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TO THE READER – A NOTE CONCERNING TERMINOLOGY

Terms used in the entries for programs and schools are those used by the institutions in question, whether the terms are accurate or outdated. A sincere attempt was made to determine if each institution's programs and services were inclusive of all Aboriginal Peoples (Inuit, Métis and First Nations) or designed to meet the specific needs of a specific community or nation.

This is a document in progress; a document to be continually reviewed, updated, revised and shared. We welcome any additions, deletions or comments.

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GLOSSARY OF TERMS AND ACRONYMS

- Aboriginal Peoples:** A collective name for all of the original peoples of Canada and their descendants, consisting of three groups – First Nations, Inuit and Métis Nations.
- Aboriginal people:** When referring to more than one Aboriginal person rather than the collective group of Aboriginal peoples.
- AEI:** Aboriginal Education Institute.
- Band:** A community of First Nations people for whom lands have been set apart and for whom the Crown holds money.
- Band Council:** The governing body for a band, usually consisting of an elected chief and councilors.
- Canada:** Abbreviated as CA.
- College:** A post-secondary institution that grants diplomas and sometimes certificates to graduates.
- First Nations:** Adopted in the 1970s to replace the word ‘Indian’; applies to both status and non-status Indians. May be a substitute for the word ‘band’.
- INAC:** Indian and Northern Affairs Canada.
- Indigenous:** A noun or adjective for those peoples whose ancestors were the original peoples of the Americas and internationally.
- Indigenous medicine:** The healing systems of the original people of North America and their descendants (Also called Traditional medicine, although this term implies obsolescence).
- Inuit:** The Aboriginal Peoples of Arctic Canada (and the Circumpolar region).
- Inuk:** The singular form of Inuit.
- Métis:** The *Constitution Act* of 1982 recognizes Métis as one of the three aboriginal Peoples of Canada. The Royal Commission on Aboriginal Peoples defines Métis as follows: Every person who (a) identifies himself or herself as Métis and (b) is accepted as such by the nation of Métis people with which that person wishes to be associated, on the basis of criteria and procedures determined by that nation be recognized as a member of that nation for the purposes of nation-to-nation negotiations and as Métis for that purpose.
- Métis Settlement:** In 1938, the Alberta government set aside 1.25 million acres of land for eight Métis settlements.
- Native:** Similar in meaning to ‘Aboriginal’; rarely used to describe Métis Peoples and is increasingly seen as outdated.
- Native American:** The most commonly used term in the United States to describe the original peoples of North America.
- Non-status Indian:** First Nations Peoples who consider themselves to be Indians or members of a First Nation but are not recognized as Indians by the government of Canada (See Status Indian below).
- Pan-Aboriginal:** Intended by some to be inclusive of all Aboriginal Peoples; others object to this generic term as it ignores the diversity of nations and their peoples.
- Provinces:** Abbreviated as NL, PEI, NS, NB, QC, ON, MB, SK, AB, and BC.
- Reserve:** Land set aside by the Crown for the use and benefit of a band in Canada. On-reserve and off-reserve: part of or not part of a reserve.

Status Indian: People who are entitled to have their names included on the federal government's Indian Register.

Territories: Abbreviated as NU, NT, and YK.

University: A degree-granting post-secondary institution.

EXECUTIVE SUMMARY

This environmental scan presents almost 180 listings of education and training programs and initiatives aimed at increasing the participation of Aboriginal Peoples in the delivery of health care in Canada. The listings are from colleges, universities, and Aboriginal Educational Institutes across the country. The scan presents a “patchwork quilt” of programs that support Aboriginal people in health careers; there are significant regional variations in offerings, with the west, and Ontario to a degree, having more Aboriginal-specific programs; initiatives like designated seats; and Aboriginal Educational Institutes. The largest share of these programs is aimed at First Nations, though there are many pan-Aboriginal programs available. There are few measures aimed at Inuit. The only Métis-specific programming is at a Métis educational institute. Professional and para-professional programs, whether accredited or not, are included.

The scan itself is supported by an analysis that focuses mainly on the pressing problem of low educational attainment among Aboriginal populations. This section critically assesses ways of addressing this problem at all levels of education: from pre-school to university. The emphasis here is on what needs to be and what can be done so that NAHO’s Object 4 – increased participation of Aboriginal Peoples in health care delivery – may be achieved.

This document also includes: available resources; information on special projects and programs; information on funding for Aboriginal students in health education programs; and a bibliography. These are presented after the analysis and the listings.

SECTION 1

INTRODUCTION: THE WHY AND HOW OF THE SCAN

We must seek control of our medical services and social welfare/child welfare programs. By doing so, we must also begin training of Aboriginals in all professional capacities involved with these programs. A mandate for the beginning of the next millennium must be a national educational program designed to capture the hearts, minds, and spirits of Aboriginal youth and provide them with the way to become obstetricians, pediatricians, psychologists, nurses, social workers, [addictions] counselors, [and] therapists of the future.¹

Object 4:

To foster recruitment, retention, training and utilization of Aboriginal Peoples in the delivery of health care.

National Aboriginal Health Organization, *Annual Report 2000-2001*: 3.

Scope and Purpose

This environmental scan of education and training opportunities for Aboriginal Peoples to pursue health careers responds to the fourth of NAHO's five objects as stated above. This objective itself is a response to the low numbers of Aboriginal health care providers in Canada and the probable effects of the lack of Aboriginal participation in health care delivery: culturally alienating health service experiences, communication difficulties, and a dropping out of treatment, affecting health outcomes. All of these factors add up to access problems for Aboriginal Peoples.

Access to health care services is critical to the maintenance of good health. Increasing the numbers of Aboriginal health care providers is one step towards building good health in Aboriginal communities. This is also an issue of social and economic injustice. It is known that health status goes up as income levels and educational attainment increase. In Aboriginal communities, far too many people do not realize their educational or earning potential. Indeed, most do not graduate from high school and many leave junior high without any credentials. These things make the process of going through the education system a very challenging one.

It is hoped that the information contained in the scan will make educational transitions easier for Aboriginal Peoples, whether they are recent high school graduates or mature students with families returning to school after a long absence. To that end, the analysis contained here includes a focus on the school experiences of Aboriginal people – as well as their experience in post-secondary institutions. This paper will look at social, economic, and cultural factors and then critically assess measures taken by colleges and universities to improve the recruitment and retention of Aboriginal students.

The largest section of the scan contains program listings for Aboriginal educational institutes, as well as colleges, and universities across the country. The almost 180 entries include a range of health careers – from physician to home care aide. In sum, the scan identifies:

- 53 programs in Aboriginal educational institutes
- 34 Aboriginal-specific programs in colleges and universities
- 26 transition programs in colleges and universities
- 65 professional programs with Aboriginal initiatives, such as designated seats

Contact information and brief program descriptions are given in each listing.

These numbers may seem large and might give the impression that there are many opportunities available for Aboriginal people interested in health careers. However, there are few programs in some geographic areas: the provinces east of Ontario are weak in initiatives to attract Aboriginal people to health education and training programs. In fact, the majority of the professional education programs in Canada do not offer initiatives to support Aboriginal people; this undoubtedly contributes to the ongoing shortages of Aboriginal nurses, doctors, etc. In addition, some of the professional

programs offer only one or two seats, thus failing to provide Aboriginal students with the peer group that is necessary to effective learning.

Further, given that education is a provincial responsibility, there is no national system or uniformity of access to such programs; the programs described here are a patchwork quilt. Thus, the analysis describes gaps in health education and training for Aboriginal Peoples.

The analysis also looks at some programs and initiatives that work in the hope that similar measures might be adapted for other regions or Aboriginal nations and applied in a broader fashion.

The last sections of the scan offer information on scholarships and bursaries as well as resources and guides and special projects aimed at increasing health career opportunities for Aboriginal Peoples. The bibliographic data that follow should also prove useful for those interested in improving the Aboriginal presence in and influence on health care policies, programs, and services.

Methodology

The scan consisted largely of a Web-based search to identify programs and initiatives for Aboriginal people interested in health careers. It was supplemented with enquiries directly to institutions in cases where it was thought such programs were offered. Key words used in the search were: Aboriginal; Native; education; training; health; and various combinations of these words. A search was also conducted of Web sites of professional organizations, including the Canadian Nurses Association, the Canadian Medical Association, and others. The Aboriginal portal was used as well. Finally, programs and initiatives were identified through www.schoolfinder.com

The listings were supplemented by an analysis, which follows. The analysis was developed through:

- A literature review of Aboriginal health, health education and related publications, especially academic journals like the *Canadian Journal of Native Studies*
- Participation in an Indian and Northern Affairs Canada (INAC) seminar on education
- A review of Web-based material, such as that posted by the Aboriginal Healing Foundation, the Congress of Aboriginal People, and other organizations, such as Statistics Canada, Assembly of First Nations, Métis National Council, Inuit Tapirisat of Canada, etc.
- Tracking of NAHO's media monitoring reports related to Object 4
- The collection of program syllabi from universities, colleges, and Aboriginal Education Institutes

SECTION 2

ISSUES SURROUNDING ABORIGINAL HEALTH CAREERS

The Aboriginal population and labour force

A snapshot of Aboriginal Peoples in Canada is a necessary first step in this analysis. Accordingly, here are some basic facts on the country's original peoples:

- There are 1.3 million Aboriginal Peoples in Canada, including First Nations, Inuit, and Métis
- They live in every province and territory, and increasingly, in cities
- They make up more than 4% of the population
- The majority are First Nations (390,000 Status Indians on-reserve; 285,000 Status Indians off-reserve, and 427,000 non-status Indians)
- There are 52 First Nations or cultural groups
- There are 610 First Nations communities
- There are more than 50 Aboriginal languages
- Canada has a fiduciary responsibility to Aboriginal peoples, although this is often neglected.²

The Aboriginal population is increasing at a much higher rate than the general Canadian population; Indian and Northern Affairs Canada estimates it at twice the national average.³ This means that, in contrast to most Canadian communities, most Aboriginal communities have a large proportion of children and youth. Aboriginal children made up only 5% of the British Columbia school population in 1990; by 2000, that figure had increased to 8%.⁴ While non-Aboriginal school enrolment is on the decline, the opposite is true for the Aboriginal population.

The Aboriginal population is not evenly distributed throughout the country. There are high numbers of Aboriginal Peoples in the territories as well as in Saskatchewan and Manitoba. The 2001 Statistics Canada, Aboriginal Identity Population numbers break down as follows:

- Newfoundland and Labrador: 18775 (3.7% of population)
- Nova Scotia: 17,010 (1.9% of province's population)
- Prince Edward Island: 1,345 (1.0%)
- New Brunswick: 16,990 (2.4%)
- Quebec: 79,400 (1.1%)
- Ontario: 188,315 (1.7%)
- Manitoba: 150,045 (13.6%)
- Saskatchewan: 130,185 (13.5%)
- Alberta: 156,225 (5.3%)
- British Columbia: 170,025 (4.4%)
- Yukon: 6,540 (23%)
- Northwest Territories: 18,730 (50.5%)
- Nunavut: 22,720 (85.2%)⁵

Accordingly, growing numbers of Aboriginal Peoples are entering the labour force; there will be 920,000 potential new entrants by 2006.⁶ This constitutes a real opportunity to improve the numbers and status of Aboriginal Peoples in the labour force.

Yet if current trends continue, most Aboriginal children will not become full participants in the Canadian economy. A 1995 survey found that 77% of employers faced challenges in hiring and retaining Aboriginal employees.⁷ The barriers cited most often were: communications, culture, skills, training, and misconceptions.

There is myriad evidence that Aboriginal secondary school students have lower graduation rates, are less likely to be in age-appropriate grades, and leave school at a higher rate than other students.⁸ A recent study of almost 400 First Nations reserves found that 71.6% of students aged 16 and over withdraw from school before graduating. Even more startling was the finding that 28.4% under age 16 leave school, although they are legally bound to be in school.⁹

This lack of preparedness for further education and the work force is one obvious reason for the low numbers of Aboriginal health professionals. It also partly explains the concentration of Aboriginal people in para-professional health positions. Because of these shortages, the Royal Commission on Aboriginal Peoples (RCAP) recommended an intensive effort to recruit 10,000 Aboriginal people to health professions.

RCAP estimated, based on numbers submitted by the Native Physicians Association of Canada, that the ratio of Aboriginal physicians to Aboriginal population was approximately 1:33,000; this compared unfavorably to a ratio of 1:515 for the general population (**Royal Commission on Aboriginal Peoples. 1996. *Report of the Royal Commission on Aboriginal Peoples: Volume 3, Gathering Strength... Ottawa: Minister of Supply and Services Canada***). There is even less information available on Aboriginal Peoples in other health and related disciplines. In 1993, the Canadian Public Health Association estimated that there were three Aboriginal dietitians and 70 Aboriginal dental therapists in all of Canada (*Ibid.*).

Not surprisingly, a great deal of data indicates Aboriginal Peoples lag behind the general population in several areas:

- 43% of registered Indians reported that government transfer payments were the main source of income (versus 23.6% for Canadians as a whole)¹⁰
- There is a 24% unemployment rate for all Aboriginal groups, twice that of the non-Aboriginal population¹¹
- In 1991, 21.8% of Métis aged 15-64 were unemployed, compared with 10% for the non-aboriginal population, 25.5% for North American Indians and 25.1% of Inuit¹²
- Over 52% of employed Aboriginal Peoples work part-time, mostly in marginalized sectors of the economy¹³
- When Canada ranked as one on the United Nations' Human Development Index, the country's First Nations ranked 35 and 63 (for off- and on-reserve respectively)¹⁴
- These rankings corresponded to those of Brazil, and lower than Mexico and Thailand for on-reserve; for off-reserve, the ranking paralleled Russia's.¹⁵

The Assembly of First Nations (AFN) warned in 1997 that cuts in social programs like social assistance and employment insurance only widen the gap between most

Canadians and Aboriginal Peoples, many of whom live in poverty, even in Third World conditions. The Royal Commission on Aboriginal Peoples estimated that the annual costs associated with low income, lost potential productivity, and attempts to remedy the social problems of Aboriginal Peoples at \$7.5 billion in 1996 alone.

The interplay of cultural stereotyping and racism with education and income cannot be ignored. In the words of an Indigenous man from Alberta, where Aboriginal incomes are about half general incomes:

There are a lot of jobs with the oil companies and pulp mills but Native people are not even considered. We see this as discrimination and feel hurt about being overlooked for employment. If you are employed you feel good about yourself and your family. When a person is not working it leads to low self-esteem, boredom, and in many instances, alcohol and drug abuse. The first people to be hurt are usually the loved ones, meaning your wife and kids.¹⁶

Another study concluded that “at least in terms of income, Canada displays a ‘racial divide’ between whites and non-whites, the latter including Aboriginals and members of visible minority groups.” Startling figures come from an employment income study of Nova Scotia’s South Shore Valley. The authors found that university graduates from the general population had incomes that were double those of Aboriginal university graduates in the region. Before examining poverty and health in greater detail later in the paper, links between education, income, quality of life, and health will be explored. First, however, there are basic points to consider.

Points to consider:

- The Aboriginal population is growing, relative to that of Canada as a whole
- The number and proportion of Aboriginal children in all types of schools is increasing
- An insufficient proportion of Aboriginal Peoples are adequately prepared to enter programs leading to health careers, particularly health professions
- Aboriginal Peoples continue to experience racism in the labour market
- There are also educational disparities that exist amongst Aboriginal Peoples for example, First Nations and Inuit who have educational resources compared to the Métis.

SECTION 3 **EXPLAINING LOW EDUCATIONAL ATTAINMENT**

One of the chief obstacles to the successful recruitment of Aboriginal health professionals is the small pool of potential Aboriginal health professionals from which to draw. The majority of First Nations people do not graduate from high school, and although data on Métis and Inuit are only now being collected through census and survey mechanisms, these populations, too, exhibit the loss of potential talent on an unacceptable scale. If there is to be a reversal of this situation, it is necessary to

understand some of the factors contributing to high dropout rates. Several of these will be discussed here, including:

- Aboriginal students' schooling experience
- Aboriginal children and the public school system
- The quality of education in Aboriginal-operated schools, specifically First Nations on-reserve, including available support services.

Aboriginal students' schooling experience

In 1998, the AFN Annual General Assembly passed a resolution that the organization should advocate on behalf of First Nations for increased capital for more schools. The resolution noted that:

- Many First Nations lack schools within or close to their communities
- There is an extensive waiting period for the construction of community schools
- Many youth have to relocate to urban centers or commute long hours to attend high school.¹⁷

This is undoubtedly the case with many communities as well, especially those in remote regions of the country. A recent study found that a relatively high proportion of Aboriginal children do not successfully make the transition from middle or elementary school to high school. Over 90% of Aboriginal students in grade 9 or under are age-appropriate but this number declines to 55.4% for grade 9 and over.¹⁸ Although the investigators drew no solid conclusions about the reasons for the transition, they suspect that the problem is in making the move from small, community-based schools to big high schools in larger communities. They add that few high schools are controlled by First Nations bands; this has implications for cultural content, orientation, and the relative status of Aboriginal First Nations-specific students among the non-Aboriginal population. All Nunavut communities, however remote, have K-12 schools. The process started a number of years ago and the final community attained their secondary school two or three years ago. Community learning Centres (adult education) are run separately by Nunavut Arctic College.

This information is useful but it is important to take the analysis a step further. Almost 70% of Aboriginal children attend provincial or territorial schools.¹⁹ With rare exceptions, Aboriginal Peoples have had little say in shaping the curriculum or in defining the goals of education systems and institutions. Aboriginal organizations are under-utilized in developing policies and programs. When Aboriginal Peoples do have input, it is usually in a non-systematic way with limited results; that is, they apply pressure on a community basis or at the school level and are rewarded with piecemeal changes.²⁰

Prior to the colonization, First Nations and Inuit Peoples had developed a variety of forms of education.²¹ Despite this diversity, some features were held in common; education tended to be holistic and experientially-based leading to the development of skills necessary for social and economic activities. Until recently, this was the dominant form of education for Europeans (except for the wealthy), and has been and continues

to be the primary system of learning in all societies. A parallel, more formal system developed as societies have grown, as technology/knowledge has developed to meet the changing needs. Ideas of human rights have developed as well, in that formal education is a human right, and not just for the elite.

Public education systems in Canada, however, promote hegemony through monoculture education. The world-views and culture of the dominant group are reinforced while those of others, especially those of Aboriginal Peoples, are degraded.

²² There is little recognition that Aboriginal Peoples have histories – diverse histories – as a people; that they have political aspirations rising out of the colonization process; and that their knowledge systems are different and legitimate. Referring to systems that do not recognize these things, the Royal Commission on Aboriginal Peoples pointed out that Aboriginal children and youth are subjected to racism and hatred during their school years, leaving them “profoundly demoralized and angered.” The views of a secondary school principal illustrate why this is so:

“The Native elect to come to this school because of what we have to offer... they don’t expect to be treated differently than anyone else... teachers treat everyone the same, as they should... In this school, we respect everyone... We respect the right to take courses... We respect the right to succeed... The Native students are assimilated... they wouldn’t have it any other way... they want to be students like everyone else... Where do you get this idea that they are a distinct peoples and that they should somehow be treated differently than others or viewed as being different from others?”²³

Some educators wrongly see education, as culturally neutral and, like the person quoted above, deny differences. For them, Aboriginal Peoples are threats to the social order. While respectful content, such as Aboriginal worldviews and history, should be a part of the learning experience (for non-Aboriginal peoples as well), is the expectation of equal achievement in similar courses a negative thing?

As Choctaw historian Devon Mihesuah writes of American Indians:

*Stereotyping ...is a form of racism that causes numerous problems, not only for those who are stigmatized, but also for those who perpetrate the myths. For the victims false imagery most notably causes emotional distress: anger, frustration, insecurity, and feelings of helplessness. Those who stereotype suffer more subtly. Without attempting to learn about the people they misunderstand, they cheat themselves as well.*²⁴

Some individuals acknowledge that Aboriginal people learn differently; watching is more important than verbal instruction or texts.²⁵ This concept of different learning is commonly accepted as an important ‘fact’ about Aboriginal differences, in the name of cultural sensitivity, but it needs to be examined for validity. Any Western developmental psychology or educational methodology text emphasizes that, from birth, humans learn through observation, experience and practice. Teachers have been trained that effective learning through the elementary years must be based on demonstration, student

observation, concrete experiences and relevance to children's real life. Concrete observational learning is indeed a crucial physiological foundation for thinking, it is how brains develop more complex neurological connections and processes. All human societies have this as the basis of learning how to live one's life in one's group. As adults, much of our learning is based on such tactics; a nurse observing and practicing to administer needles correctly, role playing in counseling skills training, etc.

A good education, however, then moves on to help children develop the ability to think abstractly, to understand ideas and their possible applications. The brain is helped, through more complex cognitive *activities*, to develop more complex cognitive *skills*. In traditional Inuit society, those who were considered the wisest were those who were able to think deeply, widely and rationally, and to problem-solve and build new knowledge by analysis and creative application of previous knowledge. George Wood's book *Schools That Work*, describes one such science class. Students were asked to find topics in the science text that interested them; they made a list and put the books away. A "learning web" was constructed from a general theme to various subtopics—tasks were divided and they conducted their own research. As the teacher explained, "We learn how to learn."²⁶

The poor educational results cited above are common to Aboriginal children all over the Fourth World (developed countries like Canada, the U.S., New Zealand, and Australia with internally colonized Indigenous populations). The negative experiences of Aboriginal children are not only confined to schools. The hostility to their cultures extends to the media and other institutions and may be a part of many of their interactions with members of the dominant culture. In fact, this pervasiveness of negative experiences likely erodes their already weakened chances for educational attainment.

In addition, Aboriginal people experience racism in the workplace. A 1997 study by Statistics Canada found that 88% of those Aboriginal people who achieved higher schooling were able to improve their occupational status – but that this did not bring any monetary returns.²⁷ The study found that: "Working more weeks during the year was the only way that Aboriginal sons could make more money".²⁸

This study compared earnings of various ethnocultural families. The authors found that Aboriginal daughters had the lowest average earnings of all the ethnocultural groups examined: \$14, 749.²⁹ Like their male counterparts, Aboriginal women had difficulty translating additional education into earnings; they could make more money only if they worked more weeks during the year. This was true also of women, some immigrant groups (Asian born), and visible minorities (both Canadian and foreign born). Although the study focused mainly on the transmission process from parents to children, they were able to conclude that:

...there are still structural imbalances which are producing unfavourable schooling and labour force outcomes for members of immigrant, visible minority and aboriginal (sic) groups. Accessibility to higher education, recognition of

educational credentials and adequate access to labour markets become social policy issues. A favourable family environment or being socialized by highly educated parents creates good school habits in the children but these may be inconsequential for them if educational and occupational opportunities are scarce and unreachable.³⁰

Points to Consider:

- Racism remains a part of Aboriginal children's schooling experience
- The type/form of education provided to Aboriginal children is based on a status quo approach
- Whether urban or rural, Aboriginal communities want culturally-appropriate education
- Consistency in teaching methodologies vary, with high turnover in teaching staff due to under-resourcing and culture shock
- Aboriginal organizations like the AFN, MNC, and ITK have lobbied for improved and culturally appropriate education for a long time.

Aboriginal Children and the Public School System

Most Aboriginal children in Canada are educated in the public school system. This includes Inuit, First Nations on- and off-reserve, and Métis children; many who go to public schools in urban settings. It is estimated that in ten years time 40% of Saskatchewan's school children will be of Aboriginal ancestry.³¹ Twenty to 30% difference in high school completion rates between Aboriginal and non-Aboriginal students, due largely to the many variables discussed in the preceding section.

Most Aboriginal children are learning in an atmosphere that is not aware of, indifferent or hostile to their Indigenous culture. For instance, throughout Canada, there is a shortage of Aboriginal language instructors, at least partly because most education ministries are not concerned about the protection of Aboriginal languages. Few efforts are made to accommodate the need to teach Indigenous languages; most provincial policy does not recognize Elders as teachers or resource staff so they cannot be employed as language instructors. This contrasts enormously with Aboriginal values, which hold Elders in high regard. Indeed, Elders are the repositories of Indigenous knowledge.

In addition to schools in all communities, regional and local Education Authorities in Nunavut are the decision-makers, guided by curriculum and a new Education Act that were developed with input from communities and Elders. A culturally-specific curriculum, *Inuuqatigiit* (1996), is in fact a working document for all schools and is used in conjunction with the academic requirements of the Alberta curriculum. Inuit form the vast majority of the student body. Schools are encouraged to actively use Elders. While it may legitimately be said that Nunavut needs time to see results, it should be noted that local culture and input did shape schools prior to division; local education councils had decision-making input into system and content; there were growing numbers of Inuit

teachers in the primary/elementary system, and an Inuit-specific teacher-training program; Inuktitut became the language of instruction in the first three years of school for all Inuit children. (The Eastern Arctic Teacher Education Program has been in existence for 25 years) Currently 42% of elementary teachers are Inuit, and at least one school is wholly Inuit-staffed. Nevertheless, achievement levels and retention rates are low.

In response to the lack of Aboriginal-focused curricula, two Regina public schools – one elementary and one secondary – recently made a decision to implement a new curriculum for Aboriginal children. The idea for the new curriculum originated with the Fife Hills Qu'Appelle Tribal Council, which approached Saskatchewan Learning and the Regina Public School Board. Western Region 3 of the Métis Nation of Saskatchewan also joined the partnership. The new curriculum will be implemented at Albert Elementary School and Scott Collegiate. The result will be an immediate increase in First Nations and Métis content in courses taught. This will be followed by more cultural activities and some pilot First Nations language programs. A brand new innovation, the philosophy of this program is:

By ministering to the spiritual, intellectual and emotional and physical needs of the students, the new curriculum will help make them more self-confident and secure in the knowledge of who they are and where they came from. This can only help improve their chances of being successfully academically and socially.³²

The First Nations private school in downtown Toronto provides education to 60 students from junior kindergarten to grade 8. Educational standards are based on input from the (Aboriginal) Parent Council, the Toronto District School Board, and the Ontario Ministry of Education. The Indigenous-based curriculum includes Anishinabe culture and heritage, and the Ojibwe language. According to material from the school: “The goal is to ensure that urban Native children will have the opportunity to learn about their heritage and the traditional Anishinabe cultural perspective while acquiring the skills necessary to survive in today’s world”.³³ In line with this, the following components are part of school life:

- Native second language program
- Music: Native traditional singing and drumming
- Dance and movement: Native tradition
- Community feasts.³⁴

Most members of the student body are of Anishinabe heritage, but children of all backgrounds are welcome.

The inclusion of Aboriginal-centred curriculum in schools is to be lauded. It isn't yet, but it should be something that Aboriginal communities now take for granted. Indeed, Aboriginal-driven education of children is key to self-determination. Culturally appropriate curriculum may indeed be linked to improved self-esteem and other positive developments. However, it would be unwise to conclude that this in itself is the key to

ameliorating high dropout rates. Admittedly, this is somewhat depressing, but the nub of the problem seems to relate to structural, rather than cultural, issues. That is, low maternal education, minority language status, and family structure are quite accurate predictors of development.³⁵ Aboriginal-focused and non-Aboriginal-focused literature can be reviewed for evidence of this. Non-Aboriginal children who attended preschool programs were better prepared for school in terms of emerging literacy and numeracy, but they were not advantaged in terms of behaviour, health, and speech difficulties.³⁶ This suggested that these particular problems are more deep-rooted than learning skills. Some of this could be due to early childhood development, to ensure that the child is prepared for what is expected of them to learn, and that mutual RESPECT, COOPERATION, LISTENING are developed and valued by both teachers, students, parents and community as a whole.

An important United States study of Native Americans found that one-third of grade eight students were academically unprepared for secondary school.³⁷ This implies that the education these students are receiving is inadequate and inferior. These are the conclusions of two other studies (also from the U.S. where more is known):

- The exclusive focus on culture obscures the possibility that economics and social structure may be more important factors³⁸
- Structural disadvantages are a more significant influence on drop-out rates than cultural discontinuity.³⁹

The (U.S.) Indian Nations at Risk Task Force concluded that, in order of frequency, students drop out because of:

- Poor grades
- School attendance
- Drugs and alcohol
- Self-esteem
- Abuse and neglect
- Physical and sexual abuse
- Defeatist attitude
- Discipline problems in school
- Pregnancy
- Young parents lacking parenting skills⁴⁰

Another American study found that the following factors prevented Navajo schoolchildren from doing well academically:

- Poor home conditions
- Low income
- Single parenting
- Alcoholism
- Unemployment (of parents)
- Linguistic differences
- Lack of print material in the home⁴¹

While this list might sound like its aim is to blame the victim, that was not the case. The Task Force stated strongly that American Indians have not failed, but have been failed by the systems. It recommended a restructuring of education systems and other relevant organizations for Indian students. Efforts must also nevertheless be directed towards personal responsibility for the resolution of family/community problems. This is a daunting idea, but one that needs also to be discussed in Canada, given the continuing high drop-out rates.

Another lesson learned, this one from the general literature, has to do with the role of schools in developing supportive communities for students. In one study, authors Mark Royal and Robert Rossi concluded that a favourable school structure in itself (e.g. culturally relevant curriculum in a band-controlled school) cannot produce a good environment in which to learn.⁴²

To take it a step further; in the Aboriginal context, community cohesion has to come first – before schools can be healthy places in which to learn. This means that if children are to get a solid and well-rounded education, communities have to address their community health issues first (I am referring to health here in the broadest possible way). Then this improved well-being should be carried over to the school where children, including those “at risk”, can thrive in an atmosphere of respect, caring, inclusiveness, and empowerment, not just Aboriginal Teachings. The following are observed in such (albeit non-Aboriginal) schools: less acting out; more academic interest; greater achievement gains; and reduced dropout rates.⁴³

Related to this is the issue of parental involvement. A lack of parental involvement has been cited as an important factor in the high dropout rate of Aboriginal students.⁴⁴ The B.C. Aboriginal Education Enhancements Program (to be discussed in further detail below) has the explicit goal of increasing parental involvement. The previously cited study of Navajo 10-year-olds found that extensive family involvement is the primary determinant of successful schooling.⁴⁵

However, there are a number of challenges to getting Aboriginal parents involved in the school life of their children. These include:

- Parents’ own negative schooling experience
- Suspicion of and discomfort with non-Aboriginal institutions
- Parents’ low education levels
- Low self-esteem and underconfidence on the part of parents
- Stress on parents from other sources, such as living in poverty
- Many parents’ status as single parents

These factors are all structural issues rooted in historical political processes; they are not the fault of individual Aboriginal parents and must not be seen this way. A more accurate analysis is that Canadian education is yet another system that has failed Aboriginal Peoples. It should also be noted that, in spite of this, many First Nations, Inuit, and Métis parents are active in their children’s education through academics,

sports, etc. Though it may be difficult, it is by no means impossible to involve Aboriginal parents in their children's education, even with non-Aboriginal schools.

Points to consider:

- Too many Aboriginal children do not make the successful transition to high school
- The majority of Aboriginal children attend public schools
- Aboriginal-centred curriculum in itself does not lead to lower drop-out rates
- The reasons for high drop-out rates need to be explored – especially the structural reasons
- The negative school experiences of Aboriginal children and youth are reinforced elsewhere in Canadian society
- Schools should find effective ways to involve Aboriginal parents in their children's education.

Aboriginal schools

There is a clearly expressed desire on the part of many Aboriginal communities, whether rural or urban, to implement more culturally-appropriate education systems for their children. This is part and parcel of self-determination, as previously stated. There are however, obstacles in the way, including jurisdiction issues and funding. The result is that there are only a small number of Aboriginal-controlled schools in Canada. Culturally appropriate and effective education does not flow automatically from Aboriginal control of education. The diasporas of Aboriginal Peoples in many cities and towns is also a challenge in getting such curriculum established; in B.C., some public schools have only one or two Aboriginal children, for example.

In addition, it is too early to evaluate some of the new programs – including those in Saskatchewan and B.C., which are described below – so it cannot be concluded that these programs are effective in their stated aim of improving graduation rates.

Although there is only limited data available, First Nations educators believe that First Nations schools on-reserve are underfunded and thus cannot adequately prepare students for secondary and post-secondary education. In terms of jurisdiction, not all Aboriginal communities have control of or even input into their children's education. The Innu of Labrador, for example, witness alarmingly high drop-out rates among their youth, at least partly because all schooling is carried out in English, their second language, and follows the provincial curriculum.

Aboriginal control of education might seem to be the obvious answer to problems such as cultural alienation and racism that probably contribute to high drop-out rates. Because of this, many Aboriginal-run schools make a substantial effort to provide students with culturally-appropriate education. Since the opening of the school at Sagamok Anishnabek First Nation, for example, community leaders noticed a decline in vandalism and solvent abuse among children.⁴⁶ They attributed this to the school's emphasis on Anishinabe culture, and language.⁴⁷

The Duck Bay School is located in Duck Bay, a Métis community on Lake Winnipegosis, Manitoba. The Duck Bay School⁴⁸ is community-oriented and provides students with some cultural-based learning. According to materials from the school, the staff prioritizes self-respect, something that may be difficult for Métis students to acquire in non-Aboriginal schools.

The Kahnawa:ke Survival School, a Mohawk school was created in 1978 in protest of Quebec's new language law, "Bill C 101: The Charter of The French Language". Before the school was created students had to learn the French language and attend schools off-reserve. Volunteers who wanted children to have a more culturally appropriate education ran the school until they were able to secure funding and pay salaries. In its curriculum, the Kahnawa:ke Survival School⁴⁹ emphasizes Mohawk history and language.

Several university graduate theses and other publications in the past decade addressed the issue of quality education in First Nations schools in particular. This work, much of it qualitative, was prompted by the pervasive belief that on-reserve schools do not deliver a quality education. It also flowed from the oft-stated goal of Aboriginal communities to control or at least influence their children's education so that it is culturally congruent with their lives and heritage.⁵⁰

The Nunavut government mandate is to develop Inuktitut as a language in schools, government and workplaces. Increasingly, however, there is also a call for ensuring that children develop the English language skills necessary for success at higher levels of education. Some questions worth investigating on this issue is that the education system as a whole may be failing to provide students with higher-level language and thinking activities. Students must be encouraged to become fluent readers to develop complex language necessary in higher education.

Although more and more Inuit teachers in Nunavut's public school system, the Teacher Education program may need to be re-examined—when it was started 25 years ago, it was to train Inuit teachers for the primary grades (essentially, the mandate is the same). Yet teachers are teaching and being expected to teach throughout the elementary system, with increasing expectations to teach in the middle school system. No blame is placed on the student teachers nor on the Teacher Education Program, but the demands on teaching higher grade levels points to expanding the mandate to include middle and senior high school.

The push for First Nations band-controlled education began around 1970. It coincided with the controversy following the release of the federal government's White Paper recommending the assimilation of Aboriginal peoples. It was also partly motivated by the subsequent release of Harold Cardinal's Red Paper promoting new respect for and a strengthening of First Nations cultures

But the transition to band-controlled schools was not an easy one and many people felt that First Nations-driven education was not living up to its promise. One 1995 study

involved 20 members of a Northern Alberta reserve who shared similar perceptions of the process.⁵¹ The author concluded that there was a continued need to explore alternatives for the successful transition to and implementation of band-controlled education.

Other work has explored the reasons for these difficulties. A study involving five band-controlled schools found that band control in itself did not guarantee an improved educational experience for students.⁵² The author concluded that the internal colonial model, with its characteristics of lack of autonomy and control, was replicated in band-controlled schools. More specifically, individuals involved in education held each other accountable for the schools' difficulties. To put it another way, they personalized problems rather than looking at them structurally; they did not hold the system itself accountable. These conclusions were substantiated in Piwowar's study of culturally compatible education; the author found that band-controlled education tended to reproduce "Anglo" culture, rather than First Nations culture.⁵³ In other research, Maina noted similar processes at work and concluded that, after two decades, change had been slow.⁵⁴

A more recent study of the band-controlled Running Waters First Nation school (260 students) in north-central Saskatchewan also yielded discouraging results. While students preferred "extracurricular activities" like the trapline, they remarked – without exception – that Cree language class was "boring".⁵⁵ Cree class was also stigmatized as the course for students who couldn't do French or band.⁵⁶ This study also found that there was little consultation or negotiation between parents or community members and the school. From the perspective of school personnel, there was a sharp divide between "home" and "school" problems. Thus, the school was not really integrated into the life of the community. The authors summarized:

...there is a widespread belief among northern educators that dominant Western notions of schooling and leadership are preferable, and that this belief often is in conflict with the student, parent, and community expectation that the school adapt to the cultural and linguistic reality of the local community. We (intended to) raise questions that urge practitioners, researchers, and policy makers to consider how educational leadership might address issues of power, voice, and equity in ethnoculturally diverse schools.⁵⁷

All these findings and the questions they raise mean that First Nations (and general Aboriginal) control of schooling must be seen only as a first step in providing Indigenous children with effective and appropriate education. Clearly, more directed efforts are required.

While dropout rates for on-reserve schools continue to be high, there are some indicators of success for First Nations-controlled education. Some of these were identified in a comparative study of the academic self-concepts of 42 grade eight to 12 First Nations students', some of whom attended a reserve school and others who went to a nearby public school.⁵⁸ The author found that no significant differences in the

academic self-concepts of the two groups of students. However, students attending the reserve school felt that their parents and teachers held higher levels of educational aspirations for them than the students in the public school. This encouragement from teachers and parents was likely a positive factor in the children's lives and possibly in their academic careers.

Points to Consider:

- There are some successful examples of Aboriginal-controlled education
- There is some evidence that First Nations-controlled education has not been able to live up to its promise
- Remaining obstacles include jurisdiction issues, funding, facilities development, and lack of political will
- Aboriginal control of education must be seen only as a first step in providing Aboriginal children with effective and appropriate education
- What knowledge exists about learning styles? Course content? Learning Activities? Expectations?

SECTION 4

IMPROVING THE EDUCATION OF ABORIGINAL PEOPLE

Indian and Northern Affairs Canada (INAC) and the Education of Aboriginal Children

INAC is involved in the education of First Nations students living on-reserve because of its authority and obligations under various statutes, treaties, agreements, and government policy. INAC allocated about \$1 billion annually to First Nations for elementary and secondary education, in addition to monies for school construction and maintenance.⁵⁹ Accordingly, the Auditor General of Canada includes a discussion of these programs in annual reports; the 2000 report will be referenced here.

Almost 60% of the 117,000 students on-reserve attend 450 First Nations-managed schools; 39% are enrolled in provincial schools; and "a small number" attend eight schools operated by INAC. Data on Métis and Inuit schools was not included in the 2000 report.⁶⁰

The Auditor General (A.G.) has identified two broad areas that are "cause for concern":

- A number of ongoing issues are unresolved: the exact nature of INAC's role in First Nations education; the educational achievement gap; and lack of performance indicators
- There is a need for operational improvements, including how INAC administers education funding.

The Auditor General noted that INAC collects some basic data on nominal role information and other statistics, but "it has not developed indicators of performance and

of results to demonstrate accountability and to provide assurance that it is achieving its objective".⁶¹ This obviously makes evaluation difficult.

In terms of operational funding, the A.G. advised INAC to better manage education funding arrangements by ensuring their existence and use, and to consult more on curriculum and teaching instruments to address the needs of First Nations schoolchildren. This speaks to the need to ensure that education for Aboriginal students is driven and developed by Aboriginal people. The A.G. also recommended school evaluations – this is something the BC government has developed on its own initiative (see next section). In an address to the Standing Committee on Aboriginal Affairs and Northern Development, the deputy A.G. cautioned that: "...remedial action is urgently needed and the urgency will be intensified by the growing demand on education services because of demographic trends".⁶² She went on to point out the waste of lost opportunities and high financial costs in social programs if this root issue – the education of First Nations children – is not addressed.

At an INAC seminar on education in July 2002, senior bureaucrat Dan Beavon stated that education is now a priority for the department. INAC currently sponsors one study of First Nations schools and students – University of Western Ontario sociologists are studying dropout rates – and has plans to fund further research. According to Steve Owen, Secretary of State for INAC, the National Working Group on Education is also looking at the problem of comparatively low pay rates for teachers in First Nations schools. Teachers at Morley School at Stony First Nation in Alberta, for example, make about \$12,000 less a year than their unionized colleagues in Calgary who recently got a 14% raise.⁶³ Owen says the Working Group expects to complete their action plan by Christmas, 2002.

Point to Consider:

- There is an identified need for clarity on INAC's relationship to First Nations education.

Aboriginal Education Enhancements Program – Non-Aboriginal Controlled

Much of the above information is daunting and the challenges presented, seemingly difficult to overcome. Yet there are precedents in Canada worth examining. Notable among these is the Aboriginal Education Enhancements Program of the British Columbia Ministry of Education, which will now be considered.

The goals of the Aboriginal Education Enhancements program are to close the education gap between Aboriginal and non-Aboriginal students, and to gain parity. The program recognizes that parity may be an impossible goal since the education system and its goals were imposed on Aboriginal people. Since Aboriginal people were not participants in defining what educational success means, "parity" with non-Aboriginal people may not be an Aboriginal goal.

The program is based on data collected on Aboriginal children in all of B.C.'s 50 school districts. There are two sources of data: student level data collection forms, with voluntary self-identification for reasons of respect; and province-wide tests for grades four, seven, and 10. The ministry began collecting Aboriginal-specific data on participation and attainment as a result of pressure from Aboriginal organizations concerned about the issues described above. It began producing data analysis in 1998.

The process involves an assessment of each district by the ministry; this is followed by a letter from the deputy minister to each district asking "pointed questions" about its activities to enhance Aboriginal education.⁶⁴ All of the province's school districts in four regions are involved; the majority have an Aboriginal student population of less than 10% of the total.⁶⁵

Programming has several components:

- Targeted funding for language and cultural programs and services
- Funding for support services
- Funding for other activities
- Research into the education of Aboriginal children.

Under the targeted funding component, school districts are granted \$950 per Aboriginal student; the fund total was \$43 million for 2000/2001, up from \$21 million for 1991/1992.⁶⁶ A great deal of Aboriginal language revitalization has been generated through this funding. The funding also provides incentives for school districts to develop curricula related to Aboriginal culture; the idea is to combat the devaluation of Aboriginal culture explained above. Those involved in the program say that it has changed Aboriginal children's experiences in the classroom and their relationships there.

The "Other" category of funding gives Aboriginal people an opportunity to negotiate and shape the education of their children through Enhancement Agreements. These negotiations between communities and school districts normally take 18 months to achieve as the two groups "have to learn to talk to each other".⁶⁷ Enhancement agreements are mandatory and must include every Aboriginal community, including First Nations on- and off-reserve, non-Status Indians, Métis, Inuit, and the many Aboriginal people in B.C. who are originally from other provinces. Even schools with no Aboriginal students must have a plan to incorporate education about Aboriginal cultures into school life.

A 1999 report outlined feedback from school districts with Enhancement Agreements. These agreements:

- Improve communications
- Through time, overcome distrust
- Make relationships more cohesive and collaborative
- Keep the focus on student achievement (versus the negative indicators)
- Facilitate the combining of resources

- Focus on family literacy.

Assessments by Aboriginal communities found that:

- The process is frustrating and stressful but ultimately rewarding
- They are pleased to see their children acknowledged more in schools
- School personnel are more aware of Aboriginal culture and languages
- There are visible shows of respect
- Aboriginal parents are surprised at being consulted
- The community is developing programs to improved education in the community
- Schools and Aboriginal communities are working together despite cutbacks and other challenges.⁶⁸

Before turning to other promising developments in Aboriginal education, some attention will be paid to BC's Aboriginal Support Workers, an integral part of Aboriginal Education Enhancement. This aspect of the program needs improvement as the majority of Support Workers feel they are underpaid; most have to work more than one school; and 68 students is the average caseload, which is seen as unmanageable. Research by the ministry found that the main activities of Support Workers include: liaison between student, parent, and teacher; promoting cultural awareness; tutoring; checking for absenteeism; counseling; conflict resolution, etc.⁶⁹

It is too early to fully assess the effects of the Aboriginal Education Enhancements program; longitudinal studies are necessary for that and they are planned. In addition, qualitative studies are needed to understand Aboriginal perspectives on the program and its effects.

The program is unique to B.C.; while education ministries in other provinces have occasionally expressed an interest, the program has not been replicated elsewhere. Note the program is funded entirely by the province. One of the staff involved explained that it had been brought about through "sheer political will".

Point to consider:

- The B.C. Aboriginal Education Enhancements program recognizes the differences of Aboriginal people, and may be adaptable to other provinces and territories.

The Emergence and Growth of Aboriginal Educational Institutes

During the past 30 years, an increasing number of Aboriginal educational institutes (AEIs) have been established in Canada. AEIs have been established out of the recognition that many Aboriginal people learn differently: in a more experiential manner and through observation rather than text (perhaps because the pre-college system has not provided them with the opportunities to learn abstract thinking skills and text use) and that they learn better when not divorced from their cultures and communities. Their

existence also reflects and in turn reinforces the fact that 25% of First Nations people who left high school early return to further their education, thus demonstrating courage and determination.⁷⁰ It is significant that so many people desire to continue their schooling after negative schooling experiences; however, the number is still too small.

AEIs have the following features:

- They are Aboriginal owned and controlled, some by political organizations
- Their programs are rich in Aboriginal culture, history and, sometimes, language
- Most, if not all, of their faculty members are Aboriginal
- They tend to have relatively low student/faculty ratios (in Ontario, the ratio is 18/1, much lower than that of universities)
- They offer programs in or near Aboriginal communities
- Their programs respond to the identified needs of Aboriginal communities
- They are accountable to Aboriginal communities, and some to political organizations.

All of these characteristics are seen as beneficial to students. Indeed, learning is enhanced if:

- Aboriginal students are taught by role models familiar with their cultural practices and beliefs
- They study with Aboriginal peers
- Are not geographically distant from their families.

A parallel movement developed in the United States, where the Navajo Nation established the first Tribal College (TC) in 1968. Today in the U.S. there are 28 tribally chartered colleges and three federally chartered Indian colleges in 12 states.⁷¹ TCs have many of the same characteristics as Canadian AEIs:

- Most are less than 25 years old
- Most have relatively small student bodies that are predominantly Native American
- Most are located on remote reserves with limited access to other colleges
- Most were chartered by one or more tribes but maintain their distance from tribal governments
- All have open admission policies
- All began as two-year institutions.⁷²
-

As in Canada, TCs are geographically clustered; they have a strong presence in the Midwest and are also present in California, Arizona, and New Mexico. In Canada, there are AEIs in Ontario and the four western provinces. Although similar data is not available for AEIs, 30% of the faculty at TCs are American Indian or Alaska Native; this compares to less than one per cent at public institutions.⁷³ (In response to the economic problems in many American Indian communities, TCs seek to promote economic development. They do this through offering business courses, but also through the sponsorship of business incubators or small business development centers.)

Aboriginal Education Institutions are growing – in Canada as well as in other First World countries. In 1996 in the United States, TCs had a total enrollment of 24,363 undergraduates and 260 graduate students.⁷⁴ Student enrollment in AEIs in Ontario increased 92% within a five-year period.⁷⁵ This scan yielded the following approximate student numbers for Canadian AEIs:

- First Nations Technical Institute, ON: 85
- Six Nations Polytechnic, ON: 150
- Seven Generations Educational Institute, ON: 120
- Yellowquill College, MB: 150
- Saskatchewan Indian Federated College, SK: 1158
- Saskatchewan Indian Institute of Technologies, SK: 1700
- Blue Quills First Nations College, AB: 250
- Nechi Training, research and Health Promotion Institute, AB: 200
- Keyano College, AB: 1200
- Maskwacis Cultural College, AB: 400
- Nicola Valley Institute, BC: under 200
- Native Education Centre, BC: 200
- **TOTAL NUMBER OF STUDENTS IN AEIs THAT RESPONDED: 5813**

Seven other AEIs did not respond to NAHO's request for student enrolment information. Thus, projections can be made of even higher numbers of students in AEIs both at present and in the future, given such factors as demographics (Aboriginal children make up an increasing proportion of their communities).

Students at TCs are older than average college students: 31.5 in 1997.⁷⁶ The typical student is often described as a single mother in her early thirties; in fact, over half of TC students are single parents. In addition, half of all TC students attend college on a part-time basis and many skip semesters to return later due to family and other obligations. Many TC students graduate to university programs, and they tend to experience much lower unemployment rates than their peers who have not entered post-secondary education. Unfortunately there is a lack such data for Canadian AEIs, although anecdotal data points to similarities here as well.

Many, but not all, of the programs offered by AEIs are accredited by the mainstream accreditation agencies. Some programs are offered in conjunction with other institutions, including degree-granting universities. In addition to the para-professional and professional diplomas and degrees that can be gained through AEIs, many AEIs also offer other short courses, workshops, and seminars in a variety of health and health-related areas that are not listed here. The Saskatchewan Indian Federated College is the only degree-granting institution in Canada under Aboriginal (First Nations) control, although other AEIs partner with universities to offer degrees. The Gabriel Dumont Institute is the only post-secondary institute owned and run solely by Métis. Thus far, there is no parallel Inuit institution in Canada.

As stated above, the majority of the country's AEIs are located in Western Canada and Ontario. There are nine in Ontario, covering all regions of the province. There are several each in British Columbia and Alberta, as well as institutions in Manitoba and Saskatchewan. While there are many AEIs west of Quebec, there are apparently none in Quebec, the Maritimes, Newfoundland and Labrador, or the three territories.

Population sparsity may be a challenge in some of these cases. An obstacle unique to Newfoundland and Labrador is the 1949 Terms of Union between the Dominions of Newfoundland and Canada, which deliberately omitted any reference to Aboriginal people. This experiment in assimilation was the precursor of the 1967 White Paper. Thus, in Newfoundland and Labrador, the federal government has chosen not to enforce the *Indian Act*, ignoring inherent Aboriginal rights and making the province's First Nations mere citizens of the province for more than 50 years. The exception is the "experimental" reserve that was set up in the Mi'kmaw community of Conne River in 1984; residents were allowed to register as Indians under the *Indian Act*. The result of this is that infrastructure that would support Aboriginal cultures, education, etc. is sorely lacking in Newfoundland and Labrador.

Partnering is a growing trend with AEIs. Working with colleges and universities to offer programs enables AEIs to enhance their capacity and, in turn, the capacity of the people and communities they serve. Six Nations Polytechnic, for example, hosts the one-year Native University Access Program with automatic admission – with a 60% average – to five universities in the region. In B.C., the Nicola Valley Institute of Technology cooperates with the University College of the Cariboo to give students the opportunity to complete a four-year Bachelor of Social Work.

Like other post-secondary institutions, AEIs are not free of difficulties. In my discussions with AEI faculty, several issues emerged. One is that AEIs have to deal with low levels of formal education among their students, and potential student body. This means that many students are not ready for courses at the post-secondary level and they have to struggle. Because of this, withdrawal or non-completion rates can be high. Given that general education levels in Aboriginal communities are so low, some AEI students even have difficulty getting through college and university preparatory programs.

Another ongoing challenge is funding. AEIs appear to be underfunded and have difficulty securing core operational funding. In the United States, TCs rely heavily on federal funds to operate. In particular, they depend on funds distributed through the Tribally Controlled College or University Assistance Act of 1978, administered by the Bureau of Indian Affairs. Only five colleges receive income from gaming and this source of funding is small and occasional. In recognition of chronic underfunding, the White House Executive Order on Tribal Colleges and Universities was signed on Oct. 19, 1996; this initiative is aimed at securing more funding. There is no equivalent program or legislation in Canada.

Case Studies of AEIs

AEIs are not established without a great deal of time and effort and, sometimes, resistance and opposition. A case study of one AEI, what is now the Saskatchewan Indian Institute of Technology (SIIT), illustrates this. The following chart highlighting the institution's long struggles is based on material provided by SIIT:

History of the Saskatchewan Indian Institute of Technology

- 1968: A paper adopted at the All Chiefs Conference of the Federation of Saskatchewan Indian Nations (FSIN) calls for “Indian control of Indian education”
- 1972: The Saskatchewan Indian Cultural College is established
- 1973: The Saskatchewan Indian Federated College is established
- Early 1970s: More and more, the federal government is transferring educational funding and responsibilities to provincial control; the FSIN is opposed to this, citing Treaty protocol and provisions of the British North America Act. Eventually, the federal government was persuaded to transfer skills training responsibilities directly through the FSIN. The province agreed to provide courses and accreditation through its institutes.
- 1976: The Saskatchewan Indian Community College (SICC) becomes Canada's first Indian-controlled community college; requests for training come from every FSIN district
- 1979-1980: Without core funding, the SICC offered 22 Adult Basic Education (ABE) courses and 27 trades programs. SICC also developed a 44-week program for Community Health Representatives
- Early 1980s: SICC implements a strategic and operational planning process and establishes strong management systems in four key areas: planning and control; policy development; board management training; and evaluation
- 1980s: SICC begins to move away from short-term programs delivered on a community-by-community basis, towards fully accredited skills training courses and ABE courses linked to skills training. Satellite courses are developed at the District level, based on the District's labour market needs
- 1984: The Saskatchewan Indian Legislative Assembly passes first reading of the *Saskatchewan Indian Institute of Technology Act*
- 1985: Indian Government recognizes SIIT as a post-secondary institution, while the provincial government continues to see it as a community college
- 1986-1987: A national cut in funding for training programs hits SIIT hard, particularly as it has just opened satellite colleges in every district. SIIT convinces Indian and Northern Affairs Canada (INAC) to fund its two-year satellite programs
- 1988: INAC and SIIT sign a Memorandum of Understanding guaranteeing a base of post-secondary funding for five years; other funding is garnered through the Canadian Jobs Strategy

- Late 1980s: SIIT struggles with its ABE programs, for which almost no funding is available given the emphasis on employability and trades training.
- By now, SIIT offers a number of accredited programs such as the Indian Diploma Nursing Program in North Battleford
- 1900-1991: SIIT makes an agreement with the Saskatchewan Institute of Applied Science and Technology, resulting in “formalized cooperation and mutual recognition between the institutions”, giving SIIT direct input into the development of training programs for First Nations people (instead of just brokering)
- 1991: The federal government introduces Pathways to Success, giving First Nations decision-making authority over federally-funded, employment-training programs at the local level – through Local Indian Management Boards
- 1992-1993: Funding for ABE programs becomes available and enrolment jumps from 49 to 429 in one year
- Mid-1990s: SIIT develops new programs, including a one-year Community Health certificate program. The funding base continues to diversify, with 66% of revenues coming First Nations and Tribal Councils, in addition to monies from INAC
- 1998: SIIT dissolves its partnership agreement with the Saskatchewan Institute of Applied Science and Technology, and “sets out on its own”
- 2000: The *Saskatchewan Indian Institute of Technologies Act* recognizes SIIT as a technical institute, not a regional college, governed by the FSIN. The Act gives SIIT the authority to issue certificates and diplomas and thus improves recognition and acceptance of these diplomas by employers, etc. Enrolment at SIIT nears 1700.

SIIT experienced many of the same challenges faced by other AIEs, including unstable funding and lack of recognition. Eventually, SIIT recognized the need to implement solid planning processes; this resulted in more control accruing to the Institute as it set its own direction. SIIT showed other useful characteristics through its first 25 years:

- An ability to keep focused on its goal and *raison d’être*: Aboriginal First Nation control of Aboriginal First Nation education
- A conviction that Aboriginal First Nation education is a right, enshrined in legislation, and that it can be a positive force in Aboriginal First Nation self-determination
- An understanding that capacity-building takes time
- A willingness to enter into partnership arrangements
- An emphasis on “win-win” agreements and programs
- A determined focus on developing solutions
- A willingness to lobby and pressure decision-makers
- A refusal to give up

As another example, there is an extremely low success rate of students who transfer their program of study from the Saskatchewan Indian Federated College (SIFC) to the University of Saskatchewan. This is due in part to the different standards of academia that exists between the two institutions. It is seen as an extension of racist practices according to many First Nations politicians. Blaine Favel (then Chief of the Federation of Saskatchewan Indian Nations) threatened to have all First Nations students pull out of the University of Saskatchewan in the late 1990’s if then Grand Chief of the AFN, Ovide Mercredi, was allowed to speak on campus.

Aurora College in the NWT and Nunavut Arctic College in Nunavut do not really fit into an Aboriginal/non-Aboriginal Institution categorization. Both are public colleges, but

were set up with Northern Aboriginals in mind. Nunavut Arctic College's mandate is specifically geared to Inuit Education. And all but a handful of students are Inuit. It is an offshoot of the original Yellowknife-based Arctic college (now Aurora College), also set up primarily for Northerners, both Inuit and Dene. Unfortunately, Nunavut has virtually no on-going permanent health related programs, other than specific training when funds become available.

In summary, AEIs have more than their fair share of challenges, as seen by the case of SIIT. According to the Assembly of First Nations, one of the central difficulties facing AEIs has to do with finances. Programs often survive on unstable, piecemeal, project-based funding.⁷⁷ To address this issue, sustained, multi-year block funding to AEIs may serve to help stabilize Aboriginal institutions offering focused programming.

Points to Consider:

- AEIs provide a culturally appropriate environment and ways of learning for Aboriginal people
- AEI's offer courses that may not be accredited in mainstream education and careers, and they tend to provide para-professional programs
- AEIs have considerable challenges, especially in terms of funding and accreditation as they are outside mainstream models of education
- Many AEIs partner with colleges and universities so that professional and other education can be made available to Aboriginal students.

SECTION 5 **ABORIGINAL HEALTH STATUS**

Most AEIs offer a cluster of health-related programs. These include: Addictions workers; Community Health Representatives (CHRs); Child and Family workers; Counseling; and others. Some offer accredited programs, usually in partnership. As an example, the Seven Generations Education Institute of Fort Frances, Ontario has a Bachelor of Social Work program with Carleton University of Ottawa. Some AEI programs are specific responses to pressing issues in Aboriginal communities. An example is the Residential School Healing Facilitator training program at Four Quarters Institute in Vancouver, B.C. Health, then, is a priority for Aboriginal communities and their educational institutions. At this point, attention will turn to the health status of Canada's Aboriginal peoples.

Many Indigenous people and researchers believe that prior to the colonization of the Americas, Aboriginal First Nations and Inuit people enjoyed generally good health. Given that self-determination is a determinant of health, it is logical to conclude that this may be true. In the words of anthropologist Wayne Warry:

*Self-determination is not an abstract political concept, but one that is integral to the social, physical, and mental health of individuals and Native communities as a whole.*⁷⁸

With the loss of self-determination, a series of intertwined processes began to undermine the health of Aboriginal people. As Kim Scott wrote for the Royal Commission on Aboriginal Peoples:

... with the encroachment of Euro-American influence, captivity and dysfunction resulted. Captivity is a complex web of geographic, economic, legal and social isolation which significantly segregates Indigenous peoples so they cannot benefit from the range and quantity of human services enjoyed by other Canadians. The dysfunction is nowhere more apparent than in the health status of Indigenous peoples.⁷⁹

While population growth is often seen as an indicator of good population health, this is not so in the case of Aboriginal peoples. Population growth in the North may be seen as an indicator of *poor* health, for much of it is the result, for example of teenage parents who not only may have few parenting skills, but who may end their own education as a result of childbearing, may have to live in crowded living conditions, etc.). The health problems of some Aboriginal groups, such as First Nations on-reserve, are well-documented, as is their poor health status relative to that of the Canadian population as a whole. Drastic changes in diet were among the factors that placed Aboriginal peoples in epidemiological transition. Nutrition-related health issues facing Aboriginal communities today include:

- Rickets (a bone condition caused by inadequate intake of Vitamin D) is high in First Nations and Inuit communities⁸⁰
- Up to 80% of Inuit and 20% of First Nations people have severely inadequate folate status⁸¹
- Rates of iron deficiency anemia is as high as 42% to 56% (it is 5% in the general population)⁸²
- 70% of Inuit children have dental caries of the primary teeth⁸³
- First Nations people in Manitoba have an amputation rate that is 16 times higher than the general population⁸⁴
- Up to 50% of First Nations people suffer from hypertension⁸⁵
- 40% of First Nations woman have gestational diabetes (compared to about 4% in the general population)⁸⁶
- 65% of the Aboriginal adults in one study diagnosed with Type 2 diabetes as children had not had any contact with health professionals in the previous year⁸⁷
- Many infectious diseases are linked to nutritional deficiencies among Aboriginal infants⁸⁸

Other statistics on Aboriginal health are just as bleak. The Aboriginal infant mortality rate is 14 per 1000 births, double that of Canadian infants as a whole.⁸⁹ The First Nations suicide rate is 3.3 times the national average, while the Inuit suicide rate is almost five to six times the national average.⁹⁰ First Nations teenagers are three times more likely to die due to injuries than the total population of adolescents in Canada.⁹¹

Life expectancy is a solid measure of population health status. The life expectancy for First Nations men is 67 while for women it is 74. These figures compare to 74 and 81 for all Canadian men and women respectively.⁹² Myriad studies attest to high incidences of diabetes, tuberculosis, and a range of social pathologies among the Aboriginal population.⁹³ Recently, the Manitoba College of Physicians and Surgeons found that Aboriginal children under 14 were 7.2 times more likely to die than other children.⁹⁴ They were also twice as likely to suffer disabilities.⁹⁵

The Inuit in particular face significant health challenges. The Inuit population is very young, with a mean age of 15.⁹⁶ It is also growing fast; by 2016, the Inuit population will reach 60,000.⁹⁷ Meanwhile, life expectancy in Nunavik is just over 65 years, the lowest in Canada and 13 years lower than the national average.⁹⁸ Life expectancy for Inuit men is 10 years less than for other Aboriginal men.⁹⁹ The cost of living in the North is 50 to 70% higher than in urban centers in Canada.¹⁰⁰ Inadequate housing and homelessness are growing problems. One in six residents of Iqaluit lacks proper shelter, and 10% of Nunavut's population is waiting for social housing, although very few homes are being built.¹⁰¹

It is generally believed that off-reserve Aboriginal people are healthier than First Nations on-reserve and even in comparison to the Canadian population as a whole. However, a recent Statistics Canada study that examined the health of 3555 off-reserve (urban and rural) Aboriginals (North American Indian, Inuit, and Métis) and more than 120,000 non-Aboriginals shows otherwise. It found that:

- Almost a quarter of off-reserve Aboriginals rated their health as either fair or poor (almost twice the non-Aboriginal rate)¹⁰²
- 13.2% of off-reserve Aboriginals experienced “a major depressive episode” in the last year (almost twice the non-Aboriginal rate)¹⁰³
- Off-reserve Aboriginal people are 1.5 times more likely than non-Aboriginals to have at least one chronic condition, such as diabetes (8.7%, which seems low), high blood pressure (15.4%), or arthritis (26.4%)¹⁰⁴
- 16.2% of the off-reserve population suffered from disabilities (1.6 times higher than the non-Aboriginal rate)¹⁰⁵

For all populations, age is the most important predictor of health status, following by income and education, according to a recent study of 133,300 Canadian adults.¹⁰⁶ Aboriginal people have generally low education levels and lower than average incomes. Further, the Aboriginal population is considerably younger than the total Canadian population; 41% of the Aboriginal population in the cities of Regina and Saskatoon are under 15, compared to 20% of these cities' entire population.¹⁰⁷ As already noted, Inuit especially are a very young population. In combination, these factors mean that an even greater Aboriginal health crisis is looming.

Author Michael Tjepjema also found that as household income increased, the proportion of people reporting fair or poor health decreased. This phenomenon occurs among

most populations, Indigenous and otherwise. Indeed, poverty and health are inextricably linked, as Aboriginal Peoples have understood for a long time:

*People have to made due (sic) with the tar paper shacks which are not worth living in. Native kids are getting sick. In one three-bedroom house there are 10 or 12 people living there and many of them end up in hospitals more often than the average person.*¹⁰⁸

Also related to housing and health is the fact that many Aboriginal people lack access to safe, potable water. Thousands of Aboriginal households do not have running water; this includes First Nations on- and off-reserve, and Inuit and Métis in remote communities.¹⁰⁹ According to preliminary results of a study sponsored by Health Canada, most of the 1300 water and sewage treatment plants on-reserve are defective¹¹⁰. The survey found that on 103 reserves, representing nine per cent of residents in the study communities, boil orders are in effect.¹¹¹ Residents of the Yellow Quill First Nation in Saskatchewan have had to rely on expensive bottled water for two years, since infectious coliform from agricultural run-off was found in their water supply.

This situation stands in contrast to the fact that most Canadians take clean accessible water for granted, even since the tragic incidents at Walkerton, ON and North Battleford, SK. For Canadians generally – and this is reflected in health legislation as well as United Nations documents – water is a right. But according to the head of the Federation of Saskatchewan Indians: “We’re still in Third World conditions in a lot of our communities. If you don’t have good quality drinking water, of course you’re going to get sick”.¹¹²

Another concern is the fact that off-reserve First Nations experience more unmet health care needs than the non-Aboriginal population. First Nations contacts with private dentists, were significantly lower for First Nations living off-reserve, although the Canadian Dental Association has take steps to address this systems issue. Limited access to health services is a recurring theme in most of the literature on Aboriginal health. In the late 1980s, the leading causes of deaths among First Nations infants included congenital abnormalities and birth asphyxia, environmental illness like gastro-enteritis, pneumonia, injuries, and poisonings.¹¹³ Such deaths are largely preventable. They point to poor environmental conditions as well as poor access to health services. Researchers have found that a high proportion of deaths occur before health services are involved; this also suggests the need for better access to health services, including midwifery.¹¹⁴ Nunavut communities have a Health Centre in each community, normally staffed by nurses and with visiting doctors/specialists and dentists. Dental services are offered to children in many, if not all schools but dental problems are many among children and adults.

This low health status is observed globally among Fourth World peoples, who live as internally colonized people. Poor health is the inevitable result of colonialism, which itself includes these processes:

- The break up of group solidarity (through residential schools, forced resettlement, and the introduction of alcohol)
- The loss of control over information (through an imposed education system)
- The development of dependent relationships (through the fur trade)
- Criticism of Aboriginal cultures (through missionaries, the media, and the education system)
- Striving to be rewarded for “good behaviour” (pressures to assimilate, and confusion about identity among young Aboriginal people)¹¹⁵

Psychologist Roy Baumeister¹¹⁶ has shown how these processes undermine the religion, values, attitudes, and beliefs that comprise cultural foundations. Baumeister explains that the techniques described in the list above are those employed by repressive political regimes seeking to brainwash people to abandon their own values and adopt those of the oppressor. Canadian governments, religious institutions, etc. may not have been as deliberate as other regimes in propelling these processes forward. Whereas Whitecap and other Chiefs wanted education negotiated as part of Treaty, two psychologists working in Alaska write that: “European Americans are convinced of the essential correctness of their culture and cannot conceive of a people actually liking or desiring any other culture or lifestyle”.¹¹⁷ The result of all this is over time is cultural and psychological breakdown, to varying degrees. The current health status of Aboriginal peoples must be seen in this context.

Current policy thrusts, however, do not tend to focus on the historical and ongoing macro-context, especially widespread poverty among Aboriginal people. Instead, their goal is to change individual behaviour, specifically to modify lifestyle factors like diet and exercise. Yet myriad studies attest to the fact that obesity, smoking, and physical inactivity have a *lesser* impact on health status than income and education.¹¹⁸ In the words of Dennis Raphael, professor of health policy and management at York University, Toronto: “Boosting the incomes of those at the very bottom of the pay scale by increasing welfare rates and the minimum wage, for example, would do far more to improve their health, rather than increasing government spending on wellness programs that tout eating right or staying fit”.¹¹⁹ In the case of Aboriginal people, such improvements have to be made in the context of self-determination, or self-government.

A promising trend is the development of research methodologies and community health indicators by Aboriginal communities. A useful example of this comes from the Mohawk Council of Akwesasne. With funding from Health Canada’s National First Nations Environmental Contaminants Program (NFNECP), the Council is developing community health indicators. Their project aims to get a better understanding of the links between underlying causes of health problems and visible symptoms, such as diabetes. Community members decided that this could not be achieved solely through Western scientific methods, such as suicide rates, morbidity measures, etc. These were dubbed “death indicators”, since they offered no hope. To fill the gap, between 30 and 40 Elders developed a Life Indicators Wheel, with four linkages:

- Economics-values
- Religion-spirituality
- Politics-responsibility
- Environment-morale

By integrating and measuring these linkages (or others that communities might identify), it is possible to develop community health indicators. For example, on the environment-morale linkage, it can be correlated -- the amount of sunshine in a community to the number of picnics – this is one indicator of community health. A community might have plenty of sunshine but few picnics, indicating poor health. Another community might have little sunshine but try to create “sunshine” in the form of constructing a local recreation centre. The numbers and types of indicators that can be developed within this framework are infinite. In addition, these life indicators can be combined with “death indicators” to get a more complete and deeper understanding of the health of communities. A final point worth noting is the fact that the identification of the indicators is an exercise that in itself, promotes health.

Points to consider:

- The population health status of Aboriginal peoples compares disfavouredly with that of the total Canadian population.

SECTION 6
ABORIGINAL PEOPLE AND THE HEALTH PROFESSIONS

Personnel Shortages in Aboriginal Communities

The number of Aboriginal health professionals in Canada is exceedingly low. For example, there are 53,000 Canadian physicians yet only about 100 of these are Aboriginal.¹²⁰ The Aboriginal Nurses Association of Canada (A.N.A.C.) estimates that there are between 1000 and 1200 Aboriginal nurses, out of a Canadian total of 252,000.¹²¹ A Health Canada study found that it is necessary to increase tenfold the number of Aboriginal health professionals; as an example, more than 800 new Aboriginal nurses are needed.¹²²

The Aboriginal Nurses Association of Canada has identified the critical need for nurse managers in particular. Another pressing need is for Inuit nurses; the lack of Aboriginal nurses is felt acutely in Inuit and other remote communities, which have to rely on Southern nurses, many of whom tend not to stay long in their positions. Until Nunavut Arctic College recently began its nursing program, Inuit had the huge disincentive of having to relocate to Southern Canada to train as nurses. The program has an access year that attempts to teach students the basic science background that is lacking. Training needs are greater in the North; health professionals in remote Aboriginal communities need to be thoroughly competent in telemedicine. Another problem is the difficulty of recruiting physicians to the Canadian North with the result that the number of doctors per 1000 people is equivalent to that found in Third World countries.¹²³

NAHO, the Canadian Medical Association (CMA), and other organizations agree that there is a need for a human resources study aimed at determining the Aboriginal presence among the health professions and are taking steps to pursue this.

To go forward effectively, it is important to have a solid understanding of why more Aboriginal health professionals are needed. Such arguments might start with a principle articulated by First Nations leader Harold Cardinal in 1969 when he wrote in the Red Paper:

*The Indian communities themselves carry the responsibility for solving the social problems faced by Indians.*¹²⁴

Cardinal was referring to self-determination as central to every initiative that has to be taken and every problem that has to be solved. He was implying that First Nations and Inuit communities have it within themselves the capacity to improve the condition of Aboriginal First Nations and Inuit people; indeed, they are obviously and uniquely suited to do so. Increasing the numbers of Aboriginal health professionals is part and parcel of this approach (although it is by no means a complete solution to Aboriginal people's difficulties with health services or health itself).

There are myriad reasons why more Aboriginal health professionals would benefit Aboriginal people and communities. These include (but are not limited to) communications difficulties, culture clash, and the concurrent use of Indigenous medicine, each of which will be addressed here.

Concurrent use of Indigenous Medicine

Modern medicine has been part of the lives of Canada's Aboriginal people for a very long time. In many parts of the country, it was introduced early after the arrival of Europeans. At times, it was imported in an aggressive manner. In Northern Labrador, for example, the office of *angedkok* (shaman) was abolished by Moravian missionaries not long after they established themselves in Nain in 1771. Gradually, the dominance of Western medicine, which was and remains more reactive than preventive, became entrenched. Non-Aboriginal institutions like hospitals and clinics became the site of health services in First Nations, Inuit, and Métis communities. Inuit remained a hunting, small-group peoples until very recently. Elders' stories in Nunavut therefore do not talk much of modern medicine and institutions until the tuberculosis epidemics in the 1950-1960s. Shamanism had been firmly discouraged since the intensive Christianization efforts that started in the late 1800s, yet Elders alive today knew Shamans, and some were shamans themselves. Traditional medicine practices thus were in general use much more recently than perhaps in other Aboriginal areas.

Today many Aboriginal people use Indigenous and Western medicine concurrently, usually without informing the physician who diagnoses and treats them. In one of the most important studies, Marbella et al studied a diverse urban Aboriginal population in Milwaukee, Wisconsin; the 150 participants ranged from ages 18 to 83, and came from

the Ojibway, Oneida and 28 other nations. About 38% of patients used both Western and Indigenous medicine simultaneously.¹²⁵ Patients rated their Indigenous healer's advice higher than their physician's 61.4% of the time, and they told their doctor about their complementary treatment in only 14.8% of cases.¹²⁶ The most commonly used treatments were sweat lodge ceremonies, herbal medicines, and spiritual healings; other treatments included pipe, drum, and naming ceremonies. This situation has implications for compliance and possibly health outcomes; the concurrent use of herbs with drugs prescribed by physicians, for example, raises concerns. It is respectfully noted that Inuit traditions are significantly different from those of First Nations and Métis peoples; much of what is commonly accepted as Aboriginal healing practices is not relevant to Inuit.

Cultural clash

Many Aboriginal persons have benefited from Western medical practices such as emergency appendectomies and other life-saving surgeries. However, the intrusion and dominance of Western medicine has also caused harm in Aboriginal communities by causing the 'fragmentation' of holistic practices that were once integral to community life.¹²⁷ This represents cultural loss, not unlike the language loss.

Because of cultural and other communication difficulties (to be discussed further below), many Aboriginal people are uncomfortable with Western medicine. Many Quebec-Labrador Innu, for example, believe that "white man's medicine" is not the right medicine for them and, although they use Western health services, there is a high degree of non-compliance.¹²⁸ They see the lack of Innu health professionals as part of the problem.¹²⁹ Inuit nurse Deborah Saunders Whelan states that Aboriginal people in remote communities are frequently unwilling to return to hospital as they feel they have been disrespected.¹³⁰ She writes that this happens to the point of placing their health in jeopardy. This has ramifications for equality, a value on which Western societies like Canada pride themselves. It is another area in which the presence of Aboriginal health professionals would make health service experiences less traumatic for Aboriginal people. Cultural competence should also be a priority for non-Aboriginal as well as Aboriginal health care providers.

Communication difficulties

The ability of most health professionals to speak an Aboriginal language is frequently cited as an important health care issue.¹³¹ Language interpretation services are entirely lacking in some parts of the country; Hanrahan documented the difficulties that resulted from the absence of such services in Goose Bay, Labrador and St. John's, Newfoundland. Even when interpretation is available, interpretation difficulties can make diagnosis extremely challenging; interpreters witness the frustration of physicians when interpretation is inadequate.¹³² In an article focused on Inuit experiences, John O'Neil et al point out that communication problems also reflect the medical interpreter's and the health professionals' problems in understanding the social construction of illness.¹³³ The Language and Culture Program at Nunavut Arctic College does provide

a diploma program in interpretation and translation, with specialized short modules in medical interpreting. Many illnesses and medical concepts for which there are no commonly-accepted terms; some medical glossaries have been developed, though not in universal use. There are different dialects, therefore each area develops different local terms—compounded in Nunavut where health professionals may be French speaking.

NAHO recently conducted a poll of 1209 First Nations and 801 Métis people in Ontario, Saskatchewan, and British Columbia. Forty three per cent of First Nations respondents said they prefer to visit an Aboriginal health care provider to a non-Aboriginal health care provider; only 29% had no preference.¹³⁴ With more Aboriginal health professionals fluent in their Indigenous languages, the translation process could obviously be bypassed. This could only have a positive impact on the health care experiences of Aboriginal people as well as on the capacity of Aboriginal communities and their efforts at self-determination.

Building Cultural Competence

Fortunately there is increasing recognition of the need for cultural competency among health care workers. In 2000, the Society of Obstetricians and Gynecologists of Canada approved a policy statement that recognized this need. The policy statement serves as a guide for health professionals working with Aboriginal peoples. It is supported by the five member organizations of NAHO as well as:

- The Canadian Institute of Child Health
- The Canadian Paediatric Society
- The College of Family Physicians of Canada
- The Federation of Medical Women of Canada
- The National Indian and Inuit Community Health Representatives Organization
- Pauktuutit Inuit Women's Association.

The policy statement includes eight recommendations that would go a long way toward ensuring that Aboriginal people receive culturally appropriate and respectful health care. The recommendations are that health professionals should:

- Have a basic understanding of the appropriate names of Canada's Aboriginal people
- Have a basic understanding of the current socio-demographic characteristics of Aboriginal people
- Be familiar with the geographic territories and language groups of Aboriginal peoples
- Have a basic understanding of the disruptive impact of colonization on the health and well-being of Aboriginal peoples
- Recognize that the current socio-demographic challenges facing Aboriginal people have a significant impact on health status
- Recognize the need to provide health services to Aboriginal people as close to home as possible
- Have a basic understanding of government obligations and policies regarding the health of Aboriginal peoples

- Recognize the need to support Aboriginal people in the process of self-determination.¹³⁵

Certainly, these recommendations, published in the *Journal of the Society of Obstetricians and Gynaecologists of Canada*, could serve as the basis of curriculum intended to build cultural competence in health care professionals. There are many Aboriginal health organizations that produce materials that would be useful in developing curriculum; the list includes A.N.A.C. and the National Indian and Inuit Community Health Representatives Organization (NIICHRO), both of which were involved in the development of the recommendations listed above. The support from a range of non-Aboriginal health organizations, such as the College of Family Physicians of Canada, is also encouraging and worth building on. The current challenge is to garner support from faculties of medicine and other institutions that offer health education and training.

Points to Consider:

- The low numbers of Aboriginal health professionals meet only a fraction of community needs
- The situation is particularly acute in Inuit and other remote Aboriginal communities
- Problems with cultural differences, communications, etc. negatively impact Aboriginal peoples' health care experiences and outcomes
- An increased presence of Aboriginal health professionals is central to the solution of these problems
- There is a need for cultural competence on the part of all health professionals who serve non-Aboriginal and Aboriginal people.

SECTION 7
FINANCIAL CHALLENGES

Financial concerns play a pivotal role in Aboriginal people's decisions about whether or not to enter and/or continue in post-secondary education and training. This is particularly for those Aboriginal people who are:

- From Inuit and other remote communities
- Mature students with families
- Non-status Indians, Métis and others who have difficulty accessing financial assistance
- Interested in health professions (rather than the para-professions), especially medicine.

This section will focus primarily on universities and those colleges that offer professional training, as there are fewer financial issues with para-professional training (though these still exist). Para-professional programs are less expensive because they tend to be of shorter duration and many are offered by Aboriginal Educational Institutes in or near Aboriginal communities, thus lowering costs.

A few universities have responded to the lobbying efforts of Aboriginal organizations by bringing programs partly or wholly to Aboriginal communities. An example of this is the new Bachelor of Science in Nursing program at Nunavut College in Iqaluit, offered in conjunction with Dalhousie University in Halifax, NS.

Other universities have designed programs specifically for delivery in Aboriginal communities. These are usually at the certificate or diploma, rather than degree, level. McGill University in Montreal, for example, offers a certificate in Northern Social Work Practice that is available only in the North and is for Inuit community workers employed by Nouveau Quebec.

Other professional schools require students do their undergraduate practica in Aboriginal communities. Medical students at Memorial University of Newfoundland can do their placements in Sheshatshiu, an Innu community in Labrador, or a series of Inuit and Métis communities on the Labrador coast.

Some adaptations have been made, then, to accommodate Aboriginal students, but costs remain a significant obstacle for many. A shocking example is medical school tuition in Ontario's five medical schools (Queens, University of Ottawa, University of Toronto, University of Western Ontario, and McMaster), which more than doubled from 1997 to 2000.¹³⁶ Tuition for the University of Toronto's undergraduate medical program was \$14,000 in 2000-2001, up from \$4844 in 1997-1998.¹³⁷

These fees are beyond the reach of many potential students, particularly Aboriginal people, who are clustered in lower-income groups, as discussed earlier in this paper. Such tuition rises likely alter the composition of medical school class composition, making medicine a more elite profession. A study published in the *Canadian Medical Association Journal* found that the proportion of general Canadian population students with family incomes of less than \$40,000 dropped from 22.6% to 15% since 1997.¹³⁸ Note that these data cannot reveal the full impact of rising tuition as it is too early to assess it; many of the 4368 students surveyed would have applied to medical school before tuition was increased. University administrators attributed the rise to decreased funding from the Ontario government, estimated at 24% during the same time period.¹³⁹

Medical school tuition fees remained relatively stable at Canadian universities outside Ontario from 1997 to 2000.¹⁴⁰ In concert with the fact that over 85% of students expected to graduate with a debt, this may mean a trend towards access problems for people who do not come from affluent backgrounds. Experience in the United States also backs this up.¹⁴¹

While bursaries, scholarships, and loans may be available, such high tuition creates the impression that medical school is not a possibility unless you are rich. This perception likely serves as a deterrent to many Aboriginal and non-Aboriginal students who might otherwise apply. It is important to consider as well that tuition is only one of the costs associated with medical school (and other programs); other costs include housing,

books, lab coats and instruments, student union fees, and travel home on school breaks and holidays.

Inuit post-secondary students living in Nunavut and the NWT are provided government financial grants, while Inuit living in southern Canada need to apply to the student financial assistance programs of their province.

In the publication "*Aboriginal People in Manitoba*", (2000), it states the following: 'Only 33.7% of Aboriginal youth have completed high school. Another 53.9% have some high school, whether or not they are still attending school. Only among those aged 50 and over are lower high school completion rates seen (22.4%). The low rate of high school completion among Aboriginal adults is cause for concern. Of course, many non-completers are still in school or will return as adults to complete Grade Twelve or equivalent.

Statistics show that 44.7% of Métis aged 15-29 have completed high school, compared to 62.7% of non-Aboriginal youth. Among Status Indian youth, 36.1% off reserve and 25.2% on reserve have completed high school. In Winnipeg, 35.7% of Status Indian youth and 47.8% of Métis youth have completed high school.

Overall, 38.2% of Aboriginal adults aged 15 and over had completed Grade Twelve at the time of the 1996 Census, compared to 61.2% of the non-Aboriginal population. This is up from 33.3% in the 1991 Census. Adults aged 30-49 are most likely to have completed high school. Within this age group, a majority of both Métis and Status Indians off reserve have completed, as well as about 40% of Status Indians on reserve.

Of Aboriginal people who have completed high school, large numbers have pursued post secondary education or training of some sort. For example, 23.5% of all Métis aged 40-49 had completed some sort of non-university training, as had 19.2% of all status Indians aged 40-49. For both groups, by the age of 40 a large majority of high school graduates had some post secondary training/education, of which more than half had completed a certificate or degree.

Only 7.7% of Aboriginal people aged 15 and over have their high school certificate and no further post secondary. There appear to be two entirely different educational trajectories for Aboriginal people-about half do not complete high school, and another group, almost as large, pursues post secondary education/training. The large gulf between the two groups means that moving a person from the first to the second group may require a series of education and training "interventions".

Aboriginal graduates who pursue post-secondary education are more likely to attend community colleges or other non-university education or training, relative to the non-Aboriginal population. While non-Aboriginal people are as likely to pursue university as non-university post secondary (24.6% vs. 25.0%), Aboriginal people are twice as likely to pursue non-university post-secondary-23.2% vs. 11.0% for the Métis, and 18.1% vs. 10.2% for First Nations.

Aboriginal attendance and completion rates for non-university post-secondary approach non-Aboriginal rates, especially among Métis and off reserve Status Indians. Of adults aged 15 and over, 19.9% of non-Aboriginal people have completed, compared with 17% of Métis, 14.5% of off-reserve Status, and 10.5% of on-reserve Status. These patterns are consistent among age groups, suggesting little recent change in trends:

Age	Non-Aboriginal	Métis	Status Off-Reserve	Status on-Reserve	All Aboriginal
15-29	13.0	11.2	9.9	6.2	8.9
30-39	26.1	24.6	19.8	17.2	20.7
40-49	25.4	23.5	21.2	17.6	20.9
All	19.9	17.0	14.5	10.5	13.9

Note that a Status Indian on Reserve aged 15-29 has about half the non-Aboriginal chance of completing non-university post-secondary, but at age 40-49 has 70% the chance. This is due to higher educational participation among older Aboriginal people. For the same reason, lower completion rates among Aboriginal youth aged 15-29 do not necessarily suggests a deteriorating trend. Many will complete their schooling later in life.

By contrast, far fewer Manitoba Aboriginal people attend university, and fewer still complete. Only 2.9% of Aboriginal people in Manitoba aged 15 and over have completed a university degree and only 1.8% on reserve, compared to 12.6% of the non-Aboriginal population. This represents about 1,100 Status Indian, 1,000 Métis, and 100 non-Status Indian university graduates in the province. According to 1996 Census figures, both the number and proportion of Aboriginal university graduates had declined since 1991, but this is due to the change in the definition of “Aboriginal”

Note: “In 1991, 3.2% of Aboriginal-origin people aged 15 and over had completed a university degree, compared to 2.9% of Aboriginal-identity people in 1996. In 1991, there were reported to be 2,035 Aboriginal graduates, compared to 2.9% times 79,410=2,300 in 1996. As there have been several hundred Aboriginal university graduations since 1991, again this demonstrates the danger of comparing 1991 and 1996 Census figures.”

By contrast, seven percent of Aboriginal people aged 25-34 in Saskatchewan have completed a university degree, the highest rate west of New Brunswick. This has been attributed to the “long term presence of Aboriginally-oriented institutions of higher learning in that province” (note: Kaufman, Thomas & Associates, in association with Mendelson and Associates, “Report on Métis and Off-Reserve Aboriginal Issues,” 2000,

p. 12) The Manitoba rate, 3%, is similar to rates in Quebec, Ontario, Alberta and British Columbia.

The majority of Aboriginal university graduates are female. Of Aboriginal women 15 and over, 3.7% have completed a university degree, compared to 2.1% of Aboriginal men. In Winnipeg, 4.9% of Aboriginal women have completed a degree, and a higher proportion of women aged 30-49.

Note: Figure not available to author. For ALL Aboriginal people aged 15+ in Winnipeg, 4.3% had completed a degree, but for ages 30-39 this rises to 5.3%, and for ages 40-49, 7.7%.

Non-Aboriginal people complete more years of education, and earlier, but more Aboriginal people continue their education later in life. Nationally, in the 25 to 34 age group, 12% of Aboriginal people were full-time students in 1996, compared to 6% of the non-Aboriginal population. For ages 35 to 44, the figures were 7% and 3% respectively. Nationally, 45% of Aboriginal students attending higher education are 25 years or older, compared to 14% of the general population.

Métis youth are more likely to complete a university degree by age 30 than are Status Indians (2.7% vs. 0.7%). However, Status Indians are more likely to attend or complete university during their lives-especially Status Indians residing off reserve. This is due to Band support for post-secondary education, funded through the federal Indian Affairs department, which is not available to Métis and non-Status Indians.

Age	Non-Aboriginal	Métis	Status Off-Reserve	Status On-Reserve	All Aboriginal
15-29	30.0	1.2	10.2	5.0	8.5
30-39	29.7	2.8	18.2	12.6	14.5
40-49	30.4	2.6	20.0	15.0	15.3
ALL	24.6	1.0	13.5	7.8	10.6

Note: See Chart. For most socio-economic statistics, if you set up a chart with columns in this order, the figures will rise or fall from left to right, with Métis falling between non-Aboriginal and Status. The higher university enrolment among Status Indians than Métis is extremely unusual, particularly given that more Métis have completed high school, which is a prerequisite”.

Points to Consider:

- Financial concerns constitute a barrier to the post-secondary education of Aboriginal Peoples
- Costs are higher for all people from remote locations, and Métis and non-status Indians have difficulty accessing financial assistance.

SECTION 8

ABORIGINAL RECRUITMENT STRATEGIES IN UNIVERSITIES

Universities are the focus of this section, given the dire shortage of Aboriginal health professionals, such as nurses, physicians, etc. identified by the Royal Commission on Aboriginal Peoples. In addition, this is where the greatest challenges lie. Designated seats and altered admission requirements are among the Aboriginal recruitment initiatives adopted by universities, as shall be shown. University administrators have a great deal of power in post-secondary education. In most universities, a dean of medicine, for example, can basically veto proposed policies – or give them the green light.

For their part, colleges do not have designated seats; instead, they tend to implement Aboriginal-focused programs. One example is the Native Child and Family Worker program offered by Sault College of Applied Arts and Technology in Sault St. Marie, Ontario. Another is the Aboriginal Community Development program at Assiniboine College in Brandon, Manitoba. Like many Canadian universities, some colleges have support services for Aboriginal students, including Aboriginal liaison officers, Native Centres, etc.

Designated Seats

Both the Royal Commission on Aboriginal Peoples and the National Task Force on Recruitment and Retention Strategies¹⁴² recommended that universities establish admission and retention targets for Aboriginal students. These are often referred to as designated seats. However, few Canadian universities offer designated seats to Aboriginal students. According to written admission policies of schools of nursing, for example, only the University of Alberta sets aside seats for Aboriginal people: three per year. In 1996, the Saskatchewan Institute of Science and Technology (SIASST) and the College of Nursing formed a collaborative program, which is called the Nursing Education Program of Saskatchewan (NEPS). NAPN has two offices - one at the University of Saskatchewan and one at Kelsey Institute; both are located in Saskatoon. The Nursing Education Program of Saskatchewan (NEPS) is a four-year degree program that can be taken at either Saskatoon or Regina (Wascana Institute). Graduates of the four-year program may apply for licensure with the Saskatchewan Registered Nurses Association (SRNA) and/or the Registered Psychiatric Nurses' Association (RPNAS). After the third year of the program, students may choose to leave the program with a diploma and apply to register with the RPNAS. For Aboriginal people who want to become physicians, there are four seats at Queens University, three seats at the University of Saskatchewan, two at the University of Alberta, and six at the University of British Columbia.

In the College of Dentistry at the University of Saskatchewan, there is a separate category in which three first-year spaces are reserved for persons of Aboriginal descent. Applicants must meet the minimum admissions requirements - an overall academic

average of 74% or greater on the two best years and an average of 70% or greater in the required pre-dentistry courses. Applicants must achieve an acceptable rating on the interview and successfully complete the Dental Aptitude Test (DAT).

Further east, preferences rather than designated seats are more common. The Faculty of Medicine at the University of Ottawa, for example, prioritizes Franco-Ontarians, Aboriginals, residents of under-served areas, and three other groups in that order. The University of Manitoba has a Special Consideration category, which also includes members of the Armed Forces and people already working in health professions. In 2001, eight out of 35 applicants to the Special Consideration category were accepted to the program.

It has often been said that the hardest part of medical school is getting in. Accordingly, a Working Group based at the Six Nations reserve near Brantford, Ontario is striving to increase the number of designated seats in Ontario medical schools. According to the National Task Force on Recruitment and Retention, designated seats can increase the number of health professionals; accordingly the task force recommended that nursing schools set aside 12% of their seats for Aboriginal students.¹⁴³

Until the proportion of designated seats is as high as 12%, Aboriginal students may find themselves a tiny majority in professional schools. This may be problematic because:

- It has been shown that peer support enhances the success of Aboriginal nursing students
- High attrition rates correlate to lack of affiliation
- Informal support can be just as valuable as structured support.¹⁴⁴

Aboriginal Student Centres and Liaison Officers

Aboriginal Student Centres are relatively new to Canadian universities, most having been established during the 1990s. Two examples will be presented here.

One, the First Nations House of Learning at the University of British Columbia (UBC) in Vancouver, operates out of a Longhouse built in 1993. The aim of the First Nations House of Learning is to make the UBC's vast resources more accessible to First Peoples and to improve the university's ability to meet Aboriginal students' needs. The House of Learning takes direction from First Nations communities in setting priorities and adopting approaches. It offers the following services to First Nations students:

- Childcare
- Computer lab
- Resource library
- Assistance with admissions
- Counseling
- Student lounge cultural events.

Another centre is located at the University College Cape Breton (UCCB) in Sydney, Nova Scotia, an institution with an Aboriginal student population that is almost entirely

Mi'Kmaq. UCCB provides a meeting place suitable for study, workshops, and seminars. In addition, UCCB has a Mi'Kmaq Student Advisor who is a source of information for students as well as a contact for students, counselors, Mi'Kmaq organizations, government departments, and employers. The advisor also arranges tutoring for students upon request. Finally, a Mi'Kmaq Student Association hosts events, including an annual graduation banquet, and cultural festivals.

A growing number of universities and colleges across Canada have Aboriginal Liaison Officers – they may also be called Native Student Advisors or by other names. These staff members provide support, often emotional as well as academic, to Aboriginal students. There is, however, no uniformity from one institution to another in terms of responsibilities, reporting systems and levels of autonomy, qualifications, or employment status (some are temporary, others not). People holding these positions may or may not operate out of an on-campus Aboriginal centre, as they do at UCCB. A couple of examples may prove useful.

Whereas the University of Saskatchewan has a staff person function as both Aboriginal Liaison Officer and Counselor, York University in Toronto has chosen to hire an Aboriginal Counsellor on an eight-month contract who will report to the Vice President of Students and Alumni. An advertisement for this position states that the successful applicant will be paid \$45,000-\$50,000 and will carryout the following duties:

- Support and assist Aboriginal students to succeed in achieving their
- Goals at the University through the provision of culturally appropriate
- Counseling services
- Assist the University in general and the faculties and their various programs, to attract and retain Aboriginal students.
- Provide culturally appropriate personal counseling
- Advocate for Aboriginal students in accessing University services when required
- Provide support and advice to the First Nations Aboriginal Students association
- Liaise with the University's Counseling and Development Center
- Liaise with other University services such as Financial aid, Academic skills, Centre for human rights
- Provide advice, counselling and referrals to undergraduate and graduate
- Aboriginal students enrolled in programs and courses at York University
- Facilitate access to post secondary education for Aboriginal students by assisting in recruitment and admissions
- Provide education on Aboriginal culture and services to non-Native students, staff and faculty members at York University
- Assist in the establishment and development of the York Aboriginal Education Council.¹⁴⁵

York's hiring of an Aboriginal counsellor is a step in the right direction, given that research shows Aboriginal students benefit from such support during their academic

careers. The position comes with many differing responsibilities that are, presumably, be carried out during an eight month period. However, there is no indication in the advertisement of whether the position will continue beyond the eight-month contract period.

Further north, Algoma University College (AUC) in Sault. Ste. Marie, Ontario is seeking to hire a Native Outreach Officer, also for eight months (the duration of the regular academic year) but with the possibility of renewal dependent on funding. This position is more specific as duties are restricted to planning, organizing, and participating in the recruitment of Aboriginal students to the university. The successful candidate will function as an External Relations team member as well as work directly with Aboriginal Programs and Services. He or she will travel extensively, establishing connections with Native Education Counselors. The Native Outreach Officer will also have information gathering responsibilities.

AUC hopes to hire a person with a number of minimum qualifications, including:

- an undergraduate degree in related field
- 2 –3 years relevant experience
- a knowledge of Native culture and traditions (essential)
- a knowledge of a Native language (an asset)
- familiarity with Algoma University College (preferred).

AUC already has a Native Students Counsellor in place, carrying out such duties as organizing cultural events and services such as a peer support program. The Native Students Counsellor operates out of the Shingwauk Aboriginal Student Centre. Given the level of support many Aboriginal students require, it is important to divide recruitment activities from support activities, as AUC has done.

In general, those universities and colleges with large surrounding Aboriginal populations, such as AUC, are further ahead in developing specialized services for Aboriginal students. This is true whether or not they have academic initiatives such as designated seats. This may be due to pressure from Aboriginal communities and/or a desire on the institutions' part to access a significant pool of potential students.

An example is Nipissing University in North Bay, Ontario, which is located near the five communities that make up the Nipissing First Nation: Duchesnay, Jackpoint, Yelleck, Beaucage Park, and Garden Village. Nipissing University has a student lounge (*Nei kei nah*: "our home" in Cree) and culturally appropriate Aboriginal support through the Student Affairs team. According to material from the university: "(their) goal is to advance Aboriginal student success and to enrich the academic experience of all Nipissing students".¹⁴⁶

Nunavut Arctic college in Iqaluit has a permanent Inuit counselor (currently two); Memorial University in Newfoundland has a Native Liaison Office which works in cooperation with the Labrador Inuit Association to assist Aboriginal students; Yukon college in Whitehorse has a First Nations Student Centre and a Learning Assistance

Centre; Aurora college, oriented to Aboriginal students, provides counseling and learning assistance.

The Royal Commission on Aboriginal Peoples found that if they are to succeed in professional education programs, Aboriginal people require:

- Adequate financial support
- Academic support
- Personal and family support
- Professional support from a core group of Aboriginal students.¹⁴⁷

Aboriginal student centers and support services go some way toward meeting some of these needs, specifically academic, personal and professional support. Currently, most universities and many colleges have such services. However, as shown, there are no national standards that would make them mandatory, and education is the responsibility of the provinces, not the federal government.

Introductory Programs for Aboriginal High School Students

Some post-secondary institutions have developed initiatives aimed at Aboriginal high school students. The Saskatchewan Indian Federated College recognizes that First Nations youth require an avenue in which to explore a variety of health careers in an atmosphere of pride, belonging, and acceptance. Thus, SIFC's Health Careers, Math and Science Summer Camp give them the opportunity to begin planning early for their post-secondary career. Its objectives include:

- To motivate youth to explore careers in health professions
- To lower apprehensions about science and math learning in general
- To ease the transition between community and university environments
- To expose youth to a variety of Aboriginal First Nations role models and accomplishments in the areas of health, math, and sciences
- To introduce the value of holistic traditional teachings in contemporary settings
- To foster confidence in students who have a desire to choose a career in health, math and science professions.

The Traditional First Nations component includes:

- First Nations Elders and Traditional Knowledge Keepers
- Medicine Plant Walks and Cultural Knowledge Teachings

The Math and Science component includes:

- Mathematics
- Pure and Applied Sciences

Also included in the camp are:

- Health careers exploration and planning
- Community involvement component
- Physical health and recreation activities.

Students are selected on the basis of their desire to live a healthy lifestyle as well as learn about health and science careers. Ninety students – three camp sections over 14 days – attend each summer; most are from Saskatchewan First Nations but up to two First Nations participants will be selected from each of the other provinces.

Accommodations and meals are provided while transportation to and from the University of Regina are the responsibility of the student's band, sponsor or recommending educational institution. Thus, there is little to no cost for individual students.

Another successful program is based in the United States. Established in 1973, Indians into Medicine (INMED) is a well-known educational program offered by the University of North Dakota in the U.S. It provides academic, personal, and financial support to Native American (i.e. First Nations) students pursuing health careers. INMED is highly successful; a full 20% of the Native American physicians in the U.S. are graduates of this program. Besides medicine, participants may study clinical psychology, nursing, etc.

The summer enrichment program component of INMED targets students at the junior high, high school, and undergraduate levels. It is one of very few programs that recognize and act on the need to reach Aboriginal students when they are as young as eleven years old. This is one of the central strengths of INMED.

Young students get assistance with math and science skills through the summer enrichment program and they are also given information on health sciences and health careers. Just as importantly, they also participate in cultural activities, including field trips, powwows, and Aboriginal awareness workshops. In this way, the disconnect between their lives as Native Americans and their potential as health professionals is bridged. The participation of Aboriginal role models contradicts prevailing images such as the nurse as a white, blonde woman. About 100 students participate each summer. (For INMED's contact information, see Listings Section 2 [Special Projects and Programs]).

Supportive Environments

The National Task Force on Recruitment and Retention Strategies focused its efforts on nursing, one of the areas of concern of the Royal Commission on Aboriginal Peoples. The task force concluded that supportive environments are both necessary and effective to increase the number of Aboriginal nurses. Some related evidence bears this out. For instance, only one of the six minority students in a physician's assistant program in the U.S. who dropped out or were asked to withdraw did so for academic reasons alone. The others left because of social or personal problems. The other phenomenon of successful students sabotaging themselves, i.e. students who have done well getting close to completion and suddenly developing attendance or personal problems that lead them to quit or being asked to withdraw.

Fortunately there are positive examples of supportive learning environments in Canada. The School of Nursing at Laurentian University in Sudbury, Ontario has never had an Aboriginal student drop out – although it has no designated seats. In Quebec, there is a strong partnership between the First Nations Centre and the nursing program at John Abbott College; this relationship is characterized by strong lines of communication that are absent in other institutions. Another example offered by the task force is the program at Norway House, Manitoba, a community-based education model. This program is valued throughout Northern Manitoba because it is not institutionalized and students are given a range of supports from the community, including food hampers when necessary.

These programs provide indicators of what is meant by supportive environments. In addition, there are studies that identified the academic and non-academic supports that Aboriginal students need. Dolberry analyzed an associate degree-nursing program for Aboriginal people in Montana, U.S.A., finding that the following factors were key to success:

- Students must be prepared academically – in science, math, English and reading
- Students may need at least a year of specially designed courses to improve their skills
- Faculty mentors and peer mentors are a valuable source of support. ¹⁴⁸

Another study from the U.S. – this one looking at a dietetics program – concluded that minority students are recruited and do well when the following educational program features are present:

- Program flexibility, including additional time to complete their program
- Tutoring and mentoring services
- Financial support
- Outreach – by minority graduates to grade schools. ¹⁴⁹

Although this study did not include Aboriginal students, minority (Black, Hispanic, etc.) students share some problems with Aboriginal students, as the Canadian task force pointed out.

Access Programs

Over the past 30 years, many Canadian universities have developed access programs or transitional years programs for Aboriginal people (and other groups that have been historically disadvantaged in terms of participating in Canadian society). Such programs respond to the ongoing under-representation of Aboriginal people at Canadian universities. These programs follow the ‘equality of condition’ principle that states that access in itself is not sufficient but must be accompanied by other supports.

¹⁵⁰

Some access programs are Aboriginal-specific, and a few are First Nations- or Inuit-specific. Yukon College, YK for example, has a First Nations-specific program while John Abbott College, QC offers a program designed for Inuit students. In other cases,

these programs may be offered to Aboriginal as well as Black students, at Dalhousie University, NS and the University of Toronto, ON. The University of Manitoba targets people living in remote communities, while the access program at Lakehead University, ON is aimed at mature Aboriginal students.

Some transition programs are specific to health careers; the Health Careers Access Program at Nunavut Arctic College, NU is one such example. A few are aimed at members of a particular nation; the Elmitok (access program) at University College Cape Breton, NS is for Mi'kmaq students who want to make the successful transition to university degree programs.

Access programs vary in duration. Although most are eight months (one university year), the University of Saskatchewan offers a six-week summer program to prepare Aboriginal students for university. Some program lengths may be adjusted for student needs and goals (e.g. to complete prerequisites for a further program of study).

Based on the consensus that Aboriginal students benefit from myriad supports, including those of a cultural nature, access programs do not focus exclusively on academic areas. They include at least some of the following elements:

- Peer support
- Role modeling
- Mentoring
- Student counseling
- Career planning
- Aboriginal perspectives in curricula
- Courses on Aboriginal specific topics.

One of the hurdles to initiating such a program is human rights legislation, which paradoxically, makes both positive and negative discrimination difficult. The University of Saskatchewan received full approval from the Saskatchewan Human Rights Commission before implementing its transition year program.

A suggestion from both the Royal Commission and the Task Force was that universities re-examine their entrance requirements. This has been done at the University of British Columbia. The process is that faculties and schools (like nursing, physical therapy, etc.) will consider for admission Aboriginal students who meet the university-wide academic minimum of 67% for first year programs. Applications are reviewed on an individual basis by the faculty and a representative of the First Nations House of Learning. Factors taken into account include: educational history, cultural knowledge, work experience, educational goals, and achievements that indicate an ability to succeed at university. Note that this program applies to Aboriginal students already in university, not those seeking to enter.

The University of Saskatchewan waived admission requirements for Aboriginal people in the late 1980s and did an evaluation in 1990. Their Affirmative Action Program also included a preparatory course, the involvement of Elders, individualized instruction, and

other features. Fifty-two Aboriginal students were admitted to the program in 1987; by 1990, only 27 were still at university.¹⁵¹ Evaluators concluded that: "...these success rates correspond with those of any students admitted ...with a grade twelve average below quota requirements of almost 73 per cent".¹⁵²

A 50% success rate in the case of the University of Saskatchewan is a good thing. But it is likely that, had the Aboriginal students been better prepared academically, their retention rate would have been higher. This points to the need for more effective education of Aboriginal people at the secondary school level and even before. University faculty, too, are concerned that the pool of Aboriginal people ready for university is relatively small.¹⁵³

An evaluation carried out by researchers at the University of Manitoba concluded that that university's access program had a success rate of about 40%.¹⁵⁴ That is, 960 of the 2400 (mostly Aboriginal) students admitted to the program over its history graduated with a degree.¹⁵⁵ While this may seem like a low graduation rate, the evaluators concluded that it is not. They wrote: "...this was an unparalleled achievement for programs that were admitting students who did not meet normal entrance requirements".¹⁵⁶ Most encouraging was the fact that graduates had entered a wide range of professions, including engineering, nursing, and social work. As of 1994, 11 of Canada's 51 Aboriginal physicians and five of the country's Aboriginal dentists were University of Manitoba Access Program graduates.¹⁵⁷ The number of medical school graduates is striking, largely due to the fact that this program encourages admission of individuals of Aboriginal.

Even more interesting that this was the evaluator's comparison group; they collected demographic, education, income, and occupational data from 471 random applicants who were not admitted, and, as the reader will note below, did not meet a general profile of those participants who were admitted to the access program. The evaluators compared these data with the same information from program graduates, and generated a profile of the typical study participant. She was aged 25 or less, a single parent, an Indigenous person (First Nations, Métis or Inuit), and spoke English as her first language. She worked at one permanent job where she earned between \$25,000 and \$39,000 annually, and depended heavily upon her communications skills in her work:

*If this woman was accepted into the University of Manitoba Access Program, she is more likely than a non-accepted applicant to have had at least one parent complete a high school credential, and more likely to have finished the undergraduate degree program in which she was enrolled. She is unlike her non-accepted counterpart in that her degree was a necessary qualification for her current job. She has also done more than her non-accepted counterpart to continue to upgrade her skills and qualifications through continuing education programs. She is satisfied with her current job but less so with her income.*¹⁵⁸

Although the response rate to the study (22%) may be considered low by some standards, it was sufficient to allow for preliminary observations. The study found that accepted applicants accepted to the access program had higher post-secondary education completion rates (91 versus 78%).¹⁵⁹ Through this and other findings, the evaluators concluded that access program supports were linked to improved employment opportunities and socioeconomic status.

Of significance in Nunavut, the study specifically refers to “she”; there are no men in the nursing program, with very few who have enrolled or graduated from the Teacher Education Program, very few male graduates in 11 years from the Social Work/Alcohol Drug Counsellor program and one male in the law program. Future efforts must be taken to promote health careers to men in a way that appeals to them.

Most importantly, they also noted that: “While additional support and education have a positive impact upon improving life outcomes, the impact of early and continued disadvantage cannot be overcome entirely by any one element of the social structure”.¹⁶⁰ In other words, it is extremely difficult through targeted educational programming alone to make up for Aboriginal people’s lower socioeconomic status, life chances, and the racism Aboriginal people experience in the labour force and beyond.

Partnership Programs

In recent years there has been a trend towards partnerships between post-secondary institutions and Aboriginal communities and organizations. This happens most frequently between First Nations at the reserve level and colleges or universities. A successful, health-related example is the First Nations Partnership Program at the School of Child and Youth Care, University of Victoria, BC. Since 1989, the Program has been offered in eight different First Nations communities in Western Canada, specifically in Saskatchewan and BC. Despite the program’s name, Métis, Inuit and international communities are also eligible to participate although none have done so as of yet. The program allows students to acquire Early Childhood Education Certification in the two provinces through the Aboriginal Diploma in Child and Youth Care, while studying in their home communities. According to the program evaluation, the following are indicators of success:

- 77% of enrolled (91 of 118) students completed the full two-year program
- 95% of graduates remained in their home communities
- 78% of graduates initiated new programs or staffed existing programs in child and youth care in their community
- 11% continued towards a degree.¹⁶¹

Note that the graduation rate is much higher than national completion rates for Aboriginal post-secondary students, which are 40% or less. “Transformations” also occur in:

- Students’ self concept as a competent learner (4.83 to 8.81 on a nine point scale)
- Students self-concept as an effective leader (4.01 to 6.93)

- Students' self-concept as an effective parent (5.71 to 8.65)
- Clarity of career goals (4.28 to 8.76)
- Job prospects within the community (3.94 to 7.31)
- Pride in cultural identity (6.44 to 8.42).¹⁶²

How does it work? Elders are central to the program. As one graduate explained: "Before this program, we never used our Elders. We thought we were too smart for that! Now we have Elders in every aspect of community life ...And it was what our community members learned from them in this program that got that rolling".¹⁶³ All courses are taught using the Generative Curriculum Model, in which community members contribute cultural knowledge, and the university contributes theories and research in child development and care. Courses have four themes:

- Early childhood care and education
- Communications
- Child and youth development
- Practica in an Aboriginal community.

The Generative Curriculum Model evolved over the life of the partnership program. It responded to First Nations' wish for culturally specific, culturally appropriate education, rather than prevailing 'pan-Indigenous' training programs and cultural 'add-ons' to mainstream curricula. Instead, curricula were developed in each community with Elders' involvement. The end objective is to achieve "a good fit between the attitudes and skills reinforced through the training program and the specific goals, needs, and circumstances of the children and families in their particular cultural community".¹⁶⁴

The evaluation identified the following conditions that enabled the program to develop in a successful manner:

- Partnership relationships
- Community-based delivery
- Student cohort involvement
- Open architecture curriculum
- Intergenerational facilitation of cultural teaching and learning involving Elders.

The evaluation also underscored the need for institutions to be flexible on:

- Program development and delivery
- The definitions of child care and development
- The ways in which communities and institutions can work together to play leading roles in capacity-building initiatives.

An interesting aspect of the program is the fact that courses are built on the premise that "Children may represent the accessible 'common ground' upon which families, communities, and child development experts can support each other in creating a better, stronger, healthier future".¹⁶⁵ In terms of Aboriginal community health, this appears to be a model worth exploring.

From the bands' point of view, it is slightly less expensive to have a student participate in this program than to send him or her out of the community for studies; the average cost per student is between \$4000 and \$5000 per term.¹⁶⁶ For this program, the responsibility for raising all funds is on the community; this constitutes an inordinate financial burden. Funding comes from Human Resources Development Canada and other sources. Communities encountered problems with eligibility criteria since these agencies' definitions of education and training were often narrow. Further, there was little funding available for pre-program involvement and for post-program follow-up, both of which were deemed necessary by the communities and the university. This was the typical allocation of expenditures for the involved communities:

- Instructors (68%)
- Intergenerational facilitation and Elders (14%)
- Liaison (6%)
- Administration (6%)
- Resources (6%).¹⁶⁷

The university's costs were:

- Course materials (50%)
- Administration (25%)
- Liaison (25%).¹⁶⁸

In spite of these challenges, a Web-based master's degree is in development; this will focus on building leadership capacity in early childhood and youth care.¹⁶⁹ In addition, new infant development and special needs courses are being developed with funding from the Vancouver Foundation.

(Note: Information for this program is contained in Listing: Section 1; Section 2 provides information on four videos that explain the program.)

Points to Consider:

- Various methods attempt to increase the recruitment and retention of Aboriginal students to college and university programs
- Waiving admission requirements is not an entirely effective way to deal with the problem
- Sources have recommended that universities establish admission and retention targets for Aboriginal students
- Other Aboriginal support services are often under-funded, absent or specific to an Aboriginal group, and lack uniformity across the country
- Community-based partnership programs may be more successful in recruiting and retaining Aboriginal students
- Such programs require significant resources and institutional flexibility.

SECTION 9

THE NEED FOR OCCUPATIONAL STANDARDS AND ACCREDITATION IN THE PARA-PROFESSIONS

Although again there is a lack of definitive data, anecdotal and observable evidence is that Aboriginal health workers are concentrated in the health para-professions. These occupations include Community Health Representative, Community Service Worker, people employed with the National Native Alcohol and Drug Abuse Program (NNADAP), and others. Training for these occupations is offered by Aboriginal Education Institutes or by Colleges in association with Aboriginal communities. Many prevention and treatment centers are accredited through Aboriginal-specific programs offered by the Canadian Council on Health Services Accreditation (See Listings, Section 1, 4 and 5 for more information).

Para-professional health workers have been important in the development of community health among Aboriginal peoples. According to one researcher involved in evaluation, "Over the past decade NNADAP and other alcohol-related prevention and treatment programs have had a positive influence on reserve".¹⁷⁰

Among the problems faced by para-professionals are issues of occupational standards and accreditation. Occupational standards are necessary for candidate assessment, job classification, description, and remuneration. Occupational standards are also the foundation upon which relevant education and training are based.

While there is standardization in the university-trained health professions (e.g. Medicine, social work, etc.), many of the para-professions lack standardized training. Programs training Native Community Care Workers, Addictions Counselors, and Child and Youth Support Workers, for example, vary from one institution to another and from one province to another.

There are no national occupational standards for some health occupations including non-Aboriginal specific occupations, i.e. psychiatric nursing, social work, nursing and particularly the Aboriginal-oriented para-professions like Community Health Representative (CHR). Since it is Aboriginal-specific, the CHR occupation deserves a close look. The program was established in 1962; in 2000 there are 964 CHRs in Canada.¹⁷¹ In their work, CHRs focus on health promotion, education, and prevention. In some Northern and remote communities, they carry out clinical assessments, some treatment services, and emergency care. Their duties vary from region to region. The Royal Commission on Aboriginal Peoples described the CHR program as "one of the most successful programs involving Aboriginal people in promoting their own health".¹⁷² Yet in recent years the occupation has changed due to a range of factors including the increasing demands being placed on CHRs, a wish on their part for greater career mobility, and problems associated with the lack of liability insurance, especially for those CHRs doing assessments and giving treatment. The National Indian and Inuit Community Health Representatives Organization (NIICHO) noted almost 20 years ago that CHRs were demanding recognition for their training.¹⁷³

CHRs may receive accredited training at one of 14 institutions in Canada. Varying certificate or diploma programs are offered in Newfoundland and Labrador, Quebec, Ontario, Manitoba, Alberta, British Columbia, and the three territories. In Newfoundland and Labrador, for example, CHR training is received through agreements between Aboriginal communities and the College of the North Atlantic. In addition, the James Bay Cree provide non-accredited training. There are no accredited training programs in the Maritime provinces or Saskatchewan; thus, the availability of training varies considerably across the country.

Further, CHR training varies from one institution to another. Manitoba's Yellowquill College has a two-year Community Health and Human Services for addictions counselors as well as CHRs. A shorter program, of one year, is offered by the Saskatchewan Indian Institute of Technology; this is for CHRs only. Mohawk College in Ontario has a two-year program – Native Community Care-Counseling and Development – that combines distance and in-class instruction. This program, and a similar one at Confederation College in Thunder Bay, is for CHRs as well as other health workers and employment counselors. A brief overview of these programs raises the question of whether CHR-specific training would be most appropriate and effective. It also reveals that the training for Aboriginal mental health and addictions workers is not standard, either.

NIICHO also offers training workshops on current health issues, such as HIV/Aids, diabetes, etc. But some CHRs have no institutional training at all. Thus CHRs across the country have a range of skill levels. There is no accreditation board for their occupation. The Royal Commission on Aboriginal Peoples said that improved training for CHRs would improve the health status of First Nations and Inuit peoples through more effective assessment, treatment services, and emergency care in communities where these are included in the CHR's duties.

Points to Consider:

- Some Aboriginal-specific para-professions, such as CHR, have benefited Aboriginal community health
- Aboriginal para-professionals have articulated their desire for nationally standardized training and accreditation including non-Aboriginal specific occupations, i.e. psychiatric nursing, social work and nursing.

SECTION 10

Identification of Programming Gaps

While many health education programs have initiatives to recruit Aboriginal people, many others do not. There are education or training programs with Aboriginal initiatives (content, designated seats, etc.) for the following health professions and para-professions in one or more Canadian institutions, (refer to NAHO Listing of Aboriginal Health Careers, Education and Training Opportunities), including:

Administrative:

- Health Service Administrator

Para-Professions:

- Community Health Representative
- Counselor
- Home Health Aide/Personal Support Worker.

Health Professions:

- Chiropractor
- Dentists (and related occupations)
- Nursing (and related occupations)
- Occupational Therapist
- Pharmacist
- Physical Therapist or Physiotherapist
- Physician
- Social Worker (and related occupations)
- Psychiatric Nurse.

In the case of Social Work, there is a range of programs with Aboriginal initiatives in many parts of the country. This situation is rare, however; there are few such programs for most of the professions and para-professions listed above. In addition, programs tend to be concentrated in Western Canada and, to a lesser extent, Ontario. There are very few programs with Aboriginal initiatives in Quebec, the Maritimes, and Newfoundland and Labrador. Opportunities for Aboriginal people in the Territories are also limited.

Post-secondary education institutions in Canada offer no Aboriginal education or training initiatives for the following professions and para-professions:

Administrative Professions:

- Health Records Technician
- Medical Transcriptionist

Health Para-professions:

- Emergency Medical Technician
- Massage Therapist
- Ophthalmic Dispenser

Health Professions:

- Environmental Health Officer (Public Health Inspector)
- Naturopath
- Occupational Health and Safety Inspector
- Optometrist
- Prosthetist and Orthotist
- Psychologist

- Speech Therapist.

Technical Health Professions:

- Radiation Therapist
- Respiratory Therapist
- Cardiology Technologist
- Medical X-Ray Technologist
- Diagnostic Medical Sonographer (Ultrasound Technologist)
- Electroneurophysiology (EEG) Technologist
- Medical Laboratory Technologist
- Dietary Technologist
- Telehealth Coordinator.

(See Appendices for a description of each profession and para-profession)

Potential next steps for NAHO's Object 4 Working Group

- Examine potential for anti-racism curricula as part of the education of all health professionals
- Collaborate with government agencies to prioritize Aboriginal education, including First Nations and Inuit as well as Métis, off-reserve and non-status Aboriginal people, given its position as the lead determinant of health
- Examine the potential to replicate programs like BC's Aboriginal Education Enhancements in other provinces and territories, with adaptations as necessary to address the needs of the Métis and Inuit
- Collaborate with universities and colleges to make their programs more accessible to all Aboriginal people, including the Métis and Inuit
- In collaboration with universities and colleges, encourage institutions to involve Aboriginal communities and organizations in the design and development of Aboriginal curriculum
- Support the development of transition or access years and for Aboriginal peoples, including the Métis and Inuit, as part of every college and university mandate in Canada
- Transfer knowledge concerning scholarships and bursaries to Aboriginal students, including the Métis and Inuit, to help address financial barriers and obstacles.

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