboriginal support program "is like a foundation that students depend on daily."

apply. Spiritual help is readily available as the staff have good links with Elders. The support program "is like a foundation that students depend on daily."





Kyle is a 28-year-old Métis man who lives with his dog and enjoys studying without the present need to work. Kyle was an emergency medical technician (EMT) and he enjoyed working with his clients, many of whom were Aboriginal themselves, but he found that he could not provide them with the care they needed and so decided to pursue nursing. He is now in his second year of an accelerated three-year nursing program.

There have been some financial frustrations for Kyle. He missed the deadline for scholarships for his first year, and consequently took out a student loan. He then worked in the summer to pay off that loan. Kyle had applied for a \$5000 bursary for his second year but due to his information, he missed the deadline. He has received a scholarship for this year, and hopes to receive something next year as well. In his second year, Kyle received monies from the

Métis Employment and Training Saskatchewan Inc. (METSI). This allowance (\$800/month) covers basic necessities. He is grateful for this support.

Kyle is involved with the Student's Association on campus. He also provides tutoring to first year students (at cost), and bi-

We have to change the stereotype of the white, blond, blue-eyed, female nurse.

weekly through the nursing support program (at no cost). Kyle thinks his future will include working in the city hospital at least for a couple years, to gain experience. He also intends to pursue plans for a mentoring program in nursing. Kyle notes that there are a lot of the job/career fairs with posters which depict the stereotypical "white, blond, blue-eyed, female nurse". He argues that it is important to have commercials that are supportive of increasing Aboriginal representation in the field of nursing.





Allyson's a 30-year-old mother of 5 children (aged 4, 5, 6, 10, and 15). She is divorced, and her eldest son lives with his father. A few years ago Allyson decided to "get her priorities straight."

She obtained her (GED), thus, Allyson went on to study at an Aboriginal training and employment centre where she completed her Health Care Aid and Unit Clerk certificates, which guaranteed her a position at a hospital in the city. She spent a year attending a health education access program and then transferred to another institution where she will complete her Bachelor's degree. Allyson hopes to use her previous certifications to find employment for the summer months and sees herself working in the north upon graduation.

Allyson states that her financial support is not adequate, but she and her children are getting by. She receives funding for tuition and books as well as \$200/year for school supplies. Her monthly allowance of \$1455 for herself and four children goes toward rent, car, gas, groceries, bills

and other living expenses as well as \$48/month/ per child for daycare, and \$78/ per child for schooling each year. Band support will only continue if Allyson is able to keep her grade point average at 60 % or higher, which she thinks is reasonable.

Building relationships with the other students has been difficult and she feels that the program is in need of a holistic approach.

Allyson has had to deal with many frustrations, including significant stress arising from the competing demands of mothering and studying. She has experienced difficulties with instructors who are not always understanding about to her situation. Many of the Aboriginal students, including Allyson, have not felt comfortable talking with the academic advisor in the nursing program. Allyson was concerned about confidentiality, resulting in a lack of willingness to trust the advisor. Building relationships with non-Aboriginal students has been difficult and she feels that the program is in need of a more holistic approach.





Reva is a forty-five-year old mother of two children. Her twenty-three year old son and his five children live in another city; her eleven-year-old daughter lives with her. Upon graduation, Reva is torn between remaining in the north to work, or moving to her son's city to nurse in a pediatrics or maternity ward.

Reva was a teller at a credit union when she decided to go back to school. Her mother had always wanted to be a nurse, but never finished her studies. Reva returned to high school, graduated with her high school diploma in 1999. That fall she entered the nursing program, but she attempted six courses which resulted in a failing grade in anatomy. She is now in her second year of the program, taking four courses this term.

Reva receives financial support from her Band for tuition and books, but she has to pay for her school supplies. She also receives a living allowance of \$1149.50/month which is available to her as long as she maintains a grade point average (GPA) of 60% or higher.

The end of each month is especially difficult financially. The cost of living is high and groceries are expensive in the north. Reva does not have her own vehicle and there is no public transportation, so she is left with relying on her "foot-mobile" to get wherever she needs to go.

Uses her "foot-mobile" (her feet) to get wherever she needs to go...

Reva is grateful for the tutors that are able to help her with her studies and the Aboriginal counselor who is also supportive. One thing that would be helpful for Reva and her peers would be an Aboriginal student advisor for the nursing program. She observes the need for integration between the nursing department and the Aboriginal Student Services to improve the relations between Aboriginal students and their instructors.

Reva is a strong woman who has overcome many hardships in the past and is determined to achieve her goal of becoming a registered nurse.





Pamela moved to the city three years ago. She is married with no children.

When she worked as a Health Director, Pamela noticed a decline in nurses as

well as an increased need for Aboriginal nurses which suggested nursing would be a good career choice. After waiting two years, Pamela was able to enroll in an access program. She is currently in her second year of nursing and works part-time as a student nurse consultant for a Band. Pamela would like to contribute to the care and healing of

There is an increased need for Aboriginal nurses.

people on her reserve. This is where she sees herself spending her time and energy in the future.

Pamela receives \$895/month as a living allowance and her tuition and books are covered. Pamela waited for three years to receive sponsorship from her Band and then

her Band expressed concern about the cost of her books. Currently, she is in the process of pursuing her Band to pay for the immunization she needs for nursing. Another struggle is funding for classes during May and June. Pamela would like to fast-track; she is baffled that her Band only wants to sponsor her through the regular program. Pamela has been frustrated with the need to write many letters and “fight” for funding. Having previously received funding for certificate programs in computers and accounting, her Band has not been eager to sponsor her through a nursing degree.

For Pamela, financial support is not adequate as the cost of living constantly increases and yet Band funding does not. Fortunately, Pamela has received some financial assistance. Since she maintained a high average, she received two scholarships for \$1000 through funds raised by the staff at the Tribal Council; she also won an essay contest for \$2500.

She has experienced a lack of peer support from non-Aboriginal students. The two Aboriginal students in her class both signed up for different class projects and yet nobody wanted to join either of their groups. Since they felt uncomfortable joining other students who already did not want to work with them, they formed their own group and worked together on a project.





Linda, a 19-year-old Métis student, lives on her own in the city. While still in high school, Linda enjoyed volunteering in a hospital where her mom is a health care aid. After speaking with a student advisor who visited her school on Career Day, Linda decided to pursue nursing, and is currently in her second year. She would like to work in a city hospital in labor and delivery before going back to her hometown hospital. She may also work in the United States and pay off her student loan prior to returning home. Linda is enjoying nursing and finds that her time as a student is going by quickly. Linda studies full time and works during the summer months.

For her first year of schooling, Linda applied for Métis sponsorship but was told that she could not receive it until she had been out of school for one year. In her second year Linda tried again for but she was informed that since she was now in a program, she would have to wait until her third and fourth years of school. She hopes to receive Métis sponsorship next year.

Rather than take a year off to become

eligible for Métis sponsorship, Linda opted to take out a student loan. A confusing application process resulted in loan funds being unavailable until February. Thankfully, Linda's mother was able to take out a personal loan to tide her over, alleviating some of the stress of the situation. Linda observes that she has to do a lot of work to get her student loan money. Sometimes payments are delayed, so she has been late with rent a few times. Now that Linda has learned about access bursaries for which she qualified, she receives student loan money and an access bursary.

For her first year of schooling, Linda applied for Métis sponsorship but was told that she could not receive it until she had been out of school for a year.

When Linda has a problem she consults the student advisor, who has been helpful. She has not found a need to access the counseling or tutoring supports which are available to her. Linda has, however, joined a study group which she finds helpful.





Nancy is married and has 7 children. One of her daughters is involved in recruiting Aboriginal students at a university, and the other daughter is completing massage therapy training. Her sons, a lawyer, an engineer, an early childhood educator, a truck driver, and a journalist have succeeded at school as well. Nancy fostered a rapport for learning in her children, just as she was encouraged by her mother to pursue an education.

Nancy fostered a respect for learning in her children, just as she was encouraged by her mother to pursue education.

Nancy is completing her fourth year of nursing, and she wants to go work up north where her skills are needed so desperately, at the same time the south is where the power presently resides and where decisions are made for what happens up north.

Nancy had to fight for Band sponsorship, though she met their funding criteria. The Band paid for her tuition and books, but Nancy suggests they did not want to provide her with a living allowance because she was too old. The Band informed her that

their mandate was geared towards providing support for recent high-school graduates.

When Nancy began her degree she was still supporting two children. Now, in second year, her Band gives her a \$300/month living allowance. She has to phone repeatedly to urge her Band to pay her tuition to ensure no interruption in her studies. She observes that she is the one who is assigned a “bad” credit rating when as a consequence of these delayed payments.

Nancy feels that all she ever received from the Access Program were photocopies. Nancy notes that universities offering access programs are good at getting students in, but when the students arrive, support is not always readily available. She feels she has not been considered as an individual who does not fit the expected profile. Earlier in her life, Nancy had nearly completed an arts degree when her sister was in an accident and Nancy became her main support. She learned a great deal as she stumbled through the process of this first degree not always certain what was expected of a student.

She emphasizes that the Aboriginal culture is different from western society. Aboriginal people do not think of themselves as separate entities but as part of a larger unit. Often students who go back to their communities for several days are considered to be irresponsible by their instructors. Whereas in reality Nancy suggests, they have obligations and commitments in their home communities.





Rhonda was a secretary in a health unit when she turned thirty and decided that she wanted to do something else with her life. Since she was interested in health and wanted to make a difference, she entered a nursing access program. What kept Rhonda motivated throughout her years of studying was an image of herself walking across the platform to receive her degree. Rhonda attended university as a full-time student and graduated in May 2000. Rhonda was given the opportunity to participate in a twelve-week preceptor program in community nursing where she was partnered with a registered nurse; she worked there for nine months. When a medical condition precluded her from being on her feet all day, she began working at a Community Health Centre with mothers and children under three. Eventually, she like to pursue nursing in the palliative care setting, obtain her Master's degree, and possibly teach in the palliative care field.

Rhonda is a single mother now, but when she started her education she was married. Her husband was initially supportive and stayed home with their two children. As their relationship began to deteriorate, stress from her personal life began to affect her schooling. Her friends, the Coordinator of the Access Program, and her children remained supportive. Rhonda remembers how encouraged she felt when her son proudly told his friends that his mom was going to be a nurse. By following her dreams, Rhonda has set an example for her children: now her

son wants to be a nurse and her daughter a dentist.

Rhonda received an allowance of \$1305/month when she was attending university. The first four years it came through the Education Authority, and in the fifth through her Band. Her tuition and books were covered, and she lived in geared-to-income housing. She struggled to secure this funding because she had not grown up on the reserve. The Coordinator of the nursing Access Program advocated on her behalf.

Rhonda accessed tutoring in her first year of the nursing program to get help with her chemistry. She made use of counseling services as well. At one point during exams Rhonda had to explain her marital difficulties to her instructor. The Coordinator of the Access Program and the instructors were supportive. However, there were other times when instructors were not as supportive. On the whole, the Access program has been a strong support for Rhonda, and she has been a guest speaker for the program encouraging other students to take advantage of what it can offer.

"It is like a bunch of crabs in the bucket, when one tries to get out, all the others pull it back in."

Rhonda had to cope with the perception by some Aboriginal people, including her brother and sister, that those who choose to pursue education want to be "white." Rhonda thinks that sometimes the Aboriginal community can be "like a bunch of crabs in the bucket: when one tries to get out, all the others pull it back in."





Susan is a single mother of a three-year-old daughter, Emma, who has attended the university daycare since she was nine months old. Emma's father cares for her half of the week.

Now in her third year of nursing, Susan is working toward her BScN by taking three courses per semester. She also works approximately 20 hours a week and tutors other students. In addition to this busy schedule, Susan is involved with the Native Student's Association, and also works with two other students and the nursing department to create a recruitment and retention strategy.

Susan's Band pays for her full tuition and books, in addition to providing an allowance of \$1145/month. Each year she has applied for scholarships, and has received a total of \$11,000 for the 2001/2002 school year. She feels that the financial support for herself and her child would be inadequate without the added income from her job.

Susan has worked for First Nations and Inuit Health Branch every summer and

hopes they will pay for her fourth year of school in return for a year of service upon graduation.

She finds her greatest barrier is getting to her practicum at 7 a.m. when her daughter's daycare opens at 8 a.m.

Even with a car to get to her clinical practicum, timing is a serious difficulty: the practicum begins at 7 a.m. but her daughter's daycare opens at 8 a.m.; her practicum finishes at 7 p.m. and the daycare closes at 5:30 p.m. Each year she has found different ways of working around this problem, for example by having her daughter's father pick her up. She knows other single mothers at school who have had to send their children away to live with family members which causes great emotional distress because they miss their children. Although she is maximally subsidized for her daughter's daycare, she still has to pay \$5.25 per day. Susan notes that there are not enough subsidized positions available. As a single mother with many life responsibilities, she finds it difficult to get her school work completed.





Marianne

Marianne was a clerk with only a grade eight education when she decided to look for a career change. Her mentor, a nurse, encouraged her to pursue a degree in nursing. After two years, completing her grade twelve equivalency in her home community, she applied to the nursing program, competed with the general pool of applicants, and was accepted.

Marianne is a wife and mother of three. Her partner's eighteen-year-old son and her eleven-year-old daughter, live now with Marianne, while her husband and their five year old son have remained in their home in their home city where her husband has a permanent, stable job with the government. Marianne is entitled to one paid trip home per year. The distress and loneliness have had a negative impact on her school work. Marianne thinks if there were better communication between institutions, students could complete their electives in the north prior to moving away, and thus reduce the time away from home.

Since neither her partner nor their eldest son is Aboriginal, the Band does not recognize them. Marianne receives \$1,000/month to support herself and her daughter. She also receives \$250/term for texts, but one textbook costs her \$180. Marianne's funding is insufficient to cover high rent, food, transportation costs, and babysitting fees. She does not qualify for a student loan because she owns a house, but she cannot sell it because that is where her

husband lives, and where she and the other children will return once her degree is completed. Marianne has applied to many different groups, but cannot seem to obtain any additional financial support. "You have to be in rags before you can get support!" she complains.

"I am willing to put up with being away from my family for four years. Finances are the thing that could do us in..."

She has tried every avenue and does not know where the next month's rent is going to come from. "I am willing to put up with being away from my family for four years. Finances are the thing that could do us in."

If she can persist and complete her degree, she plans to return to the north to work in acute care. She would consider working on a reserve at some point as well.

Marianne finds the study space, computer lab, and the English language supports offered by the First Nations department to be helpful, but she believes that Aboriginal students should be more fully supported financially. First Nations' groups are saying that they want more Aboriginal people to get university degrees, and yet they are not willing to fully support them. This is especially important if students are showing the potential and yet they are strapped financially. "In order to get ahead you have to invest..."





Deborah is presently pursuing her degree in a post-diploma program, taking one nursing course at a time. Deborah has also decided to take an English course from a college to help improve her English language skills. It will take her at least three years to complete her degree.

Deborah is a thirty-nine-years-old mother of three children, two teenage

“He took the kids to practices, went to the school plays, he did all those things that a mother should be doing”.

daughters, and a 10 year-old son. Her husband has been most supportive. He stayed at home with the children, and “he took the kids to practices, went to the school plays, he did all those things that a mother should be doing.”

Deborah and her seven siblings were all placed in a residential school. The damage to the family has been extreme: her mother turned to alcohol, the children were alienated from one another, Deborah took on the “fixer” role. That experience has strengthened her resolve to provide the best life she can for her own children.

Deborah decided to go to school in 1983 to complete her Certified Nursing Assistant Course. This motivated her, gave her confidence, and smoothed the transition to the Indian Diploma Nursing Program in 1993. This program integrated study skills and an upgrading preparation. Deborah found, however, that many of the students,

herself included, struggled with the expectation that they would take on more of a leadership role. For most of their lives they had been followers because Deborah and many of her classmates had grown up in residential schools where they were not provided with choices, as a result they had low self-esteem and poor coping skills.

Her diploma program offered a solid network of peer support, and Deborah was a peer tutor. Now, as she pursues her degree she has the peer support of another Aboriginal nurse in the city who has already obtained her degree and they are able to share as colleagues.

According to Deborah, financial support was not sufficient during her full-time study in the diploma program because she had three small children and her husband stayed home to take care of them while she studied. They received \$1300/month for the five of them. Even though they lived in low cost housing and ate cheaply, Deborah had to take out a student loan for \$5000 in the second year of her program. She needed to buy winter clothes for her children and the Band refused her request. This year her Band will cover tuition and books, and this is adequate as she is working full-time.

She cannot see herself going back to her home community because she would encounter people who might “put her down.” Deborah knows that she wants to continue in her nursing education. She is interested in getting her Master’s even if she is fifty when she does it. “There are so many good opportunities,” she says, “I want to be a Community Practitioner. I want to deliver babies and do stitches.” She can see herself in a teaching position as well. Deborah will continue to recruit more Aboriginal nurses and encourage others to further their education through her own example of success.



6.3 Recommendations: Aboriginal Nursing Students

6.3.1 Funding and Related Issues

There is an urgent need for Aboriginal nursing students to gain access to adequate funding and funding opportunities. Students who wish to pursue their nursing degree need to receive the necessary funding in a timely fashion.

To address these funding issues, the Task Force recommends:

1. That Health Canada and Indian and Northern Affairs initiate a round table discussion to review existing funding levels for students seeking professional degrees such as nursing.
2. That Health Canada initiate a round table discussion with Indian and Northern Affairs and CAUSN to review criteria for full-time and part-time student status in professional programs such as nursing.
3. That First Nation Bands and Communities ensure tuition and other program-related expenses are paid promptly.
4. That First Nation Bands and Inuit Communities engage in regular and ongoing communication with students about funding deadlines and requisite forms.
5. That the manner in which students are selected by First Nation Bands and Inuit Communities for financial support is made transparent, and that a summary of support offered to students be made available to all community members.
6. That provincial Métis organizations review the present system of a mandatory year-long waiting period before Métis students can be considered for funding.
7. That First Nations Bands and Inuit communities ensure Aboriginal students

receive guidance and support regarding money management.

8. That First Nations and Inuit Health Branch (FNIHB) promotes consistent communication with nursing programs regarding the availability of employment program opportunities that offer full funding for fourth year nursing students in return for service agreements.

6.3.2 Infrastructure Support

It is imperative to provide strong supports for students throughout their nursing programs in order for them to realize their goals of becoming registered nurses.

To this end, the Task Force recommends:

1. That university/college programs ensure the availability of food banks.
2. That universities and colleges help locate adequate day care services for Aboriginal students, the majority of whom are parents. This is especially germane for nursing students whose clinical learning may commence early in the day or continue until late into the evening. For example, Winnipeg's Grace General Hospital offers on-site day care from 6:30 a.m. until 9:00 p.m.
3. That First Nations Bands and Communities provide Aboriginal students with lap-top or home-based computers for the duration of their studies to enable them to access university/college resources from home.
4. That Health Canada facilitate a round table discussion with Indian and Northern Affairs and appropriate Aboriginal organizations to determine how students' family members can be supported, thereby contributing to student success.



6.3.3 Programs

Students need flexibility, understanding and cultural sensitivity within existing nursing programs.

To this end, the Task Force recommends:

1. That universities/colleges consider a self-disclosure option on application forms, including an explanation that self-disclosure is for statistical purposes, and to match students with available supports. Such an explanation could also educate non-Aboriginal people about the purpose of self-declaration.
2. That mobile community-based preparatory or transition year programs, such as the Health Education Access Program offered throughout northern Manitoba by Keewatin Community College, be replicated in other provinces and territories, rotating through Aboriginal Communities.
3. That nursing curricula reflect Aboriginal ontology and epistemology, as appropriate.
4. That faculty and staff be made aware of the multiple roles, realities, and challenges faced by Aboriginal students who pursue post-secondary studies.
5. That universities and colleges ensure all promotion and recruitment materials reflect the diversity among the student body. No longer is it acceptable to portray registered nurses as solely “white, blond, blue-eyed women.”
6. That recruitment efforts take place not only in junior grade schools and high schools, but also at youth and adult education centres. Whenever possible, Aboriginal nursing students should accompany student recruiters to events such as Career Days.
7. That Access Programs and nursing programs employ Aboriginal tutors and advisors who understand the cultural and academic challenges faced by Aboriginal nursing students.
8. That nursing programs ensure integration and partnerships with Aboriginal Student Services and/or Access Programs.
9. That nursing programs consider a “buddy system” to pair first-year Aboriginal students with upper-level Aboriginal nursing students.
10. That universities/colleges conduct exit interviews with students who indicate they want to leave a nursing program. These students can identify what has contributed to their decision to leave. Moreover, it may be possible to identify supports that would enable them to complete their studies.



6.3.4 Academic Preparation

Students expressed concern regarding the lack of academic preparation at the junior and senior high school levels. It is critical that students be academically prepared to enter nursing degree programs.

1. That elementary and secondary schools prepare students at earlier ages to develop learning skills that are critical for the success in nursing degree programs.
2. That students be encouraged and supported to complete math, science and English courses throughout the duration of their studies.



7. Recruitment and Retention: Aboriginal Perspectives

Representatives from Aboriginal organizations were contacted by board members from the Aboriginal Nurses Association of Canada (ANAC). The board members then conducted interviews about the recruitment of Aboriginal people into nursing, and their retention as care providers. Not all organizations that were contacted agreed to be interviewed and thus some areas of Canada are not represented in this section of the Report.

Aboriginal Organizations Interviewed

Métis Council of Canada (National)
 Inuit Tapirisat Kanatami (National)
 Assembly of First Nations(National)
 National Aboriginal Health Organization
 First Nations Chief's Health Committee (BC)
 Secwepemc Education Institute (BC)
 Métis Settlements General Council (AB)
 Paigen Health (AB)
 File Hills Qu'Appelle Tribal Council (SK)
 Manitoba Keewatinowi Okimakanak (MB)
 Mohawk Council of Akwesasne (ON)
 Atlantic Policy Congress of First Nations Chiefs (NS)
 MAWIW Council (NB)
 Kwanlin Dun First Nation (Yukon)
 Indian and Inuit Health Careers Program (ON)
 Qimaavik Women's Shelter, NT

ANAC Board Member Interviewers

Fjola Hart Wasekeesikaw, President
 Indigo Sweetwater, BC
 Faye North Paigen, AB
 Rosella McKay, SK
 Mabel Horton, MB
 Theresa Stevens, NS
 Carol Levi, New Brunswick/PEI
 Donna Hogan, Yukon
 Tracey Cimellaro, ON

7.1 Non-Completion of High School and Absence of Math/Science Courses

Without exception, each organization indicated that prospective Aboriginal nursing students were greatly disadvantaged because of their high school education.

Students not completing math and science courses as part of their high school studies are unable to apply to nursing programs because they do not meet university level admission criteria.

"Schools must emphasize the importance of science and math. There is a need to have local teachers with strong backgrounds in math and science."

Those interviewed also expressed great concern that many Aboriginal students were not completing high school.

Because prospective nursing students lack math/science prerequisites or even high school diplomas, organizations pointed out the need for university/college transition or preparatory programs. Offering such programs on-site in local communities or through distance education modalities would be of great

benefit to Aboriginal people. Beyond admission criteria, one agency representative observed that "even if they have the admission criteria, students lack confidence to apply to these nursing programs."

Many of the representatives identified the need for specific Nursing Access Programs. For example, the *Native Nurses Entry Program* is the only Nursing Access Program in Ontario. Additional bridging programs, such as those training licensed practical nurses or registered practical nurses to become registered nurses, would benefit Aboriginal people.



7.2 Funding for Post-Secondary Students

Agencies reported that the level of funding for post-secondary students is inadequate, especially for students who did not have nearby family support. The current level of financial support requires students to reside in poorer (core area) neighbourhoods, often with inadequate nutrition, factors which hamper their chances of success at their studies. Other concerns include:

- the late arrival of cheques, a frequent problem for many students, creates financial hardships for students and their families;
- the need for time- and money-management training for students;
- the need to have some educational agencies establish a “good food box” (similar to food bank concept) so that students can access nutritional foods; and,
- limited funding for Métis students.

Participants observed that the current criteria used to determine full-time status, and thus funding, are not realistic in relation to a professional program like nursing. Baccalaureate programs are labour-intensive, demanding, and science-based. As well, students who enroll in courses during intersession/summer session periods are often ineligible for full funding. Funding (i.e., allowance) is predicated upon full-time study. A full load in intersession/summer session may consist of two or three courses which is less than a regular term.

7.3 Aboriginal Students as Non-Traditional Nursing Students

As one participant observed, “You can’t make the assumption that every nursing student is an 18-year-old white female. That assumption is no longer valid.” Aboriginal nursing students tend to be older, often single parents, with dependents. These students have multiple, concurrent obligations and responsibilities toward their immediate family, extended family, and community.

“The criteria that universities and colleges put up scares a lot of the potential students. The students in our program are older women, single moms and house wives. These are not your young high school students. Something needs to be done to welcome them. This is good that these women attend school. This is a big step for these women.”

Leaving their homes and family, leaving their land and communities, was described by one agency representative as traumatic for Aboriginal students, perhaps especially the Inuit students. Several of those interviewed suggested that nursing faculty do not understand the implications of family ties and traditions for Aboriginal students. “Leaving family and community is a terrible hardship, much more than people understand.” Occasional absenteeism or missed



deadlines may be related to these family ties and not to poor time management or irresponsible behaviour.

The need for daycare was identified as a “major problem” for Aboriginal nursing students. Accessing early start daycare is necessary for nursing students who may need to be on a clinical unit at 7 a.m. Finding daycare centres that will accept sick children was also a challenge for parents. Parent-students missed classes because of sick children.

7.4 Need for Role Models and Aboriginal Teachers

Participants indicated that Aboriginal students would benefit from role models, including Aboriginal teachers. All participants identified the need for Aboriginal health care providers. The Inuit participants underscored the need for Inuit health care providers, including registered nurses.

“Programs need to be developed and delivered in the north in Inuktitut. We need to recognize Inuit knowledge, Inuit skills and values as important. Respect: respect for the lifestyle, language, and history of the Inuit peoples, our oral tradition.”

Many organizations suggested that universities and colleges need to work in partnership with the First Nations to develop relevant curricula. One interviewee observed that “young urban Aboriginal students may not be familiar with the traditional ways” and thus having an Elder on campus or affiliated with the nursing program would be of value. “Aboriginal nurses are an essential resource” in recruiting and retaining Aboriginal students. Other partnerships offer important links as well:

“Some students who were learning to be practitioners at Laurentian did their practicum in First Nations communities. As a result of this, these practitioners learned about First Nations and some of the First Nation nurses went on to become nurse practitioners.”

Several representatives commented that although seats may be designated for Aboriginal people, they are often not filled because applicants do not meet admission criteria. An effective recruitment strategy includes both designated seats and a mechanism whereby Aboriginal people can meet admission criteria for nursing programs in Canada.



7.5 Recruiting and Retaining Aboriginal Registered Nurses

Participants noted the challenges facing Aboriginal registered nurses who practice in their home communities. These nurses may be subject to pressures not experienced by non-Aboriginal nurses.

“Aboriginal people are afraid to work in their own communities because of perceived interference from community members including family and political leaders. There needs to be a lot of slow, patient, education around this.”

“People in small settlements know how tough it is to be the nurse on 24/7. The people who might want to be nurses don’t have the courage to come home and nurse their family members. Sometimes there can be political interference by family members.”

The need to offer support to new Aboriginal graduates was noted by participants. “We need to support our new nursing staff. We need to offer mentorship through the transitional period from student to working as a registered nurse.”

Several representatives commented on the disparity in salaries between First Nation nurses and government-employed (First Nation and Inuit Health Branch) nurses. First Nation communities may experience difficulties in recruiting registered nurses if they do not offer competitive wages, benefits, and bonuses.

“Within the past two weeks nurses working in Band-transferred communities have stated that they will walk off the job because they want equal pay to those who work for Health Canada. Some of these nurses are Aboriginal and some are not.”



7.6 Recommendations: Aboriginal Organizations

7.6.1 High School Completion and Inclusion of Math, Science Courses

Without exception, all organizations expressed concern that large numbers of Aboriginal students are not completing their high school studies. In addition, students are dropping math and sciences early on in their course of studies, with serious consequences for their eligibility to train in professional programs such as nursing.

To this end, the Task Force recommends:

1. That Indian and Northern Affairs, Aboriginal educational organizations, and appropriate national Aboriginal groups, examine the current situation and establish a strategic plan to improve high school completion rates for Aboriginal students—including the need to include math and science as core curriculum courses.

7.6.2 Preparatory, Transition Year and Access Programming

Although the situation is changing, many Aboriginal students lack high school courses required for admission to universities and college nursing programs.

To this end, the Task Force recommends:

1. That CAUSN members consider the establishment of preparatory/transition years for disadvantaged students, thus enabling them to meet admission criteria to nursing programs.
2. That CAUSN members (universities and colleges) with existing preparatory/transition years receive adequate funding to maintain successful programming.
3. That CAUSN members consider

establishing Nursing Access Programs to support Aboriginal and other students who may not succeed without such supports.

7.6.3 Partnerships

Agency representatives spoke of the need for meaningful partnerships between educational agencies and Aboriginal organizations.

To this end, the Task Force recommends:

1. That CAUSN members review efforts to establish partnerships, as appropriate, with Aboriginal communities and organizations.

7.6.4 The Role of ANAC

The need for national leadership in relation to Aboriginal nursing is clear. The Aboriginal Nurses Association of Canada (ANAC) can provide the necessary leadership to facilitate an increase in the number of Aboriginal registered nurses. In addition, the ANAC can offer ongoing advice to governments and Aboriginal organizations.

To this end, the Task Force recommends:

1. That the Aboriginal Nurses Association of Canada obtain sustained fiscal and human resources to provide governments, First Nations, and educational agencies with leadership, direction, and advice.
2. That ANAC work with federal research agencies to ensure that research monies are made available to support priority research in relation to the field of Aboriginal nursing. Of particular importance is the need to more fully understand the experience of Aboriginal nurses working in First Nations and Inuit communities.



7.6.5 Funding

Without exception, all representatives from Aboriginal organizations expressed concern about the current funding levels available to nursing students.

To this end, the Task Force recommends:

1. That Health Canada initiate a round table discussion with Indian and Northern Affairs to review existing funding levels for students seeking professional degrees such as nursing.
2. That Health Canada initiate a round table discussion with Indian and Northern Affairs to review criteria for full-time and part-time student status in professional programs such as nursing.
3. That full funding (tuition and allowance) be directed to students who complete courses during intersession/summer session terms.
4. That Bands and Communities forward monies to students in a timely fashion to minimize financial hardship.

7.6.6 Daycare

Daycare problems can quickly undermine the best efforts of Aboriginal students.

To this end, the Task Force recommends:

1. That safe, affordable and accessible daycare be made available to all Aboriginal nursing students pursuing their degrees.

7.6.7 Aboriginal Nursing Professors

There is a dearth of nursing professors who are of Aboriginal ancestry in Canadian schools of nursing.

To this end, the Task Force recommends:

1. That CAUSN members take action to increase the presence of Aboriginal professorate in Canada, and that appropriate funding (bursaries and scholarships) be provided to Aboriginal graduate students who wish to pursue their Master's and PhD degrees.

7.6.8 Retaining Aboriginal Nurses in Aboriginal Communities

Aboriginal nurses who work in First Nations and Inuit communities face a host of challenges. There is a need to more fully understand these challenges and to work with communities to create a supportive environment for these nurses.

To this end, the Task Force recommends:

1. That the Aboriginal Nurses Association of Canada and Aboriginal communities work with community members to address the pressures faced by Aboriginal registered nurses who return to their home (or other related) communities to provide health care services.
2. That Aboriginal communities be aware of the growing disparity in salaries between federally-employed and Band-employed registered nurses and that measures be taken to address this disparity.



8. Perspectives from First Nations and Inuit Health Branch (FNIHB) and Health Canada

The Task Force interviewed Regional Nursing Officers (RNOs), nursing recruitment specialists (Nunavut, Northwest Territories, Yukon, Ontario, Atlantic Region), nurse managers from the Yukon, nursing consultants and nurse managers from the Ottawa FNIHB Office, along with senior FNIHB administrators (Regional Directors) and representatives from Health Canada. In the total of 22 interviews we conducted, participants were asked to identify strategies for recruiting Aboriginal people into nursing education programs, as well as for retaining Aboriginal registered nurses in the field.

8.1 Recruiting Aboriginal Nursing Students

Grade School Role Modelling and Concerns about the Quality of Education

Participants were well informed about the major challenges associated with recruiting Aboriginal students into university and college nursing programs. They observed that these challenges arise as early as grade school. For example, exposing Aboriginal youth to the possibilities of health careers early on in their education is important. Students in Grade 4 or 5 should be encouraged to consider careers as health service providers, including registered nurses.

Participants were also concerned about the overall quality of high school education within Aboriginal communities. While recognizing that some teachers, schools, and communities are indeed successful at ensuring adequate preparation of students (students complete science, math and English courses; the level of education readies students for college or university studies), participants also observed that many Aboriginal students do not complete courses necessary for admission to post-secondary institutions and that students hold a high school diploma “on paper only.”

The Need for Bridging Programs in Nursing Education

Most participants suggested the need for bridging programs, whereby students can ladder from one nursing program to another. For example, graduates from Licensed Practical Nursing (LPN) or Registered Practical Nursing (RPN) programs should be able to articulate with RN programs offered by colleges and universities. College and university nursing programs could offer advanced standing or credit to graduates of LPN and RPN programs.

Bridging programs between LPN, RPN, RNA, and degree programs do exist. For example, the Saskatchewan Institute for Applied Science and Technology, the University of Manitoba, Malaspina University College (BC), and Dalhousie University(NS).

A Call to Action to Increase the Numbers of Aboriginal Nursing Students in Canada

Employing more Aboriginal registered nurses is predicated upon their availability. As one participant observed, “We want to hire Aboriginal nurses, but the numbers coming out of nursing programs in our region are very low.” Participants offered the following suggestions to increase the number of Aboriginal students and ultimately registered nurses.

- **Pre-nursing Programs:** Pre-nursing programs and/or preparatory programs are needed



throughout Canada. Schools of nursing should address educational deficits, especially in science, math, and English, common among prospective Aboriginal students.

- **Nurses Access Programs:** The Native Nurses Entry Program (NNEP) offered at Lakehead University is under-resourced; additional advertising would greatly benefit the program. Similar programming would be helpful elsewhere in Ontario, at universities such as Trent or Laurentian. Other programs demonstrating success, such as NAPN (Saskatchewan) and the Nursing Access Program (Manitoba), should receive additional funding and support to increase the number of Aboriginal nursing graduates.
- **Northern Nursing Programs:** The college in Whitehorse offers a nursing home attendant program, but no program to prepare registered nurses. Aurora College has the only nursing school in the Northwest Territories.
- **Non-Traditional Students:** Attracting Aboriginal males into nursing careers depends heavily on male role models which are rare. Unfortunately, few, if any, male Aboriginal nursing instructors are teaching at colleges and universities across Canada. Community Health Representatives (CHRs) are another potential source of non-traditional nursing students.
- **Nursing Education as Economic Development:** Participants suggested that the economic benefits of nursing are not highlighted in marketing materials to Aboriginal communities. Because highly-skilled registered nurses can have a positive impact on the health of communities, nursing can be viewed as an investment for communities and their future. The economic development aspect of nursing education may have implications for consideration under HRDC and other federal departments. Registered nurses also contribute to the local economy through their purchasing power. Economic development benefits both the individual practitioner as well as the community.
- **Senior Practicum Placements:** The senior practicum experience in nursing education programs is an important recruitment strategy for FNIHB and Band-transferred communities. For example, in Manitoba 2 or 3 three students per practicum period complete their clinical consolidation in a nursing station. Several participants emphasized the need to increase and sustain federal funding for this program.
- **Community Health Nursing Preparation:** Several participants observed that nursing curricula do not prepare students for the realities of community health nursing. For instance, students often have limited hands-on experience in home care nursing.
- **Scholarships for Prospective Instructors:** Aboriginal students pursuing graduate degrees in preparation for academic careers need to be assured of scholarship support. Aboriginal communities may be hesitant to support students more than once: students who receive sponsorship for an undergraduate degree may not receive further support for graduate studies. Because of the acute need for Aboriginal instructors in nursing programs, funding must be available to interested students.
- **Institutional Partnerships:** At the moment, the relationship between FNIHB and most schools of nursing in Canada is limited to ad hoc contact. Many participants suggested the need for a coordinated plan of action with schools and faculties of nursing for the recruitment of prospective graduates.



8.2 Retention of Aboriginal Registered Nurses

All participants agreed that money was not a significant factor in retention difficulties since FNIHB nurses are adequately compensated for their work. Retention issues include: heavy workloads, lack of management support, lifestyle challenges such as isolation and limited access to urban amenities, limited opportunities for spousal employment, questionable quality of schooling for children, lack of respect from the community, the threat of a Band-Council-Resolution (BCR) which could force nurses to leave a community post-haste, and received interference by community members or officials with professional autonomy.

Freedom of Mobility: Aboriginal Nurses

Several participants challenged the assumption that newly-graduated Aboriginal nurses should naturally return to their home communities or to other Aboriginal communities. Despite the current need and pressures, Aboriginal nurses should enjoy the freedom of mobility to practice locally, within their province or territory, outside their home province or territory, or internationally. As more Aboriginal people become registered nurses, the urgency to have them practice within their home or other related communities will dissipate.

Community Expectations of Aboriginal Nurses

Participants noted that Aboriginal nurses face considerable pressures from community members who perhaps hold unreasonable expectations for them. It is not uncommon for Aboriginal nurses to experience role strain and boundary issues within their home communities. Aboriginal nurses need political skills to deal with political realities. Given the complexity of their practice contexts, Aboriginal nurses should be supported as much as possible during their first year of employment. Participants proposed that successful Aboriginal nurses could mentor newly-graduated or newly-employed nurses.

FNIHB's National Recruitment Plan

Many participants emphasized the need to revise and update the national recruitment plan developed in 1999. The advertisements in *The Canadian Nurse* also need updating to reflect the realities of nursing in Aboriginal communities. One participant observed that the recruitment plan should be reconceived as a retention plan since retention is an even more critical issue for several jurisdictions. All participants agreed that this recruitment, retention and rejuvenation needs to include Aboriginal people more substantially than at present, and needs to be assured of sufficient federal funding.

Community Health Representatives

CHRs are typically employed by Bands and are thus accountable to their employers. CHRs, however, work closely with field nurses who may be employed by FNIHB. This arrangement can set the stage for accountability issues with resultant tensions between CHRs, field nurses, and Bands/Communities, which illustrates how organizational structures can negatively impact field nurses and their quality of work life. Enhancing the CHR role could actually provide additional support for registered nurses in the field, as well as effectively enhance health services delivery in Aboriginal communities.



Retaining Registered Nurses: Tales from the Field

Participants were well informed about the realities of nursing in health centres and nursing stations in Canada. They drew upon their clinical, administrative, and managerial experience to identify issues, challenges, and suggestions for change:

- **Population-to-Nurse Ratios:** The population-to-nurse ratio needs to be recalculated to ensure that adequate numbers of registered nurses are employed within Aboriginal communities.
- **Fully-Staffed Nursing Stations:** Though staff work diligently to ensure that allotted positions in nursing stations are filled, vacancies do occur; 18 out of 85 positions are currently unfilled in Manitoba. In some regions, a high turnover rate of nursing staff undermines a commitment to proper staffing. Manitoba's turnover rate, for example, is approximately 50% per year. Participants were acutely aware that this situation creates increased workloads for remaining nursing staff and negatively impacts the quality and continuity of care within communities. Fully-staffed stations enable field nurses to offer the full gamut of health services within communities.
- **Flexible Work Schedules:** While some progress has been made in relation to flexible work schedules, additional options for registered nurses should be considered. Job-sharing is one option. Flying full-time nurses out of remote communities several times each year could also have a positive impact on retention. One participant suggested a work schedule of 8 weeks "in" followed by 2 weeks "out."
- **Experienced Nurse Managers:** Certain regions of the country have an acute need for nurses with hands-on management experience; four nurse managers are required at the moment for the Sioux Lookout Zone. The Nurse-in-Charge (NIC) and Zone Nursing Officer positions also require nurses who have a background and an experiential base in management and human resources. While field nurses receive adequate financial compensation, salaries and benefits for the NIC position are more limited, making the position less attractive to nurses.
- **Agency Nurses:** Although participants reported minimizing the use of agency nurses, in some FNIHB regions agency nurses contribute to field nurses' stress. The limited northern/outpost experience of many agency nurses translates into additional work for nurses in the field. Decreasing the use of agency nurses is also sensible because these care providers are more expensive.
- **Housing:** In some communities, registered nurses, especially those with family, find locating appropriate housing very challenging. Furthermore, housing is substandard in some locations; ensuring basic maintenance, as well as addressing safety concerns (mould, etc), is an important step toward retaining nurses in these communities.
- **Telecommunications Technology:** From a professional standpoint, establishing virtual communities (Nurse-in-Charge, field nurses) with chat room options could offer nurses important contact with their peers. Such expansion might also permit continuing education opportunities through the Internet. From a personal angle, linking nurses to family and



friends through e-mail would decrease feelings of isolation. Though many nursing graduates will be familiar with the technology, some nursing staff would probably require training to become computer literate. Maintenance and trouble-shooting could present real challenges in isolated communities. Still, many Aboriginal communities do have access to the Internet through the schools, so technical expertise is likely available in these communities.

- **Creating Community:** Participants acknowledged the need to increase the number of face-to-face and/or virtual meetings of field nurses, both FNIHB and Band-transferred. The Nurse-in-Charge (NIC) cohort might benefit from quarterly NIC conferences.
- **Designated Teaching Units:** Participants noted the potential benefits of enhancing the orientation program for newly-hired Aboriginal and non-Aboriginal registered nurses. A more structured orientation to expose nurses to the range of their expanded roles would be invaluable to FNIHB, bands, communities, and those who access health services offered by registered nurses. New graduates need more clinical experience and enhanced decision-making skills which requires an internship initiative and the opportunity to be mentored and preceptored by experienced field nurses. Because such mentoring has significant workload implications for field nurses, participants recommended FNIHB “designated teaching units” which could deliver a formal preceptor/mentoring program and be affiliated with universities/colleges and their respective nursing programs. Universities and colleges would be presented with an excellent prospect for involvement in the delivery of primary health care, as well as opportunities for research and faculty practice. The units would require stable staffing and reasonable accommodation for newly-hired registered nurses and faculty. One or two teaching units could be established in each region of the country with funding arising from Ottawa.

Respect: For Nurses and For Aboriginal Communities

In some regions, registered nurses may encounter interference, real or perceived, from community members or political representatives. A reasonable process must be put in place which respects both professional nursing autonomy and political will. At the same time, some communities simply need to be more respectful of nurses. Nurses, both Aboriginal and non-Aboriginal, require political skills to negotiate the political landscapes within which they operate. Participants observed that such knowledge is probably not available within traditional nursing curricula. The Aboriginal Nurses Association of Canada (ANAC) may offer assistance and leadership in this regard.

8.3 Progress Made to Date within FNIHB: Celebrating Successes and Acknowledging Challenges

First Nations and Inuit Health Branch is making progress to address the recruitment, retention, and rejuvenation of Aboriginal nurses. The Branch is engaged in concerted efforts to recruit nursing staff, and is committed to improving the quality of work life for registered nurse employees, as evidenced in the document “Nursing Recruitment and Retention Strategy: HQ Progress Report, January 2001.”



Tasks	Status
Provide enhanced support to Regions in matters related to nurse recruitment and retention	Intensified national advertising campaigns. Internet advertising via Health Canada website. Financial assistance to Regions for local FNIHB advertising. Co-ordination of Nursing Job Fairs
Initiate and complete study profiling characteristics of long-term nurse employees	Study completed through a contribution agreement with Aboriginal Nurses Association of Canada.
Liaise with other federal departments and national nursing organizations regarding the national nursing shortage	Regular liaison with ANAC, CNA and HRDC Sector Study on Nursing
Attend nursing job fairs across Canada	1999-2000: attended 16 job fairs 2000-2001; attended 12 fairs
Support collective bargaining initiatives	Contract signed in March 2000 which included additional allowances for FNIHB nurses.
Provide updates to all MSB and Band-employed nursing staff on regional and headquarters progress in implementation of the Nursing Recruitment and Retention Strategy.	Public document "Action on Nursing" distributed July 1999 Nursing Fact Sheet distributed August 2000 Nursing Newsletter distributed September 2000

Data from this Task Force Report reveal ongoing interventions to recruit Aboriginal nurses and to retain these registered nurses in the field:

- In many Regions across Canada, FNIHB works in partnership with First Nations and Inuit communities to recruit registered nurses.
- FNIHB headquarters in Ottawa maintains an inventory by Region of work-ready registered nurses who are available for employment.

Internship Programs

The Northwest Territories has had a Mentorship Program in place since 1999 for new nursing



graduates and new employees; mentors receive a stipend. At present, 8 nurse educators work as mentors in the north with new nurses, half of whom are Aboriginal. The national Internship Program, though it has great potential to assist in retaining field nurses, has demonstrated limited success. Participants identified the following factors as undermining the program:

- lack of available preceptors
- excessive work load
- turnover of nursing staff
- demands of precepting, especially for new staff
- insufficient remuneration to recognize the inherent demands of precepting

The Internship Program is an excellent initiative, but without infrastructure supports, including sufficient financial resources and nursing personnel, it will fail to accomplish its goal.

BN Program Subsidy

In several regions across Canada FNIHB covers the cost of tuition and books, and offers a living allowance to students in their fourth year. In return, students agree to spend their senior practicum in a nursing station, and commit to a one-year return-of-service. In Manitoba, approximately \$13,000 is allocated to this initiative. The BN Program Subsidy is a 2-year pilot designed to increase recruitment to nursing stations. Participants reported that Aboriginal students who are Band-sponsored erroneously believe they are ineligible for this program. Yukon offers a bursary program whereby students receive \$2,500 a year to complete their nursing degree. Across the country, funding is limited and ad hoc; subsidies need to be consistently applied and more broadly available.

Summer Student Program

In this pilot project, funded jointly by regions and Ottawa, nursing students in their third- or fourth-year of studies are hired for the summer term; their salary currently is \$12.00 per hour. Students are placed in locations where the staffing levels are stable and consistent. Last year, a student worked in the North Zone Office (Manitoba) compiling statistics. Another student engaged in pre-natal programming in a First Nations community. The Northwest Territories offers a summer student program that brings students home from the south to work in communities during July and August. They are paid at the clerical level and work alongside the nurses. Participants observed that the potential of both programs is eclipsed by insufficient funding.

Student Practicum Experience

In Saskatchewan, practicum students are paid \$100 per week for a 6- to 8-week period; their travel costs to nursing stations are also covered. While the regional office does contact SIAST and the College of Nursing to promote this opportunity to senior nursing students, funding for this initiative is limited and unpredictable so the practicum experience is not formally publicized.



The Internship Program, Summer Student Program, the BN Subsidy Program, and the Student Practicum Experience, all of which grant priority status to Aboriginal students, require adequate infrastructure to support students. Evaluations, which are forthcoming, will provide some information about possible improvements in their delivery. In the final analysis, however, sufficient and sustained federal funding is essential to their success, which promises to have a strong, positive impact in the various Regions.

Preceptoring or mentoring students takes time, energy, and effort, and field staff already have heavy workloads. Appropriate funding measures are needed to ease the workloads of preceptoring nurses and to acknowledge their important contribution to the profession.

Recruiters Within Regions

Some Regions fund full-time recruiters; other regions allocate a certain percentage of time toward recruitment activities. The Atlantic Region, for example, has a part-time recruiter who spends 25% of her time on recruitment and 75% of her time providing support to nurses in the field. Almost all participants noted the need for and the benefits of this arrangement.

Information Technology and Communications

Some progress is being made with respect to IT and communications; in Manitoba, for example, 14 of the 22 nursing stations currently have Internet access. Generally, however, IT and communication capacities need to be substantially augmented in each Region across Canada.

Security Guards

In response to field nurses' concerns about personal safety, security guards are now in place in nursing stations after 5 p.m. daily and on weekends. They are trained in CPR and First Aid and can assist station nurses as appropriate. The guards answer the station phone after hours and screen all calls. A pager system permits the nurse on-call to be readily contacted. Nurses have responded most favourably to this initiative; they appreciate the presence and assistance of the security guard, and report sleeping better as well. The security guard positions also offer employment opportunities within First Nations communities.

Practice Consultants

This newly established resource within FNIHB has potential in assisting field nurses to achieve excellence in clinical practice. Participants observe, however, that consultants tend to spend their time orienting new nursing staff rather than engaging in ongoing clinical education and problem-solving which could enhance clinical competence and retention rates among nurses.



Regional Perspectives: Progress to Date

Table 21 details the Task Force data representing the number of Aboriginal nurses employed in each Region. Recruitment of Aboriginal registered nurses by FNIHB and Band-transferred communities is obviously having a positive impact.

That participants representing Nunavut reported only one Inuit registered nurse is of concern.



Table 21. Regional Perspectives: Progress to Date

Location	Aboriginal Registered Nurses*
British Columbia	approximately 25% of registered nurses are of Aboriginal ancestry retention more of an issue than recruitment
Saskatchewan	85% of field nurse positions are transferred
Manitoba	25.5 of 85 full-time positions are filled by Aboriginal nurses 18 Aboriginal nurses within Region retention more of an issue than recruitment
Ontario	of the four Zones in Ontario, most Aboriginal nurses are located in southern Ontario where there are 27 First Nations communities 90% of those 27 communities are staffed by Aboriginal nurses retention more of an issue than recruitment recruitment an issue in the north zone
Québec	18 transferred communities 4 communities in which nurses are employed by FNIHB approximately 8 Aboriginal nurses
Atlantic	all nurses in Health Centres are employed by First Nations few FNIHB positions within the region retention is the primary issue except in Labrador- where recruitment is of concern
Yukon	14 First Nations communities 13 Health Centres, with 50% staff turn-over in the past two years 3 of 33 permanent registered nurses in Health Centres are Aboriginal retention is not an issue
Northwest Territories	approximately 25% of the nursing staff are Aboriginal
Nunavut	Average turn-over rate of 50 to 70% annually for all staff positions one Inuit nurse in Nunavut

*Note: Not all jurisdictions reported on the number of Aboriginal registered nurses.



8.4 Recommendations: FNIHB and Health Canada Participants

8.4.1 Highschool Completion Academic Preparation

Many Aboriginal students are not completing courses that situate them as eligible for admission to college and university, for example science courses, mathematics, and English. Furthermore, the quality of their high school diploma may undermine their success at post-secondary institutions.

To that end, the Task Force recommends:

1. That appropriate representatives from Aboriginal organizations and the Federal Government take measures to increase high school completion among Aboriginal students.

8.4.2 Bridging Programs for LPNs and/or RPNs

Aboriginal people who have obtained their licenses to practice as LPNs or RPNs have met the clinical competencies of their respective regulatory colleges. That post-secondary institutions formally recognize such knowledge and skills would be of great benefit to Aboriginal people.

To that end, the Task Force recommends:

1. That CAUSN members and their affiliated college partners consider advanced standing, credit, or prior learning assessments for graduates of LPN and RPN programs.

8.4.3 Transition/Preparatory Years and Nursing Access Programs

Preparatory programs, transition years, and nursing access programs are demonstrating success. These programs are increasing the number of Aboriginal students in nursing programs offered by colleges and universities.

To that end, the Task Force recommends:

1. That the Federal Government (Indian and Northern Affairs, Health Canada–Indian and Inuit Health Careers Program) in partnership with the Provinces and territories, including regional health boards, make developmental and operational dollars available to CAUSN members for the purpose of establishing preparatory programs, transition years, and nursing access programs. For example there is merit in having such programming available at Trent and Laurentian University. These programs and their funding could be time limited, eg., operate for a period of five to seven years.
2. That the extent of federal and provincial funding (matched dollars) for the Native Nurses Entry Program (NNEP) at Lakehead University be reviewed to ensure funding levels are adequate.
3. That the current level of funding provided for the Native Access Program to Nursing (NAPN) at SIAST and the College of Nursing (University of Saskatchewan) be reviewed to ensure adequate funding.
4. That the Nursing Access Program (NAP) at the Faculty of Nursing, University of Manitoba be funded as a partnership among Indian and Northern Affairs/Health Canada, the Province of Manitoba and the University of Manitoba. At present, the NAP is funded solely through the operating budget of the Faculty of Nursing.

8.4.4 Recruiting Non-Traditional Students into Nursing Programs

Non-traditional nursing students, including men and visible minorities, are under-represented within the nursing profession.



To that end, the Task Force recommends:

1. That CAUSN members and Aboriginal communities consider targeting men for a career in nursing.
2. That Aboriginal communities encourage Community Health Representatives (CHRs) to consider further education in health-related disciplines, including nursing.

8.4.5 Marketing Nursing as Economic Development within Aboriginal Communities

Nursing has the potential to affect economic development of communities. Economic potential exists at the practitioner level and her/his own purchasing power. Highly skilled nurses, however, also contribute to the health of communities. Healthy communities and a healthy workforce are central to economic development within Aboriginal communities.

To that end, the Task Force recommends:

1. That marketing and recruitment materials address the economic benefits of a nursing career for practitioners.
2. That FNIHB identify the potential community economic benefits of investing in nursing to Aboriginal community leaders.
3. That FNIHB approach appropriate prospective partners such as Industry Canada, HRDC, and the Western Diversification Fund to enhance educational opportunities for Aboriginal communities as economic development initiatives.

8.4.6 Partnerships with CAUSN Members and Affiliates

In the past, FNIHB maintained strong linkages with university and college programs. Such linkages proved beneficial for both FNIHB and schools of nursing in Canada.

To that end, the Task Force recommends:

1. That FNIHB Regions take measures to re-establish or strengthen linkages and partnerships with respective schools of nursing.
2. That FNIHB and Band-transferred communities develop a formalized plan of action in consultation with schools of nursing for the recruitment of Aboriginal graduates. Such efforts in relation to the senior practicum experience would be invaluable to both FNIHB and schools of nursing.
3. That FNIHB Regions meet with representatives from schools of nursing to understand the breadth and depth of community health nursing within nursing curricula, including the nature of clinical practice.

8.4.7 Nursing Students: Summer Programs

Regions within FNIHB have implemented recruitment initiatives that are directed toward nursing students. Several initiatives are pilot projects and will require summative evaluations. The extent of funding for these initiatives was of concern to many members of the Task Force.

To that end, the Task Force recommends:

1. That FNIHB report the impact on recruitment for the following programs:
 - BN program subsidy;
 - Summer student program;
 - Student practicum experience;



2. That Regions apply for sustained and adequate funding for those programs demonstrating success.

8.4.8 Scholarships for Prospective Professorate

Aboriginal professorate are needed in schools of nursing across Canada. There are very few role models for Aboriginal students.

To that end, the Task Force recommends:

1. That Health Canada and/or other relevant federal departments such as Indian and Northern Affairs and HRDC engage in a round table discussion, to review funding for post-secondary education and to establish, in part, scholarships specifically for Aboriginal students who pursue Master's and doctoral degrees.

8.4.9 Freedom of Mobility: Aboriginal Registered Nurses

The current shortage of Aboriginal registered nurses is of serious concern to the Task Force. Such concern, however, should not serve as informal or formal FNIHB policy whereby Aboriginal registered nurses must practice in their respective or related communities. Aboriginal registered nurses should have the freedom of mobility enjoyed by all other registered nurses in Canada.

To that end, the Task Force recommends:

1. That FNIHB, ANAC, CNA, AFN, ITC and other organizations not appear to pressure Aboriginal nurses, morally or otherwise, to practice in their home or related communities.

8.4.10 Nursing Curricula

Registered nurses, whether Aboriginal or non-Aboriginal, require knowledge and skills related to the political domain. This need is particularly true for nurses in Aboriginal

communities where the political world is encountered through clinical practice.

To that end, the Task Force recommends:

1. That CAUSN members continue to emphasize the range of political processes, knowledge, and skills for use within Aboriginal and Non-Aboriginal communities.

2. That clinical training programs offered in partnership between FNIHB and schools of nursing, for example *Primary Care Skills*, ensure that students are exposed to clinical practice as political in nature.

8.4.11 Aboriginal Registered Nurses: Offering Support to New Employees

Aboriginal nurses who choose to practice in their home or related communities face considerable pressures.

To that end, the Task Force recommends:

1. That whenever possible, successful Aboriginal nurses offer mentoring to newly graduated or newly employed Aboriginal nurses. These nurses should be supported as much as possible during their first year of employment given the complexity of their practice contexts.

8.4.12 Revising FNIHB's National Recruitment Plan

Participants expressed the need to review and revise the National Recruitment Plan. The current Plan was developed in 1999 and, from their perspective, is dated.

To that end, the Task Force recommends:

1. That recommendations arising from this National Task Force serve as the basis for a revised national recruitment plan for FNIHB.

2. That FNIHB ensure Aboriginal people are



included in revising the national recruitment plan.

3. That advertisements in *The Canadian Nurse* be updated to reflect the realities and opportunities of nursing in Aboriginal communities.

8.4.13 Enhance the Capacity of Community Health Representatives (CHRs)

The CHR model and its inherent roles hold potential for enhancing health services delivery in Aboriginal communities.

To that end, the Task Force recommends:

1. That Band-transferred and Inuit communities work in partnership with FNIHB to determine how the CHR model could be further enhanced to provide additional support for nurses in the field.

8.4.14 Retaining Registered Nurses in the Field

The issue of retention is of concern for Aboriginal and non-Aboriginal nurses. FNIHB has recently implemented changes which are having a positive impact on the retention rates of nurses in the field. Health Canada and FNIHB are also committed to enacting further changes in this regard.

To that end, the Task Force recommends:

1. That the population-to-nurse ratio be recalculated to ensure adequate numbers of registered nurses in Aboriginal communities.

2. That nursing stations are fully staffed as per their allotted positions. FNIHB staff are diligently working to achieve this status, however, a high turnover rate of nursing staff in some Regions undermines these efforts.

3. That FNIHB consider establishing

designated teaching units within Regions. These FNIHB teaching units could deliver a formal preceptor/mentoring program and be affiliated with schools of nursing and their respective nursing programs.

Universities and colleges would be presented with a opportunity to be involved in the delivery of primary health care. In addition, there would be opportunities for research and faculty practice.

These units would require stable staffing and adequate accommodation. Newly graduated nurses and/or newly employed nurses would greatly benefit from a 3- or 6-month placement/internship. Likely these units would free up the practice consultants from orienting new staff.

The units could also potentially serve as sites for senior practicum nursing students.

4. That FNIHB explore additional flexible work options for nurses in the field. For example, it may be reasonable to offer job sharing.

5. That FNIHB continue to address the need for adequate housing that meets industry standards. Employment options in nursing stations may be limited for nurses who have several dependants.

6. That FNIHB continue to minimize the use of agency nurses. Agency nurses are expensive and may not have the knowledge and skills to function fully in nursing stations.

7. That FNIHB, Indian and Northern Affairs, Industry Canada, and HRDC continue to expand information technology and communication capacities in nursing stations and health centres throughout Canada.

Linking nurses to family and friends through e-mail would decrease feelings of isolation. Furthermore, virtual communities with chat room options and/or Internet meeting



capability would be of great benefit for nurses in the field, including the nurse-in-charge.

8. That FNIHB consult with ANAC and other relevant organizations to address the need to have nurses respected by members of Aboriginal communities. Similarly, there is a need to ensure that nurses are respectful of Aboriginal communities, including the political leadership. The ANAC may be able to offer assistance in this regard.

9. That FNIHB consider the merits of employing different kinds of nurses in the field, for example, Licensed Practical Nurses (LPNs) and Registered Practical Nurses (RPNs). This entails the “right provider in the right place at the right time.”

10. That Regions secure necessary funding to fully implement the practice consultant role.

8.4.15 Nurse Managers

In certain Regions, the need for nurse managers with hands on management experience is great. Financial incentives for the nurse-in-charge and zone nursing officer positions may be contributing to this deficit.

To that end, the Task Force recommends:

1. That FNIHB work with schools of nursing to develop and offer a course in *nursing management*. Ideally, this course should be offered through distance education modalities and entail an on-site component whereby FNIHB and Band-transferred nurse managers would gather at a university or college.

2. That FNIHB consider ongoing education opportunities for nurse managers offered in partnership with schools of nursing and business schools.

3. That FNIHB determine the impact of current financial incentives on recruiting and retaining experienced nurse managers.

4. That Band-employed registered nurses be included in efforts to enhance management skills among nursing staff.



9. Provincial Nursing Officers/Advisors Ministries of Education and Health

The Task Force interviewed Provincial Nursing Officers (PNOs) or their equivalents, as well as representatives from the Ministries of Education and Health; we conducted nine interviews in total. Participants were asked to identify aids and barriers to the education of Aboriginal people as registered nurses, as well as to offer advice to the Task Force.

9.1 Promoting Nursing as a Health Career Among Aboriginal Grade School Students

Kwantlen Capacity Development Camp: British Columbia's Kwantlen Capacity Development Camp results from a partnership among Kwantlen University College, South Fraser Health Region, Langley School District, Surrey School District, and the Chief's Health Council. Funding for the project arises from the Ministry of Health, the Ministry of Advanced Education, Training, and Technology, and the Chief's Health Council. This innovative 2-week summer camp for students, grade 6 to 8, from Aboriginal communities, exposes Aboriginal youth, about 50 over two sessions, to health-related careers, including nursing. Aboriginal high school and university students, along with community Elders, serve as leaders and role models for these youth. The Camp promotes science, technology, mathematics, writing, and health-related courses; traditional and Western approaches to health and healing are also included. This initiative addresses the need to encourage Aboriginal youth to consider careers in the health professions. Other jurisdictions in Canada may wish to review this program for possible replication. Cost-sharing between the federal and provincial governments would be appropriate in this venture.

9.2 Increasing the Number of Aboriginal Nursing Students

Provinces and their educational institutions are making use of various approaches to increase the number of Aboriginal nursing students. These approaches include:

- designating seats in college and university nursing programs for people of Aboriginal ancestry. For example, approximately 12% of the available seats in the NEPS program, offered jointly by the College of Nursing, University of Saskatchewan and the Nursing Division of the Saskatchewan Institute of Applied Science and Technology, are designated for Aboriginal people. Seats are also designated at the University of British Columbia and the British Columbia Institute of Technology (BCIT). The University College of Cape Breton has assigned 5 of their 25 seats for Mi'kmaq students;
- establishing access or preparatory programs. For example, the Saskatchewan Indian Federated College (SIFC) in Prince Albert (SK) offers the Northern Health Sciences Access Program;
- engaging in ongoing discussions and consultations with Aboriginal organizations;
- designating additional post-secondary funding, specific to nursing education, at the Band level;
- developing and implementing recruitment and retention plans for Aboriginal students at schools of nursing in Canada.



9.3 Barriers to a Career in Nursing Among Aboriginal Students

Admission Requirements: The Provincial Nursing Officers noted that students are not completing high school courses which would make the eligible for admission to college or university. For example, of the 48 Aboriginal students who will graduate in 2002 from Grade 12 in the Langley School District, only 14 are taking either math or a Science 12. PNOs also mentioned that many Band-administered schools offer limited sciences because of the general lack of available teachers with the necessary expertise.

High School Completion Rates: Although data were not provided, the PNOs observed that high school completion is low among Aboriginal students.

Career Counselling: PNOs remarked that guidance counsellors need to be educated about the many career opportunities in nursing, which is being overshadowed by other health-related careers such as physiotherapy, medical rehabilitation, medicine, dentistry, health technology, and so on. Some guidance counsellors have been negatively influenced by recent media attention to nursing issues such as heavy work loads and high work stress, and the obvious unrest signalled by strikes. This negative publicity, combined with a lack of knowledge about nursing education programs and nursing careers may dispose them against recommending nursing to interested students.

9.4 Facilitating Success Among Aboriginal Nursing Students

PNOs proposed that success among Aboriginal nursing students can best be fostered by:

- creating positive learning environments characterized by equity and the removal of barriers;
- acknowledging and attending to the culture shock experienced by many Aboriginal students who must relocate from small rural or northern communities to large urban colleges or universities;
- ensuring adequate funding for students and their families;
- strengthening the role of Aboriginal program coordinators within institutions;
- providing study supports;
- ensuring accessible and affordable childcare supports;
- establishing culturally-sensitive nursing curricula that legitimate Aboriginal ontology and epistemology about health, illness, and healing;
- creating supportive communities among Aboriginal nursing students;
- offering Aboriginal students relevant clinical placements, including clinical experiences in First Nations communities as well as in rural, urban and northern communities with concentrated Aboriginal populations;
- ensuring the presence of mentors and role models;
- addressing the negative image of nursing in Aboriginal communities.



9.5 The Need for Nurse Practitioners in Aboriginal Communities

While PNOs observed that all licensed or regulated nurses are relevant to Aboriginal communities, they also suggested that the need for nurse practitioners is particularly critical in these communities. In order to support Aboriginal registered nurses who wish to become nurse practitioners, a network of federal bursaries and scholarships must be put in place.

9.6 Intergovernmental Issues

Participants identified two issues of concern to the provinces, in relation to federally-funded initiatives:

- the Federal Government creates programming which is funded for a limited duration. At the end of the funding period, when expectations have been established, provinces must suddenly secure their own funding for these programs. PNOs suggested that ongoing consultations and true partnerships between federal and provincial governments around newly-funded federal initiatives is important, especially when these initiatives have financial implications for the provinces.
- the Federal Government requests indemnification of funds by the provinces with federally-funded programs. Accepting this condition may conflict with provincial treasury board policies in some provinces.



9.7 Recommendations: Provincial Nursing Officers/Advisors Ministries of Education and Health

9.7.1 Exposing Aboriginal Youth to Nursing Careers

There is a need to encourage Aboriginal youth to consider nursing as a career option. Education authorities, educators, and community members have a role in motivating students to complete courses which enable students to meet admission criteria for colleges and universities. In addition, it is of great importance to have Aboriginal students complete high school.

To that end the Task Force recommends:

1. That upon successful evaluation, the *Kwantlen Capacity Development Camp* be considered for replication by provinces and territories across Canada. The Federal Government (HRDC, DIAND, Health Canada) may wish to cost share in the funding of this program.

9.7.2 Targeted Funding: Aboriginal Nursing Students

In some communities, Aboriginal students who express a desire to pursue nursing studies are placed on waiting lists because the demand for post-secondary education is greater than available funding. Intensive support of nursing students over the next five years will increase substantially the number of Aboriginal nurses in Canada.

To that end the Task Force recommends:

1. That Health Canada consult with DIAND, HRDC and other appropriate federal departments to designate time-limited targeted funds for Aboriginal students pursuing nursing studies.

9.7.3 Guidance Counsellors as Supportive of Nursing as a Career Choice for Aboriginal Students

Guidance counsellors influence students' career choices. Recent negative media coverage about the nursing profession may unduly sway guidance counsellors from promoting nursing as a career choice among students.

To that end the Task Force recommends:

1. That schools of nursing across Canada ensure guidance counsellors are supportive of nursing as a viable career among Aboriginal youth. Such advocacy may assume various forms:

- sending letters and promotional materials to guidance counsellors citing success among Aboriginal students;
- inviting guidance counsellors for breakfast meetings and presentations on career options within nursing;
- addressing guidance counsellors at their annual meetings.



10. Funding Nursing Students

Post-secondary funding is critical to the success of Aboriginal students. As the Aboriginal youth population increases we will see an increasing desire among students to pursue education and job training to improve their financial opportunities. For the most part, the federal government is the sole source of financial assistance for Aboriginal people. First Nations, Inuit and Métis people have limited access to provincial departments when it comes to funding for post-secondary education.

Research indicates very little information has been collected regarding the number of Aboriginal health service providers. The Royal Commission on Aboriginal Peoples (RCAP) states that a survey conducted by the Aboriginal Nurses Association of Canada, finds approximately 300 registered nurses in Canada, a figure which indicates that a mere 0.1% of nurses in Canada are Aboriginal. (RCAP, 1996, Volume 3: Gathering Strength)

Aboriginal communities express ongoing frustration about the inadequacy of available post-secondary funding. In 1982 the Department of Indian and Northern Affairs capped the level of post-secondary funding available to First Nations students, communities continue to struggle to function with that same level of funding. The requests for support have not been matched by an increase in available monies.

The RCAP states that health is prominent among the paths chosen by First Nations people pursuing post-secondary studies. It is still evident, however, that students must shift the level and length of study from short-term certificate programs to professional programs.

10.1 Importance of Post-Secondary Education

Many First Nations governments and organizations have stressed that education at all levels is an “inherent and treaty right.” Fundamental to this perspective is the federal government’s fiduciary responsibility to ensure that the rights of First Nations people are protected. With the emergence of modern day treaties, self-government arrangements/agreements and increased economic activity, the social, political and economic structures of First Nations communities are changing. The need for a highly-skilled and educated workforce is acute. Education is the basis for ensuring a successful future for First Nations people and their communities. Investing in education is an investment in the future of communities and the future of Aboriginal people. This investment will lead to greater self-sufficiency initiatives, thus reducing the dependency on government systems. Access to higher learning opportunities is essential for First Nations people as they strive to become more independent, knowledgeable and innovative in meeting the challenges of the 21st century. Education is key in finding a “means to an end”; the investment First Nations communities make in education will provide them with valuable returns. Education is fundamental to strengthen and develop communities.



10.2 1977: Post-Secondary Education Assistance Program E-12 Guidelines 1988: Post-Secondary Student Support Program

In October 1977, Department of Indian and Northern Development (DIAND) implemented the Post-Secondary Education Assistance Program (PSEAP) Policy and Administrative Guidelines Program Circular under Treasury Board authority. DIAND began administrating what are known as the E-12 guidelines. The PSEAP was designed to assist First Nations people to obtain higher levels of education from accredited universities, colleges, technology institutes and other adult learning programs. The minimum entrance requirement to those programs of study was the completion of secondary school. Funding was made available to First Nations students who desired a post-secondary education.

The PSEAP provided educational assistance to registered Indian and Inuit post-secondary students, encouraged the achievement of professional skills, offered counseling and financial assistance, and established performance standards and participation guidelines for “responsible management of the program” (DIAND, 1981). The program utilized a unit of measure called a student month for limitation purposes, such that assistance was offered for no more than 96 student months for any student. This translated into discrete assistance for a time period estimated to carry a student from a community college program through undergraduate and graduate study, and the completion of a doctoral program (DIAND, 1981).

Assistance was made available under nine categories of expenses:

- Training Allowance, covering normal daily living expenses for students and their dependants;
- Special Shelter Allowance, assisting with rental expenses, utilities and furnishings for students and their dependants;
- Tuition Allowance, covering tuition costs and registration fees;
- Travel Allowance, covering transportation costs between the students’ place of study and their usual residence;
- Clothing Allowance, based on need;
- Special Clothing and Equipment Allowance, covering the costs of specifically required clothing or special equipment for the student’s academic program;
- Books and Supplies Allowance, covering all required textbooks and assisting with additional reference works;
- Special Tutorial Assistance, based on an instructor’s recommendation;
- Special Service and Contingencies Allowance, providing discretionary assistance for childcare in the case of single parent families or when both parents were full-time students (DIAND, 1981).

Initially, DIAND administered the program. Applicants typically contacted the Education Counselor or the Band Council or DIAND to provide all supporting documentation of their eligibility for enrollment in a college or university. At first, students were held accountable for paying their own academic fees and expenses. They were expected to maintain a basic level of academic performance in order to receive ongoing financial assistance from their First Nation; if a student was not successful academically, financial assistance would no longer be available.



Post-Secondary Support Program (1988)

Following a review in 1988 of the E-12 Guidelines, DIAND announced the new Post-Secondary Student Support Program. This policy, which took effect in 1989, incorporated new funding criteria for post-secondary assistance, and established a maximum level of allowance as well as a maximum duration for each post-secondary academic program.

Restrictions were placed on student eligibility, and daycare and rental subsidies were removed. In addition, monies were allocated by percentage increases available from DIAND from the Treasury Board Secretariat rather than on regional requirements based on students needs. Under the PSSSP, child-care support, assistance for special need students, program incentives directed at strategic studies, costs associated with post-secondary graduate work, and northern resident costs were not included. Moreover, students were required to be resident within Canada for twelve consecutive months prior to applying for assistance. The program was restricted to First Nations and Inuit communities, such as the James Bay Cree who had special arrangements with the government.

The types of assistance for full-time students changed. Only three categories of expenses were deemed eligible:

- **Tuition Assistance**, covering registration expenses, tuition fees and required textbooks and supplies at universities.
- **Travel Assistance**, covering return travel once every semester for both the student and their dependants.
- **Living Expenses Assistance**, covering a maximum monthly allowance for students and their dependants. Some provisions were made for high rental areas.

Three levels of studies were supported:

- **Level I:** Community College, CEGEP diploma or certificate programs
- **Level II:** Undergraduate university programs (including nursing)
- **Level III:** Advances or professional degrees (such as medicine) and Master's or doctoral degrees (including nursing)

The Post-Secondary Student Support Program does not meet the needs of First Nations post-secondary students in Canada. Although DIAND has continually increased its level of funding for education, it remains at a 2% growth rate. "The level of funding has remained capped since the revisions were made." Post-secondary education funding allocations to the 633 First Nations communities have not accounted for inflation costs and the increasing number of students wanting to attend colleges and universities. Many are placed on waiting lists because of funding caps, which generates hard feelings among students.



Table 22. History of Post-Secondary Education Funding (DIAND, 2001)

1950	No specific funding programs; funding provided on a case by case basis
1968-1969	Indian Northern Affairs Canada (INAC) assisted 250 post-secondary students
1972	Policy paper: "Indian Control of Indian Education"
1977	Introduction of the Post-Secondary Assistance Program
1989	The Post-Secondary Assistance Program replaced by the Post-Secondary Student Support Program
1991	Federal government announcement of \$320 million increase for status Indian and Inuit post-secondary education over a five-year period
1994	Federal government announcement of an additional \$20 million to the post secondary education budget
2000-2001	Current education budget for all First Nations estimated at \$293 million

Table 23. Financial Commitment from the Federal Government, 1991-2000

Fiscal Year	Financial Commitment
1991-1992	\$190.0 million
1992-1993	\$201.4 million
1993-1994	\$213.5 million
1994-1995	\$216.3 million
1995-1996	\$239.9 million
1996-1997	\$269.0 million
1997-1998	\$275.0 million
1998-1999	\$281.0 million
1999-2000	\$287.0 million



10.3 Challenges Faced by Aboriginal Students

University graduation is four times lower in the Aboriginal population than the Canadian population; only 3% of Aboriginals, 15 years and older, has completed a university degree compared to 13% of the Canadian population (1996 Census Data, Statistics Canada). Funding challenges are an integral part of this dismal statistic. Post-secondary education costs money; indeed the fact that most post-secondary institutions are located in urban areas exacerbates the problem, since housing is more expensive, and for many students, the cost of relocating is significant as well. Add to that the fact that many students need preparatory programs to assist them in developing the skills to succeed academically, that they require more time to complete degree programs, and the cost of study escalates. Students rarely come from affluent families who can support their education, and many are already negotiating competing demands on personal finances: they may have family responsibilities or children of their own. Relying on student loans is a disincentive for many, since their debt load is already likely to be overwhelming by the time they can complete a degree and secure employment.

Federal program funding for post-secondary Aboriginal students is essential but, at the moment, insufficient. Consider the following data:

- Present federal funding rates cover less than half the costs an Aboriginal student will incur in an academic year.
- The number of students needing financial support continues to grow dramatically: in 1997-1998, 27,515 Aboriginal students were enrolled in colleges and universities in Canada; an estimated 40,516 Aboriginal students will have required funding in 2001-2002.
- Even though the department of Indian Affairs and Northern Development (DIAND) allocated \$228 million for post-secondary education during the fiscal year 2000-2001, an estimated 8,475 Aboriginal people will have been unable to access funding to enter university that year.

Funded students feel insecurely supported because, since the federal government controls post-secondary funding for Aboriginal students, it has the authority to increase or decrease available funds even to change eligibility criteria.

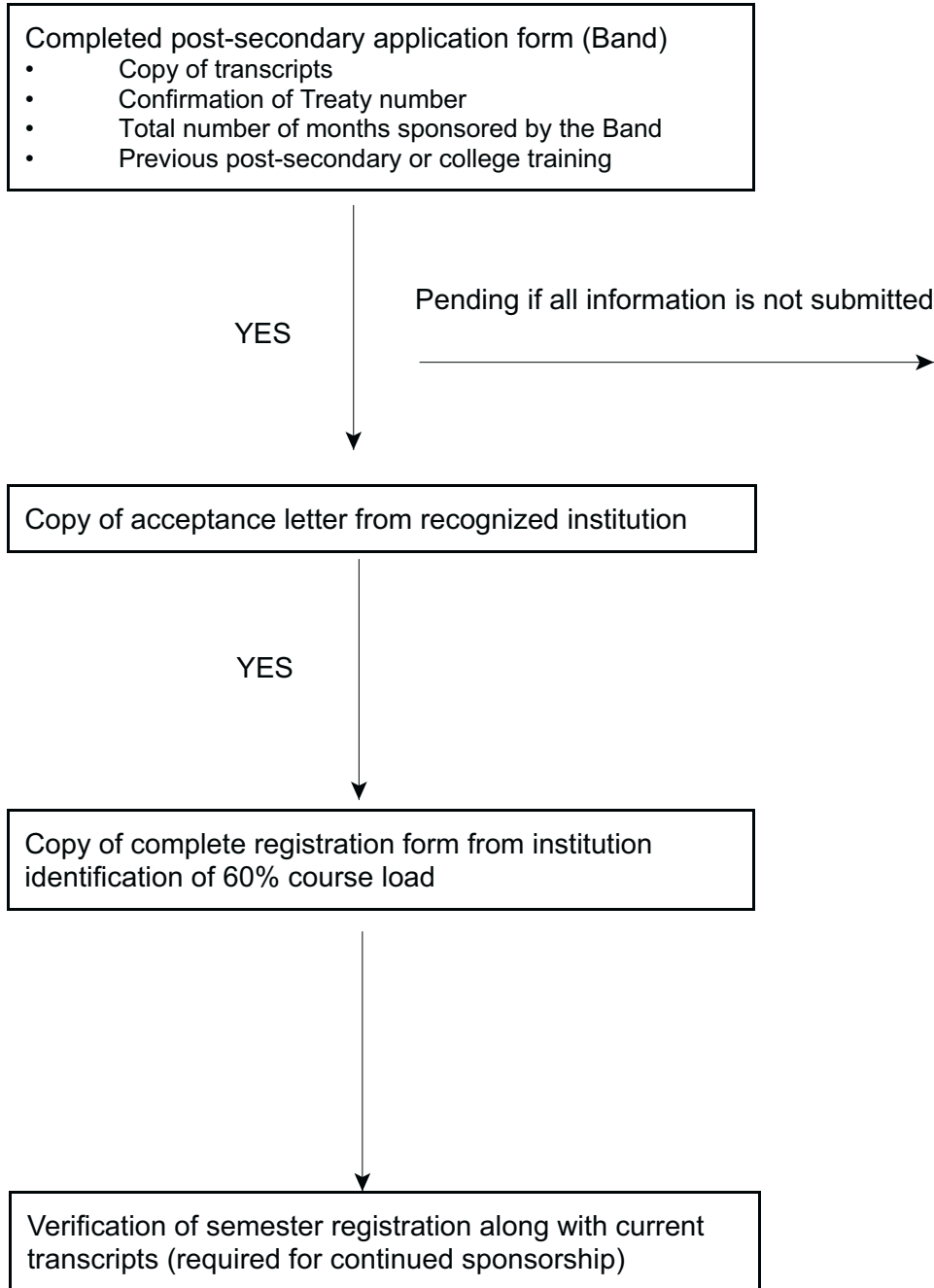
The lack of personal support many students feel upon undertaking post-secondary education, their loneliness and isolation, their difficulty balancing parenting or family obligations with academic ones, their experience of jealousy or alienation from within their home community are significant enough to explain why many students never complete their degree program. Insufficient financial supports needs not to be a factor.

10.4 Funding Criteria

Individuals who wish to pursue funding for post-secondary education go through a process identified by each Band or community. Most education authorities and First Nations communities have implemented Indian and Northern Affairs Canada's (INAC's) process for post-secondary funding.



Figure H: Application Process Utilized by First Nations



Application Process

All students are required to submit applications to their Band/tribe for sponsorship. An incomplete application form may delay funding until all information is made available to the Education Authority. The criteria for funding include: demonstrated academic ability, a letter of acceptance from an accredited university or college; enrollment in at least 60% of a full course load (3 courses in a regular term), proof of no prior funding, and an agreement to continue the regular submission of transcripts.



Figure I: Federal Funding Flow Chart

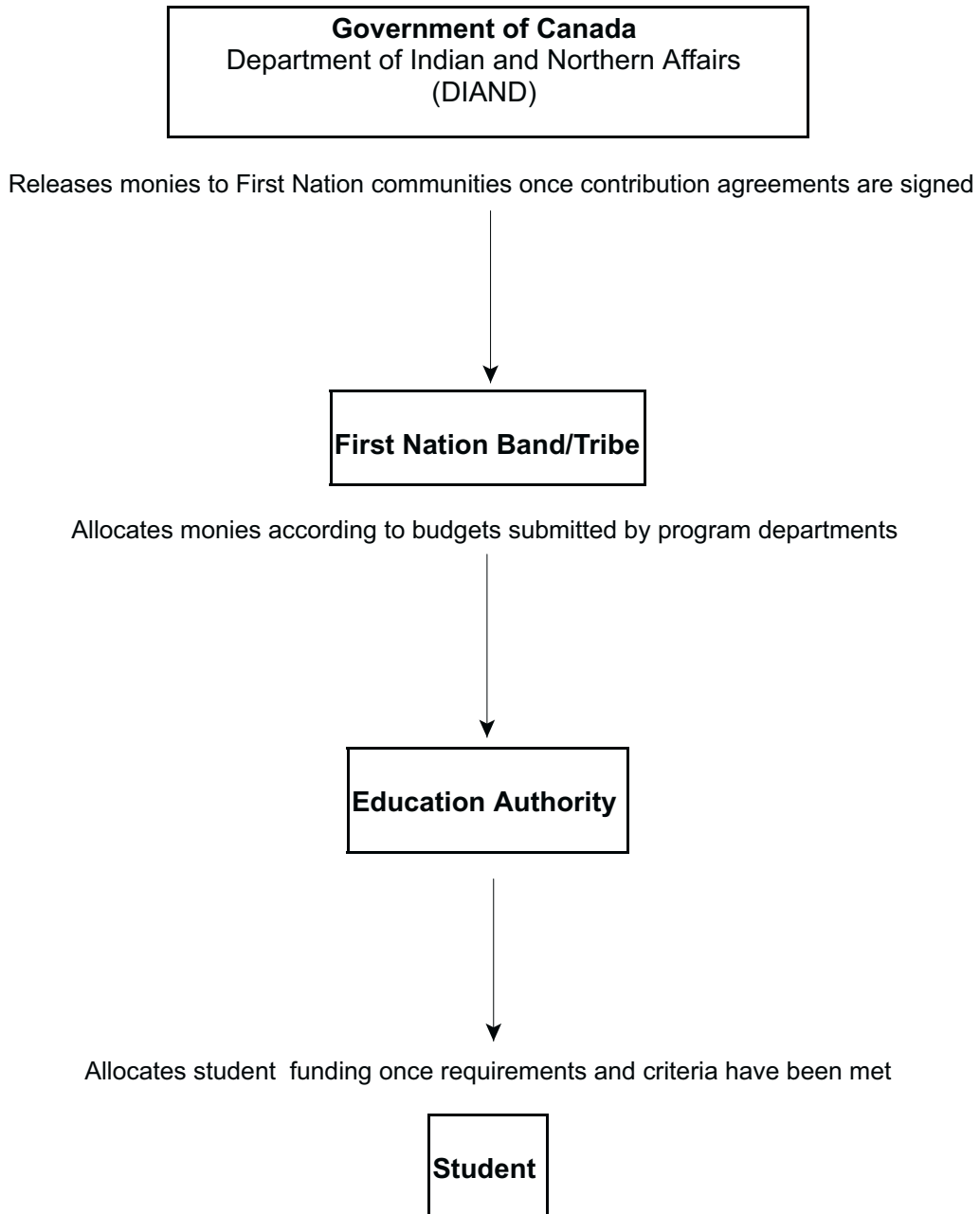
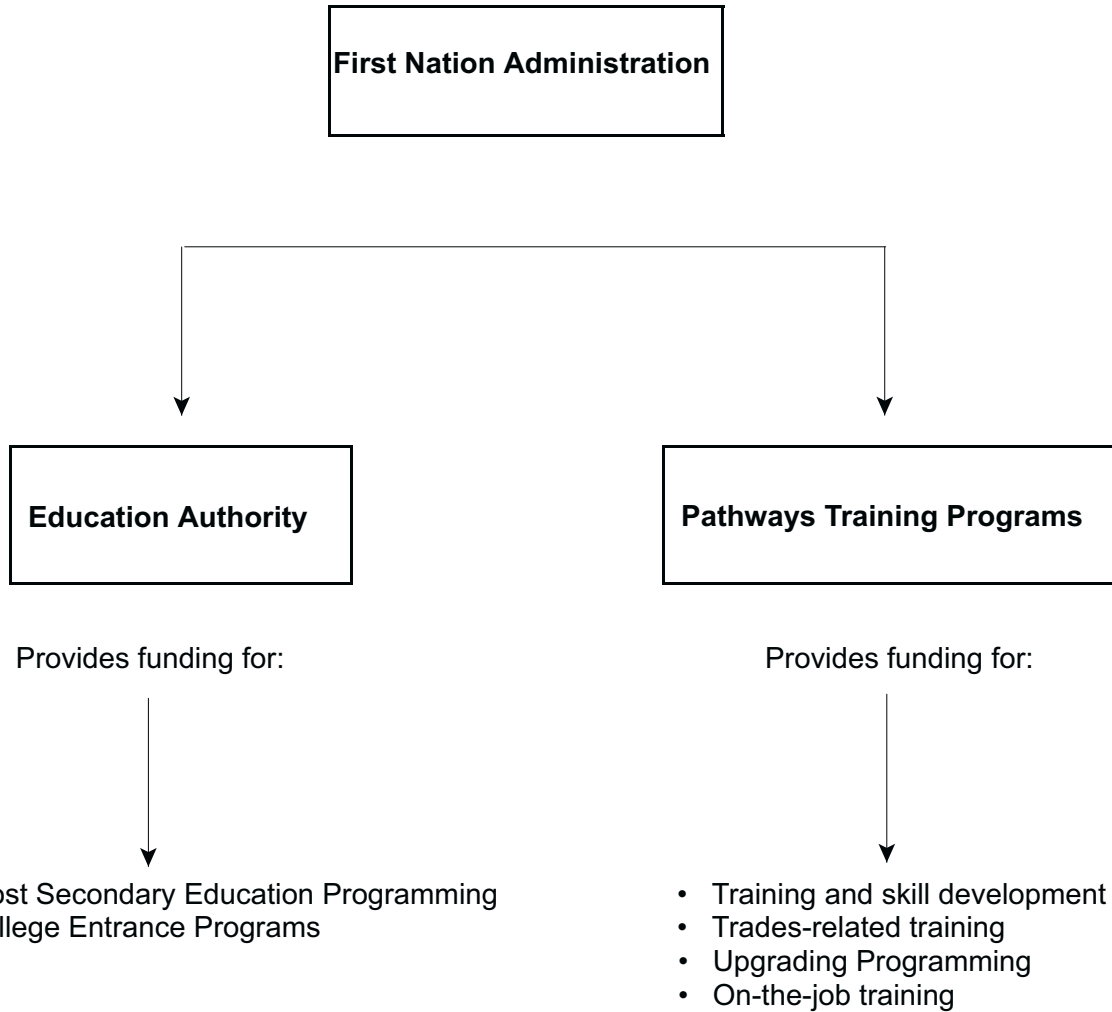


Figure J: Band Funding Flow Chart



Post-secondary education funding and Pathways funding are distinct from one another, and not transferable. Post-secondary funding is for students who are entering universities and colleges to obtain degrees or diplomas; Pathways funding is allocated to individuals who wish to pursue training and skill-development courses over a short period of time, normally one year.



10.5 Recommendations: Funding

10.5.1 Programs

With the ever increasing need for Aboriginal nurses, every effort needs to be made to provide adequate funding opportunities to Aboriginal people wishing to pursue a degree in nursing.

To that end, the Task Force recommends:

1. That CAUSN members support and encourage the adaptation of program design, admission requirements and instruction to accommodate the unique needs of Aboriginal nursing students.
2. That universities and colleges establish and/or enhance effective supports (preparatory year and Access programs) that recognize the unique learning needs and “state of readiness” of Aboriginal students.
3. That CAUSN members ensure Aboriginal representation on decision-making bodies and/or the establishment of an Aboriginal Advisory Council.

10.5.2 Funding

1. That the Department of Indian and Northern Affairs (DIAND) consider nursing education programs, colleges and universities work with the student loan programs to address the special needs and circumstances of Aboriginal nursing students (including “top up” loans).
2. That the Department of Indian and Northern Affairs, Human Resource Development Canada, and Health Canada continue to establish innovative measures to increase the level of funding available to Aboriginal students entering university nursing programs.
3. That the Department of Indian and Northern Affairs review and determine the necessary resources and costs of current post-secondary education initiatives for professional programs including nursing.



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Université de Moncton: www.umoncton.ca
University of New Brunswick: www.unb.ca
University of New Brunswick, Saint John Campus: www.unbsj.ca

University/College Websites: Newfoundland

Memorial University of Newfoundland: www.mun.ca

University/College Websites: Northwest Territories

Aurora College: www.auroracollege.com

University/College Websites: Nova Scotia

Dalhousie University: www.dal.ca
Saint Francis Xavier University: www.stfx.ca
University College of Cape Breton: www.uccb.ns.ca

University/College Websites: Nunavut

Nunavut Arctic College: www.nac.nu.ca

University/College Websites: Ontario

Cambrian College: www.cambrianc.on.ca
Durham College: www.durham.on.ca
Fanshawe College: www.fanshawec.on.ca
Georgian College: www.georgianc.on.ca
Humber College: www.humberc.on.ca
Lakehead University: www.lakeheadu.ca
Laurentian University: www.laurentian.ca
McMaster University: www.mcmaster.ca
Mohawk College of Applied Arts and Technology: www.mohawkc.on.ca
Nipissing University: www.unipissing.ca
Queen's University: www.queensu.ca
Ryerson University: www.ryerson.ca
Sault College: www.saultc.on.ca
Seneca College: www.senecac.on.ca
Sir Sanford Fleming: www.flemingc.on.ca
Six Nations Polytechnic: www.snpolytechnic.com
Trent University: www.trentu.ca
University of Ottawa: www.uottawa.ca
University of Toronto: www.utoronto.ca
University of Western Ontario: www.uwo.ca
University of Windsor: www.uwindsor.ca
Wilfrid Laurier University: www.wlu.ca
York University: www.yorku.ca

University/College Websites: Prince Edward Island

The University of Prince Edward Island: www.upei.ca

University/College Websites: Quebec

Cégep de Baie-Comeau: www.cegep-baie-comeau.qc.ca
Cégep de Sept-Îles: www.cegep-sept-iles.qc.ca
John Abbott College: www.johnabbott.qc.ca
McGill University: www.mcgill.ca
Université de Montréal: www.umontreal.ca
Université du Québec à Chicoutimi: www.uqac.quebec.ca
Université du Québec à Hull: www.uqah.quebec.ca
Université du Québec à Rimouski: www.uqar.qc.ca
Université du Québec à Trois Rivières: www.uqtr.ca
Université du Québec en Abitibi-Témiscamingue: www.uqat.ca
Université Laval: www.ulaval.ca

University/College Websites: Saskatchewan

Saskatchewan Indian Federated College: www.sifc.edu
Saskatchewan Institute of Applied Sciences and Technology: www.siastr.sk.ca
University of Saskatchewan: www.usask.ca

12. Appendices - Section A: Tools

Appendix A1

The National Task Force on the Recruitment and Retention of Aboriginal Persons into Nursing

Overview of the Project

The National Task Force on the Recruitment and Retention of Aboriginal People into Nursing is funded by Health Canada and arises out of the Canadian Association of University Schools of Nursing (CAUSN). There is an urgent need to address the limited numbers of Aboriginal nurses in First Nations communities in Canada. Dr. David Gregory, Dean of the Faculty of Nursing at the University of Manitoba and Professor Fjola Hart Wasekeesikaw from the Norway House site are the Task Force co-chairs. Strategies to address the recruitment and retention of Aboriginal people into nursing is the mandate of the Task Force. Of specific concern is the need for Aboriginal registered nurses within the First Nations and Inuit Health Branch (FNIHB) and band-transferred communities.

The purpose of the task force is to increase the recruitment and retention of Aboriginal people into nursing across Canada. This objective will be investigated through interviews with the national Task Force members, First Nations Inuit Health Branch (FNIHB) representatives, consultation with Aboriginal organizations and existing nursing access education programs across the country. The Task Force has a six-month time frame; March 2002 will see this project to its completion.

The Task Force will address the following six project areas:

- **Data Collection**
 - contact all universities and colleges in Canada (NWT & Nunavut)
 - interview directors of nursing and non-nursing access programs
 - collect brochures and related access materials
 - review websites

- **Literature Review**
 - access programming- who has reported success and why?
 - reports-existing reports on the recruitment and retention of Aboriginal people into nursing

- **First Nations and Inuit Health Branch (FNIHB)**
 - obtain strategic plans for the recruitment and retention of Aboriginal people into nursing by region
 - contact recruiters in each region

- **Consult with First Nations**
 - provincial organizations & Tribal councils
 - Assembly of First Nations (AFN)
 - Inuit Tapirisat of Canada

- Employment of Aboriginal Nurses
 - Aboriginal Nurses Association of Canada (ANAC) re: employment of Aboriginal nurses in Canada

- Financial Support for Nursing Education
 - establish financial resources available to Aboriginal people pursuing nursing studies

If you have any questions with respect to the Task Force on the Recruitment and Retention of Aboriginal People Into Nursing, please do not hesitate to contact Amanda Macrae, Project Manager, at (204) 474-7205 or e-mail (Amanda_Macrae@umanitoba.ca).

Appendix A2

National Task Force on the Recruitment & Retention of Aboriginal People into Nursing

Verbal Telephone Disclaimer

- My name is _____; I am a research associate with the National Task Force on the Recruitment and Retention of Aboriginal People into Nursing. I'm calling on behalf of the co-chairs, Dr. David Gregory, Dean of the Faculty of Nursing at the University of Manitoba, and Professor Fjola Hart Wasekeesikaw from the Norway House site.
- The Task Force was commissioned and funded by Health Canada and arises out of the Canadian Association of University Schools of Nursing (CAUSN). The Task Force has a six-month time frame; March 2002 will see this project to its completion.
- The purpose of the task force is to increase the recruitment and retention of Aboriginal people into nursing across Canada. This objective will be investigated through interviews with the national Task Force members, First Nations Inuit Health Branch (FNIHB) representatives, consultation with Aboriginal organizations and existing nursing access education programs across the country.
- This telephone interview will run approximately one hour in length. With your permission notes will be recorded during our interview for later analysis. This data will be stored in a secure file and held in a locked filing cabinet for a period of 5-7 years and then will be destroyed. I would like to ask you questions related to the recruitment and retention of Aboriginal people into nursing.
- By agreeing to be interviewed you are offering consent and contributing to the information collected by the task force. Please note that your name will not be used in the task force report however, the name of your organization will be included.
- Data will be presented in aggregate form by region, province and nationally.
- **You can refuse to answer any questions at any time during this interview without any negative consequences of any kind. You may terminate this interview at any time without repercussions.**
- The findings of this task force project will be made available to the participants in the following ways:
 - Published article to be placed on Health Canada's website (public information)
 - Copies will be offered to every Task Force member
 - Report will be shared with all CAUSN members
- This project has been approved by the Education Nursing Research Ethics Board, University of Manitoba. Any complaint regarding a procedure may be reported to the Human Ethics Secretariat (204) 474-7122.

- If you have any questions with respect to the Task Force on the Recruitment and Retention of Aboriginal People into Nursing, please do not hesitate to call Amanda Macrae, Project Manager at (204) 474-7205 or e-mail (Amanda_Macrae@umanitoba.ca)

Appendix A3

Groupe de travail national sur le recrutement et la rétention
des autochtones en sciences infirmières

Consentement téléphonique

Bonjour, je m'appelle _____ et je suis assistante de recherche pour le Groupe de travail national sur le recrutement et la rétention des autochtones en sciences infirmières. Je vous appelle au nom du vice-président du groupe de travail, Monsieur David Gregory, doyen de la Faculté de Sciences infirmières de l'Université du Manitoba, de même qu'au nom de Madame Fjola Hart Wasekeesikaw, professeure à Norway House.

Le groupe de travail a été mis sur pied et financé par le Ministère de la Santé du Canada à la demande l'Association canadienne des écoles universitaires de nursing (ACÉUN). Le groupe de travail doit terminer ses travaux dans un délai de six mois, c'est-à-dire en mars 2002.

L'objectif poursuivi par le Groupe de travail est d'augmenter le recrutement et la rétention des étudiants autochtones dans les programmes de sciences infirmières partout au Canada. Pour atteindre cet objectif, nous comptons interviewer les membres du Groupe de travail national et les représentants de la Direction générale de la santé des Premières nations (DGSPNI). Nous voulons également consulter les organismes autochtones et les programmes d'accès à l'éducation en soins de santé à travers le Canada.

Cette entrevue téléphonique durera environ une heure. Avec votre permission, quelqu'un prendra des notes pendant l'entrevue pour analyse ultérieure. Ces notes seront conservées dans un endroit sûr, dans une filière sous clé, pour une période de 5 à 7 années. Elles seront ensuite détruites.

Les questions que j'aimerais vous poser portent sur le recrutement et la rétention des autochtones en sciences infirmières.

En acceptant d'être interviewé, vous consentez à ce que les informations que vous nous donnez soient utilisées par le Groupe de travail. Soyez assuré que votre nom ne sera pas inclus dans le rapport, mais le nom de votre organisme le sera.

Les données seront analysées et présentées par région, province et au niveau national.

Vous pouvez refuser de répondre à n'importe laquelle des questions posées, à n'importe quel moment au cours de l'entrevue, sans aucune crainte de conséquence négative. Vous pouvez également mettre fin à l'entrevue à n'importe quel moment, sans autre répercussion.

Les résultats des travaux du Groupe de travail seront remis au participants et rendus publics de la manière suivante :

- article publié sur le site Internet de Santé Canada
- copies remises à chaque membre du Groupe de travail
- Rapport partagé avec tous les membres de l'Association canadienne des écoles universitaires de nursing (ACÉUN).

Ce projet a reçu l'approbation du Comité d'éthique de recherche de la faculté des Sciences infirmières de l'Université du Manitoba. Toute plainte concernant les procédures peut être déposée au Secrétariat d'éthique humaine au (204) 474-7122.

Si vous avez des questions concernant le Groupe de travail national sur le recrutement et la rétention des autochtones en sciences infirmières, n'hésitez pas à contacter Amanda Macrae, directrice du projet, par téléphone, au (204) 474-7205, ou par courriel:

Amanda_Macrae@umanitoba.ca

Appendix - A4

National Task Force on the Recruitment & Retention of Aboriginal People into Nursing

Verbal Telephone Disclaimer: Aboriginal Students

- My name is _____; I am a research associate with the National Task Force on the Recruitment and Retention of Aboriginal People into Nursing. I'm calling on behalf of the co-chairs, Dr. David Gregory, Dean of the Faculty of Nursing at the University of Manitoba, and Professor Fjola Hart Wasekeesikaw from the Norway House site.
- The Task Force was commissioned and funded by Health Canada and arises out of the Canadian Association of University Schools of Nursing (CAUSN). The Task Force has a six-month time frame; March 2002 will see this project to its completion.
- The purpose of the task force is to increase the recruitment and retention of Aboriginal people into nursing across Canada. This objective will be investigated through interviews with the national Task Force members, First Nations Inuit Health Branch (FNIHB) representatives, students, consultation with Aboriginal organizations and existing nursing access education programs across the country.
- This focus group teleconference will be conducted with 3- 5 students and will run approximately one hour in length. With your permission notes will be recorded during our interview for later analysis. This data will be stored in a secure file and held in a locked filing cabinet for a period of 5-7 years and then will be destroyed. I would like to ask you questions related to your experience as a university student, and your particular experiences related to recruitment into nursing, financial support, and other resources accessed.
- By agreeing to be interviewed you are offering consent and contributing to the information collected by the task force. Please note that your name will not be used in the task force report.
- Data will be presented in aggregate form by region, province and nationally.
- You can refuse to answer any questions at any time during this interview without any negative consequences of any kind. You may terminate this interview at any time without repercussions.
- The findings of this task force project will be made available to the participants in the following ways:
 - Published article to be placed on Health Canada's website (public information)
 - Copies will be offered to every Task Force member
 - Report will be shared with all CAUSN members

- This project has been approved by the Education Nursing Research Ethics Board, University of Manitoba. Any complaint regarding a procedure may be reported to the Human Ethics Secretariat (204) 474-7122.
- If you have any questions with respect to the Task Force on the Recruitment and Retention of Aboriginal People into Nursing, please do not hesitate to call Amanda Macrae, Project Manager at (204) 474-7205 or e-mail (Amanda_Macrae@umanitoba.ca)

Appendix A5

Interview Guide #1

National Task Force Members

1. Within your province, can you please advise us as to whom we should contact regarding the recruitment and retention of Aboriginal people into nursing?
 - A) colleges
 - B) universities
 - C) Ministry of Health
 - D) Aboriginal groups at the provincial level
 - E) Other

2. A) Does your university/college have a general access program?
 - B) Does your nursing school/faculty have a nursing access program?
If yes who is the director and what is his/her contact number?
 - C) If you don't have an access program how do you recruit and retain (support) Aboriginal people into nursing?

3. A) Does your school/faculty have Aboriginal faculty members? How many? What gender?
 - B) What areas are they teaching in?
 - C) Are they involved in the recruitment and retention of Aboriginal people into nursing? How?

4. Is there a special admission category for Aboriginal students?

5. A) How many Aboriginal students are there in your nursing programs?
 - B) Do you have any Aboriginal students at a Master or PhD level in nursing studies?

6. What are your attrition rates?

7. What are the facilitating factors that support the recruitment and retention of Aboriginal people in your nursing program?

8. What are the barriers (if any) that prevent or reduce the recruitment and retention of Aboriginal people into your nursing program?

9. What, if anything, needs to change?

10. Are recruitment efforts for Aboriginal students occurring in junior and senior high schools in your area?
11. Does your program strive to increase the number of students working in nursing stations?
12. Are you consulting with Aboriginal people regarding the recruitment and retention of Aboriginal people into nursing? Is there an advisory council or some kind of partnership or mechanism in place for consultation and advice?
13. How are you increasing the presence of Aboriginal people in nursing?
14. Are you marketing to Aboriginal people?
15. What role do you envision for the federal government in the recruitment and retention of Aboriginal people into nursing?

Appendix A6

Guide d'entrevue #1

Membres du Groupe de travail national

1. Pourriez-vous nous indiquer à qui nous pourrions nous adresser, dans votre province, au sujet du recrutement et de la rétention des autochtones en sciences infirmières ?
 - A) dans les collèges
 - B) dans les universités
 - C) au Ministère de la Santé
 - D) dans les organismes autochtones de votre province
 - E) des autres
2. A) Est-ce que votre collège/université a un programme Accès général ?
 - B) Votre école/faculté a-t-elle un programme Accès aux sciences infirmières? Si oui, qui en est le directeur et comment peut-on contacter le programme?
 - C) Si vous n'avez pas de programme Accès, comment procédez-vous au recrutement et au soutien des étudiants autochtones en sciences infirmières?
3. A) Est-ce que votre école/faculté compte des professeurs autochtones parmi ses membres? Combien? De quel sexe?
 - B) Quels sujets enseignent-ils?
 - C) Sont-ils impliqués dans le recrutement et la rétention des autochtones en sciences infirmières? Comment?
4. Y a-t-il une catégorie spéciale d'admission pour les étudiants autochtones?
5. A) Combien d'étudiants autochtones sont inscrits à votre programme?
 - B) Avez-vous des étudiants autochtones à la maîtrise et au doctorat en sciences infirmières?
6. Quel est le taux d'abandon à votre faculté/école?
7. Quels sont les facteurs qui facilitent le recrutement et la rétention des étudiants autochtones dans votre programme de sciences infirmières?
8. Quels sont les obstacles (s'il y en a) qui empêchent ou réduisent le recrutement et la rétention des étudiants autochtones dans votre faculté/école?
9. Qu'est-ce que vous voudriez voir changer (s'il y a des changements à faire)?

10. Est-ce qu'il y a un travail de recrutement d'étudiants autochtones qui se fait au niveau des écoles secondaires et des CÉGEPs dans votre région?
11. Est-ce que votre programme s'efforce d'augmenter le nombre d'étudiants qui travaillent dans des postes de soins infirmiers?
12. Consultez-vous les organismes autochtones en ce qui concerne le recrutement et la rétention des étudiants autochtones et Inuits en sciences infirmières ? Avez-vous un comité consultatif ou toute autre forme de mécanisme ou de partenariat en place pour consultation et avis?
13. Que faites-vous pour augmenter la participation des autochtones dans votre programme de sciences infirmières?
14. Faites-vous la promotion de votre programme auprès des Premières nations?
15. Quel rôle voyez-vous pour le Gouvernement fédéral en ce qui concerne le recrutement et la rétention des autochtones en sciences infirmières?

Appendix A7

Interview Guide #2

Consultation with Aboriginal Students

1. How did you end up at your university studying Nursing?
2. Can you tell us what kinds of supports you are receiving as a university student?
 - A) financial support?
 - B) academic support (tutoring/ counselling)?
 - C) other?
3. A) Is your financial support adequate? (Yes/ No)
B) Why? Why Not?
4. Are the criteria to determine financial assistance reasonable?
- i.e.: full course load required in order to be eligible for funding?
5. A) Are there supports in place for your family (i.e.: spouse/children)?
B) Could you tell us about these?
6. Are there any barriers to attending university or completing your nursing degree?
7. What needs to be changed in relation to supports that are offered?
8. What advice would you have for the Task Force regarding the recruitment and retention of Aboriginal people into nursing?
9. Where do you plan on working when you complete your degree and what is influencing that decision?

Appendix A8

Interview Guide #3

Provincial Education / Government Representation

1. Is there a strategic plan in place in your province that addresses the recruitment and retention of Aboriginal people into nursing?
2. What funding is available and/or directed to the education of Aboriginal people into nursing (i.e.: programming)?
3. What are the facilitating factors that support the recruitment and retention of Aboriginal people into nursing?
4. What are the barriers (if any) that prevent or reduce the retention and recruitment of Aboriginal people into nursing?
5. What (if anything) needs to change?
6. Are recruitment efforts for aboriginal students occurring in junior and senior high schools?
7. Are you consulting with aboriginal people regarding the recruitment and retention of Aboriginal people into nursing? Is there an advisory council in place?
8. How are you increasing the presence of Aboriginal people into nursing?
9. What role do you envision for the federal government in the retention and recruitment of Aboriginal people into nursing?

Appendix A9

Interview Guide #4

Consultation with Aboriginal Organizations

1. Is your organization concerned about the low numbers of Aboriginal nurses in First Nations communities? Can you share these concerns with us?
2. Does your organization have any position statements, policy or reports related to this issue?
3. Is any action being taken by your organization or other Aboriginal groups concerning the recruitment and retention of Aboriginal people into Nursing? Could you please explain these actions?
4. How is the nursing shortage in First Nations communities best addressed?
5. Do you see a role for the federal government in addressing this situation, and if so what is that role? How could the federal government be of assistance?
6. Do you see a role for the provincial governments in addressing this situation, and if so what is that role?
7. Do you see a role for the colleges and the universities in addressing this situation, and if so what is that role?
8. Do you have any advice for the Task Force regarding the recruitment and retention of Aboriginal people into nursing?
 - i.e.: partnerships with others to address the recruitment and retention of Aboriginal people into Nursing? Please describe.
 - AFN
 - Inuit Tapirisat
 - Metis Federation

Appendix A10

Interview Guide # 5

FNIHB / Health Canada - Senior Management

1. From your perspective, what are the major issues and challenges associated with the recruitment and retention of Aboriginal people into nursing?
2. Our preliminary data suggest significant limitations associated with the funding of Aboriginal nursing students i.e.: level of funding, nursing may not be a priority area for the Bands, waiting lists, etc.
 - Can FNIHB (Health Canada) potentially address this issue in partnership with the department of Indian and Northern Affairs (or other partnerships as appropriate)?
3. The Health Careers initiative has demonstrated success. Are there any plans to enhance/expand this initiative to focus on the education of Aboriginal nurses at the undergraduate or graduate levels?
4. Does FNIHB(Health Canada) view any potential/merit in partnering with schools of nursing with the goal of educating more Aboriginal nurses, by increasing the number of seats in access programs, enhancing personal/academic supports, etc.?
5. Are there currently senior level Aboriginal nurse managers within FNIHB (Health Canada)? Is there an opportunity to develop any partnerships that would develop Aboriginal senior nurse managers within FNIHB (Health Canada)?
6. One of the major barriers or challenges to the recruitment and retention of Aboriginal people into nursing is their inadequate education from K-12. While we recognize the enormity of this challenge, do you have any advice as to how this issue can be addressed?
7. Is there an opportunity to secure modest funding to increase the number of seats (eg. Access programs) in nursing programs for Aboriginal people across Canada?
8. What sectors of the federal government could invest in this area? Does FNIHB (Health Canada) have a role in making this happen?

Appendix A11

Interview Guide #6

Regional Nursing Officers (FNIHB)

1. Do you have a province- or region-specific strategic plan in place for the recruitment and retention of Aboriginal people into FNIHB nursing positions?
2. Would you describe your plan briefly?
 - Does it reflect any partnerships/consultation with First Nations or university schools of nursing?
 - Can we obtain a copy of the plan? (fax /e-mail)
 - Is your plan being implemented?
3. How are the activities within the plan funded?
4. Are these strategies proving or have proven successful? Can you tell us about this success?
5. Do you have a full time recruiter in place for the region?
6. If so, what is the recruiter's name and contact number?
 - Can you tell us about the nature of his/ her work?
 - Any reports available?
7. Do you employ Aboriginal nurses at present?
 - availability of stats?
 - turnover rate?
 - issues or challenges they face as nurses in the community?
8. What is the turnover of nursing staff in your region?
 - Are there stats available? (chart / table?)
9. How are you coping with the turnover of nursing staff?
 - short term?
 - long term?
10. Suggestions or ideas, in terms of what can be done to recruit and retain Aboriginal nurses, beyond what is in place at present?

Appendix A12
Guide d'entrevue #6

Directeurs régionaux (DGSPNI)

1. Avez-vous un plan d'action provincial ou régional concernant le recrutement et la rétention des autochtones dans les postes en soins infirmiers de la Direction générale de la santé des Premières nations?
2. Pouvez-vous décrire brièvement votre plan d'action?
 - Est-il le résultat de consultation ou de partenariats avec les Premières nations ou les facultés de nursing des universités?
 - Peut-on obtenir une copie de ce plan d'action (par télécopie ou courriel)
 - Votre plan est-il mis en oeuvre?
3. Comment les activités prévues dans ce plan d'action sont-elles financées?
4. Ces stratégies sont-elles, ou se sont-elles montrées efficaces? Pouvez-vous nous parler un peu de vos succès?
5. Avez-vous un agent de recrutement à temps plein dans votre région
6. Si oui, quel est son nom et comment peut-on le contacter?
 - Pouvez-vous nous décrire son travail?
 - Y a-t-il des rapports disponibles?
7. Avez-vous des infirmières ou des infirmiers autochtones sur votre personnel présentement?
 - Avez-vous des statistiques disponibles à ce sujet?
 - quel est le taux de renouvellement de votre personnel autochtone?
 - quels sont les défis/problèmes rencontrés par votre personnel autochtones dans la communauté?
8. Quel est le taux général de renouvellement du personnel en soins infirmiers dans votre région?
 - Avez-vous des statistiques disponibles à ce sujet?
9. Comment réagissez-vous au sujet du renouvellement du personnel en soins de santé?
 - à court terme?
 - à long terme?
10. Avez-vous des suggestions ou des commentaires au sujet du recrutement et de la rétention des autochtones en sciences infirmière, abstraction faite de ce qui est présentement en place dans ce domaine?

Appendices - Section B: List of Participants**Appendix B1****Universities and Colleges Interviewed*****Northwest Territories***

Aurora College - Yellowknife Campus
5004 - 54th Street, Northern United Place
P.O. Bag Service 9700
Yellowknife, NT X1A 2R3

Nunavut

Nunavut Arctic College - Nunatta Campus
P.O. Box 600
Iqaluit, NU X0A 0H0

British Columbia

British Columbia Institute of Technology
3700 Willingdon
Burnaby, BC V6T 2B5

Camosun College
3100 Foul Bay Road
Victoria, BC V8P 5J2

Kwantlen University College
12 666 - 72nd Avenue
Surrey, BC V3W 2 M8

Malaspina University-College
Nanaimo Campus, 900 Fifth Street
Nanaimo, BC V9R 5S5

Okanagan University-College
3333 College Way
Kelowna, BC V1Y 1V7

University of British Columbia
2211 Wesbrook Mall, Room T201
Vancouver, BC V6T 2B5

University-College of the Cariboo
900 McGill Road
Box 3010
Kamloops, BC V2C 5N3

University of Northern British Columbia
3333 University Way
Prince George, BC V2N 4Z9

University of Victoria
P.O. Box 1700
Victoria, BC V8W 2Y2

Alberta

Grande Prairie Regional College
10726-106 Avenue
Grande Prairie, AB T8V 4C4

Keyano College
8115 Franklin Avenue
Fort McMurray, AB T9H 2H7

University of Alberta
3-129 Clinical Science Building
Edmonton, AB T6G 2G3

University of Calgary
2500 University Drive N.W.
Calgary, AB T2N 1N4

Saskatchewan

Saskatchewan Indian Federated College
Northern Campus
P.O. Box 3003
1500 - 10th Avenue East
Prince Albert, SK S6V 6G1

Saskatchewan Institute of Applied Science
and Technology
1130 Idylwyld Drive
Saskatoon, SK S7K 3R5

University of Saskatchewan
Health Sciences Bldg.
107 Wiggins Road
Saskatoon, SK S7N 5E5

Manitoba

Keewatin Community College
P.O. Box 3000
7th Street & Charlebois
The Pas, MB R9A 1M7

Red River College
2055 Notre Dame Avenue
Winnipeg, MB R3H 0J9

Urban Circle Training Centre Inc.
Unit H - 2211 McPhillips Street
Winnipeg, MB R2V 3M5

The University of Manitoba
Helen Glass Centre for Nursing
89 Curry Place
Winnipeg, MB R3T 2N2

The University Manitoba
The Faculty of Nursing
Box 5130
Norway House, MB R0B 1B0

Ontario

Atkinson College, York University
School of Nursing
4700 Keele Street
Toronto, ON M9P 1A5

Cambrian College of Applied Arts and
Technology
1400 Barrydowne Road, Station A
Sudbury, ON P3A 3V8

Georgian College
One Georgian Drive
Barrie, ON L4M 3X9

Lakehead University
955 Oliver Road
Thunder Bay, ON P7B 5E1

Laurentian University
935 Ramsey Lake Road
Sudbury, ON P3E 2C6

McMaster University
Undergraduate Nursing Admissions
1200 Main Street West
Hamilton, ON L8N 3Z5

Mohawk College
P.O. Box 2034
Hamilton, ON L8M 3T2

Queen's University
90 Barrie Street, Catarauqui Building
Ottawa, ON K7L 3N6

Ryerson Polytechnic University
350 Victoria Street, Room 482
Toronto, ON M5B 2K3

Sault College
443 Northern Avenue
Sault Ste. Marie, ON P6A 5L3

Six Nations Polytechnic
P.O. Box 700
Ohsweken, Ontario N0A 1M0

Trent University
P.O. Box 4800 Station Main
Peterborough, ON K9J 7B8

University of Toronto
Faculty of Nursing
50 St. George Street
Toronto, ON M5S 3H4

Québec

John Abbott College
P.O. Box 2000
Ste. Anne de Bellevue, PQ H9X 3L9

McGill University
3506 University St.
Montreal, PQ H3A 2A7

Université du Québec à Chicoutimi
555 Boulevard de l'Université
Chicoutimi, PQ G7H 2B1

Université du Québec à Trois-Rivières
3351 Boulevard des Forges
C.P. 500
Trois-Rivières, PQ G9A 5H7

New Brunswick

University of New Brunswick
Postal Box 4400
MacLaggan Hall
Fredericton, NB E3B 5A3

Nova Scotia

Dalhousie University
5869 University Avenue
Halifax, NS B3H 3J5

University-College of Cape Breton
P.O.5300
1250 Grand Lake Road
Sydney, NS B1P 6L2

St. Francis Xavier University
P.O. Box 5000
Antigonish, NS B2G 2W5

Newfoundland

Memorial University of Newfoundland
Health Sciences Centre
Prince Phillip Drive
St. John's, NF A1B 3V6

Appendix B2**Universities and Colleges Declined*****British Columbia***

Trinity Western University
7600 Glover Road
Langley, BC V2Y 1Y1

Alberta

Grant MacEwan Community College
City Centre Campus
10700-104 Avenue
Edmonton, AB T5J 4S2

Mount Royal College
4825 Richard Road S.W.
Calgary, AB T3E 6K6

Medicine Hat College
299 College Drive S.E.
Medicine Hat, AB T1A 3Y6

Red Deer College
P.O. Box 5005
Red Deer, AB T4N 5H5

Ontario

Durham College
2000 Simcoe Street North
Oshawa, ON L1H 7L7

University of Ottawa
451 Smyth Road
Ottawa, ON K1H 8M5

Nipissing University
100 College Drive
Box 5002
North Bay, ON P1B 8L7

University of Western Ontario
London, ON N6A 5C1

Seneca College of Applied Arts and
Technology
13990 Dufferin Street North
King City, ON L7B 1B3

University of Windsor
401 Sunset Avenue
Windsor, ON N9B 3P4

Québec

Cegep de Baie-Comeau
537, boul. Blanche
Baie-Comeau, PQ G5C 2B2

Cégep de Sept-Îles
175 de la Vérendrye
Sept-Îles, PQ G4R 5B7

Université de Montréal
P.O. 6128, Downtown Station
Montréal, PQ H3C 3J7

Université du Québec à Hull
Case postale 1250, succursale B
Hull, PQ J8X 3X7

Université du Québec à Rimouski
300, allée des Ursulines
Rimouski, PQ G5L 3A1

Université du Québec en Abitibi-
Témiscamingue
Québec, Canada

Université Laval
Québec, PQ G1K 7P4

New Brunswick

Université de Moncton
165 avenue Massey
Moncton, NB E1A 3E9

University of New Brunswick
Saint John Campus
P.O.Box 5050
Saint John, NB E2L 4L5

Prince Edward Island

The University of Prince Edward Island
550 University Avenue
Charlottetown, PEI C1A 4P3

Appendix B3**Participating Aboriginal Organizations**

Assembly of First Nations
1 Nicholas Street, Suite 1002
Ottawa, ON K1N 7B7

Atlantic Policy Congress of First Nations
Chiefs
P.O. Box 36
26 Industrial Park Drive
Amherst, NS B4H 3Y7

File Hills Qu'Appelle Tribal Council
Treaty Four Governance Centre
Treaty Four Grounds
Reserve #77
740 Sioux Avenue
P.O. Box 985
Fort Qu'Appelle, SK S0G 1S0

First Nations Chiefs' Health Committee
708-100 Park Royal South
West Vancouver, BC V7T 1A2

Indian and Inuit Health Careers Program
Provincial Territorial Organization - The
Province of Ontario
1000 Chippewa Road
Thunder Bay, ON P7J 1B6

Inuit Tapiriiksat Kanatami
Suite 510, 170 Laurier Avenue W.
Ottawa, ON K1P 5V5

Kwanlin Dun First Nation
35 McIntyre Rd
Whitehorse, YT Y1A 5A5

Manitoba Keewatinowi Okimakanak
200 - 701 Thompson Drive
Thompson, MB R8N 2A3

MAWIW Council
466 Bowlen Street
Fredericton, NB E3A 2T4

Metis Settlements General Council
3rd Floor, Mayfield Business Centre
10525 - 170 Street
Edmonton, AB T5P 4W2

Mohawk Council of Akwesasne
PO Box 570
Cornwall, ON K6H 5T3

National Aboriginal Health Organization
(NAHO)
56 Sparks Street, Suite 400
Ottawa, ON K1P 5A9

Qimaavik Women's Shelter
Box 237
Iqaluit, NT

Secwepemc Education Institute,
365 Yellowhead Highway
Kamloops, BC V2H 1H1

Appendix B4**Aboriginal Organizations Declined**

Aakom - Kiyii Health Services
PO Box 70 Brocket, AB TOK OHO

Assembly of Manitoba Chiefs
200-260 St. Mary Avenue
Winnipeg, MB R3C 0M6

Chief of Ontario
188 Mohawk Street
Brantford, ON N3X 2X2

First Nation of Quebec and Labrador Health
and Social Services Commission
250 Place Michel Laveau
Wendake, QC G0A 4V0

Manitoba Metis Federation
150 Henry Avenue
Winnipeg, MB R3B 0J7

Treaty Seven Tribal Council
310 - 6940 Fisher Road South East
Calgary, AB T2H 0W3

Treaty Six Confederacy
Suite 204 - 10310 - 176th street
Edmonton, AB T5S 1L3

Union of Ontario Indians Anishinabek Health
Commission
1024 Mississauga Street
Curve Lake, ON K0L 1R0

Appendix B5**Regional Nursing Officer - Health Canada**

Pacific Region
Health Canada - FNIHB
Sinclair Centre - Federal Tower
757 West Hastings Street
Vancouver, BC V6C 3E6

Alberta Region
Health Canada - FNIHB
Suite 730, Canada Place
9700 Jasper Avenue
Edmonton, AB T5J 4C3

Saskatchewan Region
Health Canada - FNIHB
1920 Broad Street, 18th Floor
Regina, SK S4P 3V2

Manitoba Region
Health Canada - FNIHB
391 York Avenue, 3rd Floor
Winnipeg, MB R3C 4W1

Ontario Region
Health Canada - FNIHB
3rd Floor, Emerald Plaza, P.L.6103A
1547 Merivale Road
Nepean, ON K1A 0L3

Québec Region
Santé Canada
Direction générale de la santé des Premières
nations et des Inuits
Complexe Guy-Favreau
200, boul. René-Lévesque Ouest
Tour Est., 2e étage
Montreal, PQ H2Z 1X4

Atlantic Region
Health Canada - FNIHB
18th Floor, Maritime Centre
Suite 1816, 1505 Barrington Street
Halifax, NS B3J 3Y6

There are no Regional Nursing Officers in the Territories, but representatives from Yukon, Northwest Territories, and Nunavut participated as well. These participants included people from Community Nursing, Emergency Medical Services, Health and Social Services, and other relevant organizations.

Appendices - Section C: Celebrating Success

Kamloops, BC:

The goals of the Secwepemc Education Institute Aboriginal Pre-Health Program are to encourage the recruitment and retention of First Nations people in a post-secondary program and to a profession in the field of health, to facilitate the students transition to academic and professional life, and to provide students with skills that will assist them in completing a degree in a health program, including a Baccalaureate in Nursing.

Our Motto is:
"Knucwentsutce me7
Knucwentwecw-ep"

"help yourself and help one another"



WHO IS ELIGIBLE

This program is open to anyone interested in a career in health with a focus on First Nations health, illness and healing.

Please enquire at the SCES/SFU office about admission requirements and documentation required.

**APPLICATION DEADLINE:
MAY 1**

Applications cannot be processed until all the supporting documentation is received.

For further information, contact:

Secwepemc Cultural Education Society
Simon Fraser University Program
365 Yellowhead Highway
Kamloops, B.C. V2H 1H1
Local Phone: (250) 828-9799
Toll Free: 1-800-399-5565
Email: sfu@mail.ocis.net



Aboriginal Pre-Health Program



**Secwepemc Cultural
Education Society
Simon Fraser University
Kamloops, B.C.**

About the Program**The Aboriginal**

Pre-Health Program is designed to encourage First Nations individuals to pursue and succeed in a career in health with a focus on First Nations health, illness and healing. The program prepares First Nations students for university entrance into the Faculty of Nursing or the Faculty of Science which could lead to a degree in nursing, medicine, dentistry, rehabilitative medicine, or environmental health.

The Aboriginal Pre-Health Program is offered over 11 months (September through July), in three consecutive terms. University credit is transferable for some courses and will lighten the demand of the first year degree program. Classes are small and instruction is individualized. Tutoring, English writing workshops, academic advising, student crisis support and referral are available. It is our goal to provide support for students in all areas of their lives so that their academic training will be as rewarding as possible.

COURSES**TERM 1****September - December**

- ★ English 199-3 (UCC 110-3) Introduction to University Writing
- ★ FNST 101-3 Cultures, Languages and Origins of Canada's First People
- ★ Algebra/Math (Pre-Algebra Gr. 11 equivalent) UCC Math 050-3
- ★ Science 11 (Prerequisite for Gr. 12 Biology and Chemistry) UCC Science 050-3
- ★ Success Seminars
- ★ Basic First Aid/CPR and WHMIS Cariboo

TERM 2**January - April**

- ★ English 101-3 Introduction to Fiction
- ★ CMPT 001-3 Computers and Activities of People
- ★ Biology 12 equivalent (UCC BIOL 060)
- ★ Chemistry 11 equivalent (UCC CHEM 050)
- ★ Math 100 (for students wishing to qualify for Pre-Med and Pre-Science)
- ★ Algebra/Math continued or an elective

TERM 2**May - July**

- ★ FNST 332-3 Ethnobotany of the Plateau
- ★ FNST TBA-3 Aboriginal People and Health Care
- ★ TBA-3 A special topics course that will prepare students for the study of medical terminology
- ★ Library and Internet Research Seminars

If the student has grade 12 Chemistry or Biology, an elective course such as Ethnobotany will be made available in the third term.

Success Seminars identify and build support systems; and provide information and strategies for conflict resolutions, team building, success building and professional development.

ADMISSION REQUIREMENTS

Students are eligible for admission to the Pre-Health program on the basis of BC Secondary school graduation or on the basis of special or mature entry categories.

In addition to the above all students must meet SCES/SFU admission requirements and take part in an interview with an academic advisor.

Regina and Saskatoon, SK:**Native Access Program to Nursing**
Sihtoskatowin (supporting one another)**WHAT IS NAPN?**

The Native Access Program to Nursing (N.A.P.N.) is a support and retention service for Aboriginal Nursing students enrolled in the Nursing Education Program of Saskatchewan (N.E.P.S.). Our mandate is success and excellence for Aboriginal Nursing students.

Three Aboriginal Nursing Advisors (two at the Saskatoon site and one at the Regina site) provide academic and personal advisement, tutoring, mentorship and culturally appropriate counselling through N.A.P.N. N.A.P.N. is also available for support and advocacy with childcare, housing and funding concerns. There are computers available (with internet access) to assist students with papers and assignments. N.A.P.N. also posts a monthly newsletter and organizes monthly luncheons for Aboriginal Nursing students so first year students can meet upper year students.

N.A.P.N. offers a week long fall orientation for students who are accepted into first year N.E.P.S. Students have an opportunity to meet N.A.O.N. staff, faculty and staff of N.E.P.S., and other Aboriginal Nursing students. In this fall orientation N.A.P.N. offers CPR BLS Level C and standard First Aid (a requirement for first year N.E.P.S. students). For more information please contact:

Native Access Program to Nursing
c/o Nursing Education Program of Saskatchewan
College of Nursing, University of Saskatchewan
107 Wiggins Road
Saskatoon, SK S7N 5E5
Phone: (306) 966-6224 or (306) 933-5792 (Kelsey SIAST)
(306) 798-4007 (Wascana SIAST)
Fax: (306) 966-6703
Saskatchewan Toll-free: 1-800-463-3345



Prince Albert, SK:**What does it cost?**

- The NHSAP will cover the costs of tuition and books.
- Students accepted into the NHSAP must secure their own living allowance.

**How and when do I apply for the program?**

Applications will be processed through Saskatchewan Indian Federated College Northern Campus. Applicants meeting the entrance requirements will be reviewed and screened by a committee.

**Questions? Need more information?**

- **Telephone**

- Access Program Student Counsellor
(306) 765-3266
- Access Program Administrative Assistant
(306) 765-3259
- Access Program Coordinator
(306) 765-3263

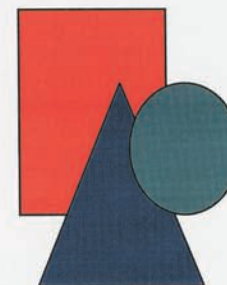
- **Fax**

- Access Program Coordinator
(306) 764-3511

- **Mail**

- Access Program Coordinator
SIFC, Northern Campus
1500 - 10th Avenue East
Prince Albert, Saskatchewan
Canada S6V 6G1

Northern Health Sciences Access Program





What is the Access Year?

The Access Year is a program designed to help you enter a variety of health programs offered by: Saskatchewan Indian Federated College (SIFC), Saskatchewan Institute of Applied Science & Technology (SIASST), and University of Saskatchewan. Following completion of the Access Year students will still be required to meet the current entrance requirements for each health program.



What is the goal of the Access Year?

The goal of the Access Year is to improve the recruitment, admission, and retention of First Nations and Metis students into health professions.



What are the objectives of the Access Year?

- To enhance success in sciences, math, and English by providing a 10 month preparatory program.
- To provide a basic introduction to the health field, with special emphasis on nursing as a career choice.

- To prepare students to meet the entrance requirements:
 - For the Nursing Education Program of Saskatchewan (NEPS) and;
 - Other health professions.



How long is the Access Year?

The Access Year runs for a 10-month period, from September to the end of June.



What classes are included?

Term One

English 90
Chemistry Bridging
AMTH-001
University 100
Computer Skills
Professional Shadowing

Term Two

English 91
Chemistry 30
AMTH-002
Biology 30
Professional Shadowing

Term Three

University 110
Medical Terminology
Anatomy & Physiology
CPR/First Aid
Professional Shadowing

Note: Explanation of classes is attached.

Note: Skill levels for English, Math, Biology, and Chemistry will be assessed upon entrance to the Access Program.

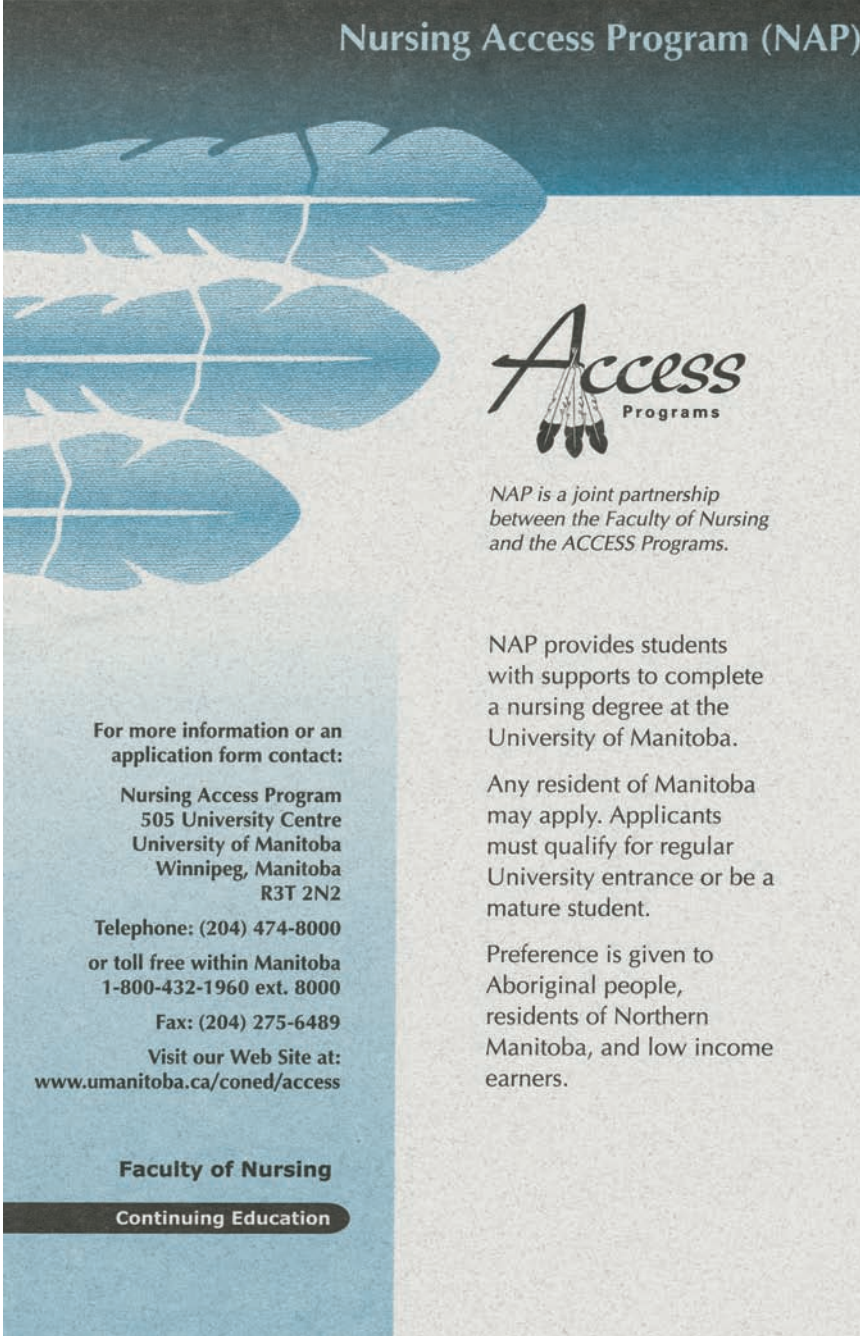
Note: The Access Year is designed to run from September to June and you should be available to start September. The initial offering of the Access Program will be from Prince Albert.




What are the entrance requirements?

- **Academic Requirements**
 - Meet SIFC mature entrance requirements **or**
 - Adult 12 **or**
 - Complete Secondary Level Standing with a minimum 60% average
- **Other**
 - 2 Letters of Support from recognized leaders in your community.
 - A one (1) page essay outlining why you have chosen health as a career

Winnipeg, MB:



Nursing Access Program (NAP)



NAP is a joint partnership between the Faculty of Nursing and the ACCESS Programs.

NAP provides students with supports to complete a nursing degree at the University of Manitoba.

Any resident of Manitoba may apply. Applicants must qualify for regular University entrance or be a mature student.

Preference is given to Aboriginal people, residents of Northern Manitoba, and low income earners.

For more information or an application form contact:

**Nursing Access Program
505 University Centre
University of Manitoba
Winnipeg, Manitoba
R3T 2N2**

**Telephone: (204) 474-8000
or toll free within Manitoba
1-800-432-1960 ext. 8000**

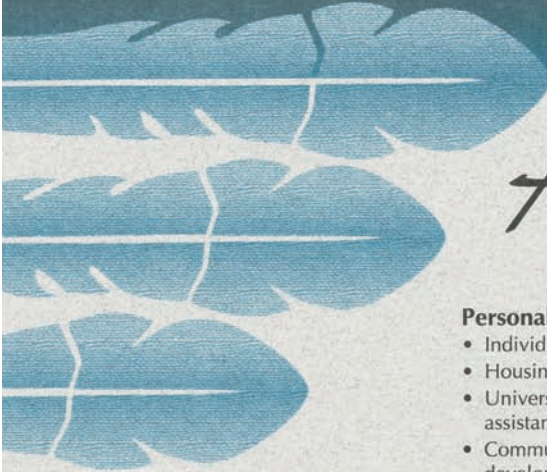

Fax: (204) 275-6489

**Visit our Web Site at:
www.umanitoba.ca/coned/access**

Faculty of Nursing

Continuing Education

Supports and Selection Process

ACCESS Programs
ACCESS Programs at the University of Manitoba include:

- University of Manitoba Access Program (UMAP)
- Special Pre-Medical Studies Program (SPSP)
- Professional Health Program (PHP)
- Engineering Access Program (ENGAP)
- Nursing Access Program (NAP)

The Programs provide support in the following areas:

Academic Support


- An extensive pre-university orientation held in August
- Individual academic advising
- Introduction to University & English Composition course for degree credit
- Tutors available in all subject areas
- Extended Courses
- Pre-University Courses

Personal Support

- Individual and Family Counselling
- Housing & Childcare assistance
- University/urban adjustment assistance
- Communication and personal development workshops
- Career Counselling

Financial Support
We encourage applicants to explore all outside funding options: ie. Education Authority, Study Assistance for Social Allowance Recipients (SASAR), scholarships, and bursaries. Those students with insufficient outside funding can apply to Manitoba Student Financial Assistance Program for a Canada Student Loan. Some of those students may receive a non-repayable ACCESS bursary.

All completed applications are screened by a committee. Applicants who have been recommended by the committee are invited for interviews. Selected applicants are notified by phone or mail. The University term starts in September. First year ACCESS students are required to attend a mandatory orientation in August.



UNIVERSITY
OF MANITOBA

APPLICATION DEADLINE: MAY 1ST

Norway House, MB:

UNIVERSITY OF MANITOBA FACULTY OF NURSING NORWAY HOUSE CREE NATION SITE

What is it?

- In partnership with Norway House Cree Nation and in collaboration with Manitoba Keewatinowi Okimakanak (MKO), the Faculty of Nursing offers the Baccalaureate Nursing Program on site in Norway House.
- Students complete courses required for a Bachelor of Nursing degree from the University of Manitoba. These courses are taught by the Faculty of Nursing and Keewatin Community College.
- The program involves elders and other community members, and focuses on northern nursing and Aboriginal health.
- Students will normally spend the first two academic years (three calendar years) in Norway House. They will have an opportunity to enhance their learning experiences by completing their studies at another site.
- Graduates of the program are eligible to write the national registration examination to obtain the designation, Registered Nurse (RN).



Who is eligible?

- All applicants must meet minimum entrance requirements of the University of Manitoba Baccalaureate Nursing Program.
- Application deadline is May 1 for fall admission.

What services are provided?

- Community resources are used in teaching/learning experiences whenever feasible and appropriate.
- Local housing is available for Nursing students.
- Other services include: community day care, tutoring, academic and personal counselling. A transition year program is offered by Keewatin Community College on site at Norway House.

For more information:

Faculty of Nursing, The University of Manitoba
Box 5130
NORWAY HOUSE, MB R0B 1B0
Telephone: (204) 359-6251
Fax: (204) 359-6254



Norway House Cree Nation



UNIVERSITY
OF MANITOBA



MKO



HEALTH EDUCATION ACCESS PROGRAM

Applications are now being accepted for this 10-month post-secondary program, designed for students whose goal is to enter Nursing, Medicine, Dentistry, or other health-related fields of study. The program will be delivered in Norway House, but is open to all. Accommodations will be made available for students not normally resident in Norway House.

The curriculum for this program is well-rounded, and offers courses at the 40S, college and university levels. Emphasis will be on the development of basic skills and attitudes necessary for success in post-secondary studies, and on the acquisition of foundational knowledge and skills in Mathematics, Chemistry and Biology. The program will also include an introduction to the social sciences and humanities. On graduation from the program, students will have completed 21 hours of transferable university credits and will meet the requirements for entry into the School of Nursing or other health-related fields.

Requirements: Candidates must **EITHER** have completed Grade 12 **OR** be eligible for mature student status. All candidates must complete a KCC admissions application and the HEAP application; submit high school and any post-secondary transcripts; complete the CAAT (Canadian Adult Achievement Test), Level D, and a reading/writing evaluation; and attend a personal interview.

Deadline for Applications: May 18, 2001

To apply, or for further information, please contact:

Lavina Clarke
tel. (204) 359-6296

Sandra Barber
tel. (204) 677-6403



Jean Johnson
tel. (204) 677-1600

The Health Education Access Program is offered in partnership by
NORWAY HOUSE CREE NATION KEEWATIN COMMUNITY COLLEGE MANITOBA KEEWATINOWI OKIMAKINAK

The Pas and Thompson, MB:

Northern Nursing

THE FACULTY OF NURSING



Prepare for a Career in Care

For more information on Northern Nursing admission requirements, contact us at:

1-800-432-1960
ext. 7452

WEB SITE:
www.umanitoba.ca/nursing
E-MAIL:
nursing_info@umanitoba.ca

NORWAY HOUSE
Faculty of Nursing
The University of Manitoba
Box 5130
Norway House, MB R0B 1B0
(204) 359-6251

KEEWATIN COMMUNITY COLLEGE — THE PAS & THOMPSON
Joint Baccalaureate Nursing Program
PO Box 3000 7th Street & Charlebois
The Pas, MB R9A 1M7
(204) 627-8565
1-800-238-8508
Web site: www.keewatincc.mb.ca
E-mail: admissions@keewatincc.mb.ca

WINNIPEG
Faculty of Nursing
Helen Glass Centre for Nursing
The University of Manitoba
Winnipeg, Manitoba R3T 2N2
(204) 474-7452

THE UNIVERSITY OF MANITOBA

Winnipeg, MB:

HOW DO I APPLY?

Apply to ACCESS Model Programs by completing:

- A Red River College application form, including the non-refundable application fee.
- A College ACCESS Model Programs application form.

HOW ARE STUDENTS SELECTED?

All completed applications are reviewed to ensure applicants meet program criteria.

APPLICATION DEADLINE IS APRIL 1.

TO OBTAIN APPLICATION FORMS, CONTACT:

Red River College
ACCESS Model Programs
F210-2055 Notre Dame Avenue
Winnipeg, Manitoba R3H 0J9
Phone: 204-632-2180
Toll Free: 1-800-903-7707
Fax: 204-633-1437
Email: pstevens@rrc.mb.ca
Website: www.rrc.mb.ca



WHAT IS THE SOUTHERN NURSING PROGRAM (SNP)?

The Southern Nursing Program (SNP) is an ACCESS Model program designed specifically to gain admission into the Joint Baccalaureate Nursing (JBN) Program. It is geared to low-income residents of Manitoba who have not had the opportunity for post-secondary education because of socio-economic or cultural factors.

The SNP/CPN program is designed to provide students with the academic and developmental skills necessary to enter the four-year Joint Baccalaureate Nursing Program.

WHO QUALIFIES?

Priority is given to Aboriginal (Status, Non-Status), Metis, Inuit, recent immigrants and single parents.

WHAT ARE THE ENTRANCE REQUIREMENTS?

- Manitoba Senior 2 or equivalent.
- and*
- Successful completion of the Level Placement Test for entry-level competencies in mathematics and reading skills.

WHAT WILL I STUDY?

The following program outline lists the courses you will study:

- Psychology
- Professional Development 1 Nursing
- Professional Development 2 Nursing
- English Literature 40S (300)
- Introduction to College Studies
- Mathematics 40S (300)
- Science (Chemistry) 40S (300)
- Pre-Nursing Science
- WHMIS Workshop

WHAT SUPPORT DOES THE SOUTHERN NURSING PROGRAM PROVIDE?

An orientation is provided to introduce students to College services.

Introduction to College Studies addresses study skills.

The professional development courses address interpersonal communication and problem-solving skills.

Supplemental classes, academic advising and tutoring are also available. An English-as-a-Second-Language (ESL) instructor is available to assist students.

PERSONAL SUPPORT/ COUNSELING

- Individual and family
- Academic and career
- Financial planning
- Housing and daycare referrals
- Communication and personal development
- Urban adjustment
- Cultural adjustment

FINANCIAL SUPPORT

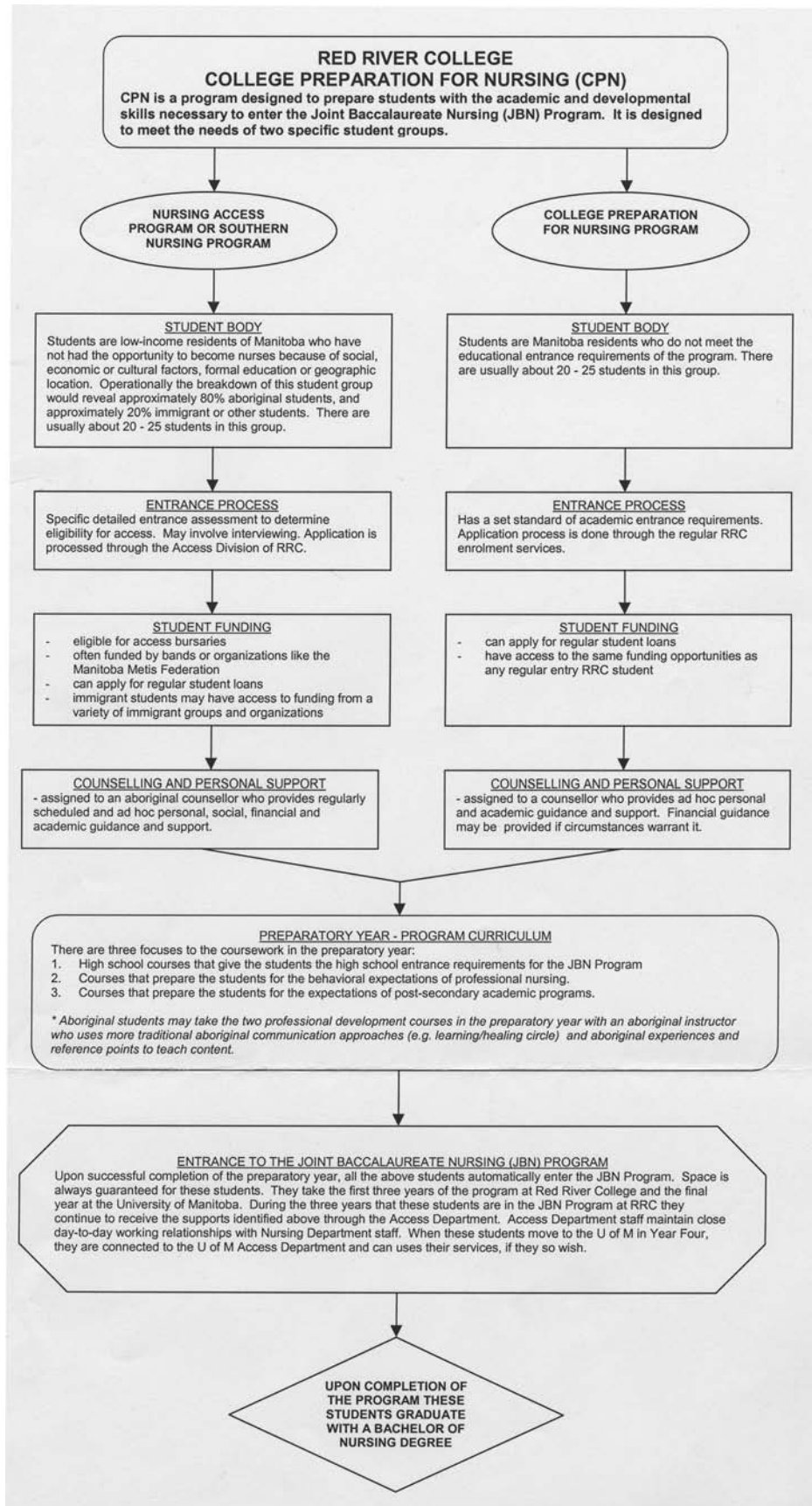
ACCESS Bursaries are available and allocated to students based on demonstrated level of need as determined by ACCESS Guidelines.

HOW MUCH WILL IT COST?

Program/Student fees: \$1,831.00*
Books and supplies estimate: . . . \$825.00

* Includes tuition, Students' Association and Student Health Plan fees.





Winnipeg, MB:



URBAN CIRCLE TRAINING CENTRE INC.

Unit H - 2211 McPhillips Street, Winnipeg, Manitoba R2V 3M5 • Phone: (204) 589-4433 • Fax: (204) 582-6439

BACKGROUND INFORMATION

Urban Circle Training Centre Inc. is a community-based, non-profit organization governed by an independent Board of Directors. Currently in its twelfth year of operation, Urban Circle has developed expertise in pre-employment training for Aboriginal women and men on social assistance. The first program grew directly from a need expressed by Aboriginal women in Winnipeg's inner city for training which would lead to meaningful employment. In 1991, funding for the first program was approved by the Winnipeg Core Area Initiative and continued with funding from Human Resources Development Canada and the Winnipeg Development Agreement until March, 2000. Funding is now provided through Manitoba Education, Training & Youth and the Provincial Government Neighbourhoods Alive! Initiative as well as the Centre for Aboriginal Human Resource Development (C.A.H.R.D.). Other funders include Taking Charge!, and a number of First Nations bands and tribal councils.

PROGRAM OBJECTIVE

“Utilizing the philosophy of the Medicine Wheel, Urban Circle Training Centre Inc. is a non-profit, community-based organization whose objective is to provide Aboriginal People with skill specific training targeted to job-market demands.”

COURSE OFFERINGS

Central to each of Urban Circle's vocational programs is an intensive culturally-based lifeskills program and the availability of full time counselling and support.

Health Care Aide/Health Unit Clerk Training Program: a ten-month program certified through Red River College and delivered in partnership with Health Sciences Centre. This vocational training prepares graduates for employment in acute care hospitals as Nursing Assistants, and in extended care facilities, personal care homes and home care. This program has a 92% completion rate, a 98% graduate employment rate and a 98% retention rate.

Academic Education & Employment Training Program: a ten-month program delivered in partnership with the University of Winnipeg, University of Manitoba, Red River College and Winnipeg Education Centre. Delivered in a culturally appropriate context, this program includes academic upgrading for a Mature Grade 12 Diploma, career and course counselling, one half course University One accreditation, lifeskills, study skills, writing skills and financial management. It also includes job preparation skills, a 6-week workplacement and employment at the end of the program.

Health Care Aide Training Program: a 32-week program for 22 participants on social assistance or Employment Insurance. Delivered in a culturally appropriate context, this Red River College certified program includes all of the theoretical requirements of the Health Care Aide certification as well as a 6-week clinical practicum delivered in partnership with Health Sciences Centre and several long-term care facilities including Holy Family Nursing Home, Sharon Home and St. Joseph's Residence in Winnipeg's North End. Excellent employment opportunities are available for graduates of this program.

Family Support Worker Program: a 47-week program for 22 participants on social assistance or Employment Insurance. This course is delivered in partnership with Red River College and is fully certified. An additional Red River College certification in FAS/FAE will be offered in the 2003 program year. The curriculum incorporates Aboriginal culture as it relates to the most recent theories of child development and family dynamics. Graduates are specifically trained for employment in wide range and Child & Family Services organizations within Winnipeg.

PROGRAM OUTCOMES

Outcome statistics for Urban Circle's three vocational programs over our twelfth years of operation are as follows: Program Completion Rate - 92%, Employment Rate - 83.5%, Retention Rate - 75%. In each career path there have been significant opportunities for educational and employment advancements.

Background Information Brochure, page 2.

SELECTION PROCESS

Over 170 referral agencies are notified of upcoming programs in addition to advertising in local newspapers. Several information meetings are held prior to application deadline. Approximately 40 shortlisted applicants per program are invited to a one-day orientation. Individual interviews are then set up with interview teams comprised of Urban Circle staff, employers, workplace hosts and educational institutional partners. References are thoroughly checked and the final selection is made.

WORK EXPERIENCE

All vocational programs have a work experience component which provides students with the first hand experience so vital to gain an edge in today's job market. All work placements are prearranged and a selection process is utilized which meets the needs and requirements of the workplace host and the student. Regular meetings between the workplace host, the student and Urban Circle staff are scheduled throughout the placement. A mid-point and final evaluation are conducted. Urban Circle strives for open communication among the workplace host, the student and Urban Circle staff to ensure that the expectations of all parties involved are met.

Urban Circle students are covered by Workers Compensation for the duration of their training, including the job placement portion.

EMPLOYER ADVISORY COMMITTEES

Urban Circle is honoured to have three Employer Advisory Committees who support and promote our work. They provide updated information on current job-market demands and qualifications. Membership to date includes representatives from the following businesses, service agencies and institutions:

Health Care Programs:

Health Sciences Centre	Red River College - Department of Nursing	Seven Oaks Hospital
University of Winnipeg	St. Boniface Hospital	Manitoba Justice Department
Deer Lodge Hospital	Dakota Ojibway Tribal Council	Riverview Health Centre
Island Lake Tribal Council	Health Action Centre	New Directions
W.R.H.A. - Home Care	Resources for Women	Health Canada
Holy Family Nursing Home	St. Amant Centre	Sharon Home
St. Joseph's Residence	W.R.H.A.-Aboriginal Human Resource Initiative	Concordia Hospital

Adult Education & Employment Program:

Great West Life	Lawton Partners	Red River College
Investors Group	Royal Bank of Canada	R.B. Russell Vocational High School
Canada Safeway	TD Bank	University of Manitoba
The North West Company	Astra Credit Union	University of Winnipeg
Manitoba Telephone System	Assiniboine Credit Union	Winnipeg Education Centre
Veteran Affairs Canada	Health Action Centre	Employment & Income Assistance
Manitoba Public Insurance Corp.	Human Rights Commission	The Wpg. Chamber of Commerce
Royal Bank Call Centre	Cambrian Credit Union	Employment & Income Assistance
United Grain Growers	Bank of Montreal	Manulife Financial

Family Support Worker Program:

Winnipeg Child & Family Services	MaMaWiWichitata Centre
Healthy Start for Mom & Me	Baby First - Winnipeg Regional Health Authority
Marymount, Inc.	Family Centre of Winnipeg
Nor'West Coop Community Health Clinic	Andrews Street Family Centre
Mount Carmel Clinic	Red River College - Community Services & Applied Sciences
Dakota Ojibway Child & Family Services	Anishinaabe Child & Family Services
West Region Child & Family Services	Healthy Child MB
New Directions for Children, Youth & Family	Awasis Agency of Northern MB
Wolseley Family Place	Southeast Child & Family
Wabung Abinoonjiig	
Metis Child & Family Services	

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WHAT IS INVOLVED IN THE PROGRAM?

The Native Nurses Entry Program is a nine month preparatory program designed to provide the necessary skills and academic preparation required for successful completion of the four (4) year nursing degree program.

The program is based on two (2) semesters of twelve (12) weeks each, as well as a two (2) week field experience. The student may choose field experiences in their own community or other Aboriginal health-care setting.

The program offers four academic preparatory courses - English, Chemistry, Mathematics and Biology. In addition, three special purpose courses, Communications, Professional Orientation and Study Skills/Logical Reasoning are taken over the University Academic year.

Upon successful completion of the courses the student will be eligible for admission consideration to the Bachelor of Science in Nursing degree program at Lakehead University.



WHO IS ELIGIBLE?

Those who will be considered for admission to this program include:

1. mature or extraordinary students (see below)
2. health care workers (Community Health Representatives and RNAs) who have successfully completed a minimum of Ontario Grade 10 and
3. individuals who have successfully completed at least one full year of study at the community college level in child care, community work or related field.

EXTRAORDINARY ADMISSIONS

The University is prepared to consider applicants for admission who have been away from formal education for at least two years at any time because of reasons beyond their control.

ADULT STUDENTS

Applicants who are at least twenty-one years of age in the calendar year of entry.



HOW DO I GET INTO THE PROGRAM?

Make application to the Admissions Office

APRIL

Contacted for Selection Interview by

MAY

Attend Selection Interview in

JUNE

Notice of Admission Decision in

JUNE

Start NNEP in

SEPTEMBER

Successful completion of classes in

APRIL

Two week field placement

End of Program

MAY



MISSION STATEMENT

"To improve the health care of Aboriginal people by increasing the number of Aboriginal Nurses who would provide culturally appropriate care. The Native Nurses Entry Program provides access to a Baccalaureate Nursing Education for those of Aboriginal ancestry who do not meet the regular University entrance requirements."




Yellowknife, NT:

Applying to Aurora College requires some planning and preparation. When considering your application, it's important to ask yourself a number of questions.

- Have I filled in the proper forms and sent them to the right campus?
- Have I sent in the application fee with my forms?
- Have I completed and submitted my forms for financial assistance?
- Have I made arrangements for accommodations?
- Have I received my letter of acceptance from the College?

If you have answered, "yes" to all these questions, then you are prepared to begin classes. If not, you still have work to do before the academic year begins.

For more detailed information regarding Aurora College policies, contact the Registrar's Office at any Aurora College campus or your local Community Learning Centre.

 **AURORA COLLEGE**

For more information on this program please contact:


Chairperson
Northern Nursing Program
Aurora College, Yellowknife Campus
Bag Service 9700
Yellowknife, NT X1A 2R3

T: 867.920.3030 F: 867.873.0333
E: nursing@auroracollege.com

General Inquiries:
P: 867.872.7000 F: 867.872.4730 E: programs@auroracollege.com
www.auroracollege.com

Northern Nursing Program

community
future
role model
challenge
education
success

 **AURORA COLLEGE**

Your Career Starts Here

Northern Nursing Program

The Northern Nursing Diploma Program at Aurora College can launch you into an exciting career in the nursing profession. This two and a half year program provides students with the knowledge and skills to fill a variety of nursing roles in hospitals and nursing stations throughout the NWT and Canada.

Created as a nursing program for the North, courses are offered in a combination of settings including the classroom, nursing practice labs and hands-on nursing environments. The curriculum emphasizes primary health care as well as cultural practices in health. Course work will cover human anatomy, physiology, pathophysiology, human growth and development, psychology, anthropology, microcomputers and nursing theory.

Graduates are eligible to write the National Registered Nurses' Examination. Those who successfully complete this exam may then apply for a license as a registered nurse with the NWT Registered Nurses' Association.

Our graduates have found employment as RNs in hospitals and health centres across the North and throughout North America.

Special Program Features

Through seven separate practicum courses, students are given the opportunity to practice what they've learned in course work in a hands-on nursing setting.

Course work emphasizes traditional knowledge and health practices.

Application Requirements

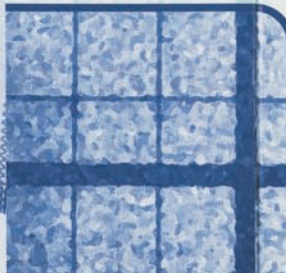
Applicants must submit:

- A completed application form
- A copy of their academic transcripts
- Two letters of reference (one must be school or work related)
- Proof of current CPR and First Aid certification
- A personal immunization record
- A criminal record check

Applicants will:

- Have English 30/33 or ABE 150
- Have Math 20/23 or ABE 140
- Have one Level 30 Science (Biology, Physics, Chemistry or General Science)

Please contact the registrar for further information on admission requirements.



Applications are
available at
Aurora College
Community Learning
Centres or Campuses

For more information
call:
(867) 920-3030
or fax:
(867) 873-0333
or write to:

Aurora College
Yellowknife Campus
Bag Service 9700
Yellowknife, NT
X1A 2R3

Questions regarding
The Nursing Access
Program can be
directed to Health
Programs of
Aurora College.

~

NURSING
ACCESS
PROGRAM



Aurora College

NURSING ACCESS PROGRAM

What is the Nursing Access Program?

The Access Year is for students who would like to work in the health field, but do not meet the requirements for admission to the health program. Program courses include math, science, English and an introduction to health. Each of the courses include relevant health related materials. Upon successful completion of the Access Year students may apply to register in the Nursing Program, or other health programs

Program Eligibility

Applicants must have completed Grade 10 or

ABE English 140 and Math 120. Mature applicants lacking the necessary entrance requirements may be admitted to the program if there is evidence of their ability to complete the program. The Aurora College placement test may be administered to determine the applicant's academic level. The student must meet the program eligibility requirements.

Applicant Assessment

Applicants must submit with their application; high school transcripts, college transcripts or the results of the placement package assessment.

Program Admission

Students meeting the above program requirements may be admitted to the program. Preference is given to residents of the NWT. A waiting list may be established based on date of application.

The program is ten months in length. Upon successful completion of the program the student will have College Credits at the following levels: ABE English 150, ABE Math 130 and 140, and Biology 30. The program also includes a course in healthy lifestyles.

Iqaluit, NU:

**Health Career
Access Program**

Program Description

Nunavut Arctic College offers a Health Career Access Program. This eight-month program is designed to provide students with the opportunity to prepare for study in a health related field such as nursing.

Admission criteria

Admission criteria include a grade 10 diploma or equivalent.

Course Of Studies

The curriculum includes courses in English, Mathematics, Science, and Health Careers.

To apply:

Persons interested in applying to these programs should contact the local Adult Educator.

OR

The Registrar
Nunatta Campus
Nunavut Arctic College
Box 600
Iqaluit, NU
X0A 0H0

Ph: 867/979-7222
Fax: 867/979-4579

e-mail: nunatta@nac.nu.ca
Website: www.nac.nu.ca

For Program information contact:

Program Coordinator
Health Sciences Programs

Ph: 867/ 979-7271
867/979-7200

**Prepared by
Nunavut Arctic College**



**HEALTH
SCIENCES
PROGRAMS**

**NUNAVUT
NURSING
PROGRAM**



**NUNAVUT ARCTIC
COLLEGE**

IQALUIT, NU

Program Description

The Bachelor of Science in Nursing (Arctic Nursing) is offered in partnership with Dalhousie University. The program is 4 years and is designed to educate Inuit as nurses to respond to the health care needs of the people of Nunavut. The curriculum emphasizes awareness and respect for the Inuit culture and will prepare Inuit nurses to be leaders in the health care system of Nunavut. Students may exit after three years with a diploma in Nursing granted by Nunavut Arctic College and will be prepared to provide hospital-based nursing services. The BScN (Arctic Nursing) will be granted by Dalhousie University and will provide nurses with the necessary skills to provide primary health care in a community health centre.



Program Eligibility

Admission Criteria:

- be 18 years of age or older
- speak, read and write Inuktitut/Inuinnaqtun (an asset)
- submit the following:
 - 1) a completed application form
 - 2) a letter of interest
 - 3) letters of reference from an employer or other authority
 - 4) a letter of support from the Regional Health Board, Community Health Committee, or a community health care professional
- have a grade 12 diploma with credits in Math, English and Science; or have successfully completed the Health Careers Access Program.

Equivalencies may be considered

- pass a criminal records check by the RCMP
- have current immunization status

Applicant Assessment

1. Applicants will be required to submit a high school transcript and/or College transcripts.
2. Personal suitability may be assessed through an interview with program faculty.
3. All applications are subject to review by the admissions committee.

Program Admission

Applicants will be admitted to this program based on program eligibility requirements and the applicant's assessment results. Admission is subject to space available and priority will be given to eligible beneficiaries of the Nunavut Land Claims.

Employment Opportunities

Successful graduates can expect to find employment within the various Health Care facilities and agencies in Nunavut.

Course of Studies

Students will take core nursing and science courses, and will participate in clinical placements in various health care and community agencies.



Appendices - Section D: Opportunities for Aboriginal Nursing Students***Scholarships, Bursaries and Awards for Aboriginal Nursing Students in Canada***

1. Alberta Heritage Scholarship Fund: Aboriginal Health Bursary Program
Twenty awards of up to \$12,000 (college programs) or \$13,000 (university programs) for Aboriginal students in Alberta to pursue post-secondary education in a health field.
2. Grant MacEwan Community College: Alberta Health Careers Bursary
Twenty scholarships totalling \$12,000 for students with at least one year of post-secondary study in a health care field.
3. Keyano College: Katie Saunderson Nursing Memorial Award
One award of \$500 given to a student in Nursing.
4. Keyano College: Leadership Excellence Award
One award of \$500 given to a first-year student pursuing university studies in Engineering, Engineering Technologies, or Nursing.
5. Medicine Hat College: Métis Nations Reuben Lee Local #8 Award
The selection will be based on the potential for academic success and financial need in any program, with preference given to the Nursing program.
6. NorQuest College: Aboriginal Education Fund Awards
Entrance awards, ranging from \$1,500 to \$2,000, available to Aboriginal students enrolled in a skill-training program (health or business careers).
7. Okanagan University College: Win Stevenson Bursary
Five scholarships of \$1,000 for female Aboriginal students pursuing Bachelor of Science or Bachelor of Science in Nursing degrees.
8. University of British Columbia: Dr. Gordon Butler Memorial Bursary
Normally two scholarships of \$500 for status and non-status Indians or Inuit who are majoring in health and social sciences at the University of British Columbia.
9. University of British Columbia: Mary and James Fyfe-Smith Memorial Bursary
One bursary of \$1,500 to Native students entering or attending each of the following: the School of Social Work or Nursing, the Faculty of Education, or the Faculty of Law.
10. Cambrian Foundation: Charlotte Carter Memorial Scholarship
One scholarship of \$1,000 available to the same student recipient for each year of the nursing program, providing that recipient maintains a full course load and good academic standing. Recipients of this scholarship are required to practice nursing for a period of not less than two years in a Native community.

11. Lakehead University: Hamlin Family Nursing Bursaries
Four awards of \$800 awarded to any student of Aboriginal ancestry registered in year two, three, or four of the Bachelor of Science in Nursing program on the basis of financial need. A minimum of two bursaries are given to graduates of the Native Nurses Entry Program (NNEP).
12. Lakehead University: Medical Services Branch, Native Students' Bursary for Aboriginal Health
Bursaries of at least \$1000 awarded on the basis of financial need, to any student of Aboriginal ancestry, registered in the School of Nursing, including the Native Nurses Entry Program. Number of awards and values may vary; minimum award value of \$1,000.
13. Lakehead University: Medical Services Branch, Native Students' Bursary for Aboriginal Health
Bursaries of at least \$1000 awarded on the basis of financial need to any nursing student seeking clinical experience in a First Nations community. Number of awards and values may vary; minimum award value of \$1,000.
14. Lakehead University: Placer Dome Inc. Native Award
An award of \$1,000 per year for a maximum of three years, given satisfactory academic standing, given on the basis of academic performance and financial need, to a student from the Shibogama or Windigo tribe entering an education, nursing or social work program at Lakehead University.
15. University of Toronto: City of Toronto Scholarships in Aboriginal Health
Two awards of approximately \$6,000 each for Aboriginal students enrolled in a health professional program at the undergraduate or graduate level.
16. University of Toronto: University of Toronto
Two awards of approximately \$6,000 each for Aboriginal students enrolled in a health professional program at the undergraduate or graduate level.
17. Saskatchewan Institute of Applied Science and Technology: Gabriel Dumont Award
Three awards of \$250 to assist Aboriginal students enrolled at the Kelsey Institute to further their education. One award is designated to each of the following divisions: Adult Basic Education, Industrial Engineering, and Health, Science and Community Services.
18. Saskatchewan Institute of Applied Science and Technology: SIAST Native Services Division Achievement Scholarship
Three \$200 scholarships, one to Aboriginal students in each of the following divisions at the Kelsey Campus: Adult Basic Education, Industrial Engineering, and Health, Science and Community Services.
19. University of Saskatchewan, Native Access Program to Nursing (NAPN): Computer/Electronic Prize Scholarship (offered at both Regina and Saskatoon sites)
One computer/electronic prize will be issued to an Aboriginal student who most effectively describes her/his commitment toward a career in nursing within a brief essay submission.

20. Aboriginal Nurses Association of Canada: Baxter Corporation Jean Goodwill Scholarship
Two scholarships of \$5,000 to assist nurses of Aboriginal ancestry who intend to serve in isolated northern Aboriginal communities requiring the specialized knowledge they will acquire.
21. Indian/Inuit Health Careers Program: Health Canada Bursary
Bursary of an amount determined by financial need, available to students of Aboriginal origin, in financial need, who are studying medicine, nursing, psychology, dentistry, biology, or chemistry at a post-secondary institution.
22. Indian/Inuit Health Careers Program: Health Canada Scholarship
Twenty-five scholarships of \$1,000 for applicants of Indian or Inuit ancestry who have completed at least one year at a federally-recognized college or university in health careers with a minimum average of 80%.
23. National Aboriginal Achievement Foundation: Indian and Inuit Health Careers Program Bursary
Award is available to persons pursuing careers in health care professions, including nursing. Award details are unknown.
24. National Aboriginal Achievement Foundation: Indian and Inuit Health Careers Program Scholarship
Several awards of \$1,000 available to persons pursuing careers in health care professions, including nursing.
25. National Aboriginal Achievement Foundation: Post-Secondary Scholarship
Award, of varying values, is available to Aboriginal youth pursuing education and professional development in careers in the arts, health sciences, business and general sciences and other areas of study related to economic self-reliance and self-government.

**Appendices - Section E: Statistics used for Maps
Appendix E1**

Statistics Table I

City	Aboriginal Population	
	Total Aboriginal population	Percentage of the total population
St. John's	700	0.4%
Halifax	2115	0.6%
Saint John	665	0.5%
Chicoutimi-Jonquière	1255	0.8%
Québec	2605	0.4%
Sherbrooke	400	0.3%
Trois-Rivières	750	0.6%
Montréal	9965	0.3%
Ottawa-Hull	11605	1.2%
Oshawa	2160	0.8%
Toronto	16095	0.4%
Hamilton	5460	0.9%
St. Catharines-Niagara	3960	1.1%
Kitchener	2260	0.6%
London	4385	1.1%
Windsor	2255	0.8%
Sudbury	4625	2.9%
Thunder Bay	7325	5.9%
Winnipeg	45750	6.9%
Regina	13605	7.1%
Saskatoon	16160	7.5%
Calgary	15195	1.9%
Edmonton	32825	3.8%
Vancouver	31140	1.7%
Victoria	6570	2.2%

Statistics Canada, 1996.

Appendix E2

Statistics Table II

Province/ Territory	Total Population	Aboriginal Population	
		Total Aboriginal population	% of the total
British Columbia	3689755	139655	3.8%
Alberta	2669195	122840	4.6%
Saskatchewan	976615	111245	11.4%
Manitoba	1100295	128685	11.7%
Ontario	10642790	141525	1.3%
Québec	7045080	71415	1.0%
New Brunswick	729630	10250	1.4%
Nova Scotia	889970	12380	1.4%
Prince Edward Island	132855	950	0.7%
Newfoundland	547160	14205	2.6%
Yukon	30655	6175	20.1%
Northwest Territories	64125	39690	61.9%

Statistics Canada, 1996.

* The Nunavut Territory is not included as it was a part of the Northwest Territories in 1996 when the census was taken.

Appendix E3

Statistics Table III

Province	Aboriginal Population	Total Age Groups	Under 15 years	15-24 years	25-44 years	45 years and over
British Columbia	<i>Total</i>	139655	44805	24790	45415	24655
	<i>First Nations</i>	107370	35485	19240	34675	17965
	<i>Métis</i>	25575	7355	4365	8465	5385
	<i>Inuit</i>	740	270	120	275	75
Alberta	<i>Aboriginal Population</i>	122840	45275	22180	37660	17725
	<i>First Nations</i>	69145	27505	12450	20105	9085
	<i>Métis</i>	49495	16365	9010	16145	7980
	<i>Inuit</i>	615	210	110	210	85
Saskatchewan	<i>Aboriginal Population</i>	111245	46360	20510	29525	14855
	<i>First Nations</i>	72835	32375	13120	18610	8725
	<i>Métis</i>	35855	12935	6945	10150	5725
	<i>Inuit</i>	170	60	45	45	15
Manitoba	<i>Aboriginal Population</i>	128685	48235	23760	37075	19615
	<i>First Nations</i>	80620	32645	14585	22090	11300
	<i>Métis</i>	45360	14600	8695	14115	7955
	<i>Inuit</i>	245	95	45	95	15
Ontario	<i>Aboriginal Population</i>	141525	43965	25065	46345	26150
	<i>First Nations</i>	112830	36705	20105	35950	20015
	<i>Métis</i>	21525	5575	3890	7595	4470
	<i>Inuit</i>	1150	365	260	390	135
Quebec	<i>Aboriginal Population</i>	71415	21950	12255	22395	14820
	<i>First Nations</i>	45015	13790	7875	14005	9345
	<i>Métis</i>	15560	4125	2450	5330	3655
	<i>Inuit</i>	8240	3570	1575	2070	1025

New Brunswick	<i>Aboriginal Population</i>	10250	3425	1895	3275	1655
	<i>First Nations</i>	8780	3020	1595	2775	1390
	<i>Métis</i>	950	290	190	300	180
	<i>Inuit</i>	110	45	20	45	-
Nova Scotia	<i>Aboriginal Population</i>	12380	4190	2265	3930	2000
	<i>First Nations</i>	10915	3785	1965	3430	1730
	<i>Métis</i>	830	230	195	270	135
	<i>Inuit</i>	210	70	45	65	35
Prince Edward Island	<i>Aboriginal Population</i>	950	325	150	345	130
	<i>First Nations</i>	780	260	145	270	100
	<i>Métis</i>	110	55	-	40	-
	<i>Inuit</i>	15	15	-	-	-
Newfoundland	<i>Aboriginal Population</i>	14205	4245	2780	4615	2560
	<i>First Nations</i>	4355	1395	890	1300	770
	<i>Métis</i>	4555	1185	915	1555	905
	<i>Inuit</i>	4120	1395	770	1270	685
Yukon	<i>Aboriginal Population</i>	6175	1930	930	2190	1130
	<i>First Nations</i>	5330	1660	805	1880	990
	<i>Métis</i>	550	190	60	235	60
	<i>Inuit</i>	95	15	40	15	30
Northwest Territories*	<i>Aboriginal Population</i>	39690	15730	7215	10855	5895
	<i>First Nations</i>	11070	3900	1910	3200	2055
	<i>Métis</i>	3750	1280	680	1155	630
	<i>Inuit</i>		10400	4565	6385	3155

Statistics Canada, 1996.

* The Nunavut Territory is not included as it was a part of the Northwest Territories in 1996 when the census was taken.