Summary Report on the Aboriginal Health Human Resources Initiative (AHHRI) Knowledge Exchange (KE) Workshop – QWQHC Summit
March 18th, 2008

Aboriginal Health Human Resources Initiative

Canadian Health Services Research **Foundation**
Fondation canadienne de la recherche sur les services de santé

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1. Executive Summary

The Aboriginal Health Human Resources Initiative (AHHRI) jointly with the Quality Worklife – Quality Health Care Collaborative (QWQHC) and the Canadian Health Services Research Foundation (CHSRF) collaborated to offer the first Aboriginal Knowledge Exchange Workshop as part of the QWQHC Summit.

The intent of this Summit was to provide an opportunity for participants to dialogue and share success strategies and implementation examples of quality worklife and healthy workplaces in Aboriginal communities and to explore the interest and need for a network to promote and foster quality worklife and healthy workplaces in Aboriginal communities. These goals were reinforced in the opening comments of the workshop.

The QWQHC 2006 report's key concept: "a fundamental way to better healthcare is through healthier healthcare workplaces" helped to set the focus for the workshop. The same report's key components formed the basis for the discussions:

- Setting priorities & putting in place appropriate performance expectations and accountability practices
- Measure and report on standard indicators
- Implement strategies to improve and evaluate initiatives
- Build good internal and external knowledge exchange to continue to share, learn and improve

It was noted that the starting point for the Summit was to create a venue for sharing knowledge and to discuss priority action items and implementation strategies for next steps to this meeting.

Other key points that provided context for the discussion throughout the day were listed as:

- Recognize that everyone is at different places in development and/or implementation
- Recognize that we need a starting point and need to strategize
- Recognize that this is the first event partnering with AHHRI and QWQHC and that we will all learn from each other – being part of growth is always exciting

The agenda featured three elements for consideration: Recruitment and Retention; Accreditation and Quality Worklife; and Career Pathing.

The workshop discussions led to these recommendations for Next Steps: To provide participants with the opportunity to identify actions that they deem a priority in relation to quality worklife in Aboriginal health care settings; increased usage of technology to network and share information; ongoing meetings of the same kind but longer to allow more meaningful discussion and networking; conduct inventories of current skills and infrastructures; inspire youth to gain education and graduate more students in health care.

2. Overview of Meeting

Welcome & Introductions

Simon Brascoupe started the Summit with an opening prayer and gave thanks for the surroundings and for the opportunity to join together to discuss the topic of the day, Quality Worklife and Quality Health Care in Aboriginal communities.

Mireille Baril, Senior Officer,AHHRI First Nations and Inuit Health Branch (FNIHB) Health Canada, provided a brief introduction on the AHHRI and its intended objectives. She spoke about the link between AHHRI's objectives with QWQHC namely, conditions for greater retention, cultural competency and core competencies.

Melissa Barton, Coordinating Secretariat for the Quality Worklife quality Health Care Collaborative, provided a brief description of the Collaborative and referenced the background work that has taken place. This included the QWQHC 2006 report, *Within Our Grasp* which highlights the need to network, share information and address the issue of quality health care environments.

Wendy Johnson, Vice President of Bell & Bernard Limited (BBL), facilitated the meeting and provided an overview of the day including; a walk through of the agenda, identification of the goal, anticipated outcomes and presentation topics, including – retention and recruitment, accreditation and quality worklife and career pathing.

All participants were asked to introduce themselves and identify where they were from – community and/or organization.

It was stressed that the meeting was an informal gathering and that participants were encouraged to dialogue and ask questions, as they owned the day. The opportunity to change or modify the agenda was given but no requests were made.

The following key points framed the format for discussion and urged participation:

- The starting point for the Summit is a "Knowledge Exchange Framework" but participants could identify a plan to work toward priority action items and implementation strategies for next steps to this meeting.

- Recognize that everyone is at different places in development and/or implementation and everyone should be respectful of this.
- Recognize that we need a starting point and need to strategize to get to the end goal.
- Recognize that this is the first event partnering with AHHRI and QWQHC and that all will learn from each other.
- Being part of growth is always exciting and it should be embraced.

Plenary Session – Recruitment & Retention

Victoria Gubbles, Director of the Aboriginal Employment Development Branch, Ministry of First Nations and Metis Relations, Government of Saskatchewan, spoke about the "supply and demand" side of the health care industry in terms of needing skilled and qualified health care professionals to meet the skills shortage gaps. She emphasized that recruitment and retention of Aboriginal health care professionals is not just about numbers and collecting statistics for quantity of people, but that there has to be proportionate equity in all levels of the industry – entry level to senior management levels.

Recruitment and retention is about knowing where to find skilled Aboriginal people, how to keep Aboriginal people in the industry and creating and ensuring an environment that is attractive and accessible to Aboriginal people. The health care settings and institutions need to be willing to grow and be amenable to accepting and grasping diversity.

Other key points presented were that approaches had to be innovative and creative without lowering standards, that collaboration with partners and client groups is vital, that the strategies undertaken must be recognized and invested in as long-term and not short-term - there is no "quick fix".

Her underlying message was to focus on solutions for effective change.

Plenary Session – Accreditation & Worklife

Carol Hopkins is the Executive Director of the Nimkee NupiGawagan Healing Centre and A/Executive Director of the National Native Addictions Partnership Foundation. Carol Hopkins presented on what accreditation standards are and how they pertain to quality health care. The standards are essentially the frame and pillars of the structure and may include policy, governance, practice, protocol, process, language and leadership. The standards then further define the quality work environment as culture, open communication, decision-making, learning environment, work and job design, supportive physical work and environment.

These components drive work satisfaction, client outcomes, engagement, productivity and relationships. Well-being is an all encompassing term used to describe a healthy work environment and employee satisfaction and is driven largely in part, by the quality of leadership within an organization. Leadership is key as there ought to be a willingness of the organization to adapt to change as it relates to diversity and to growth. There is a challenge for senior management to achieve high communication levels in order to pull out strengths of staff, key in on asset versus weakness, encourage training and professional development and focus on being proactive versus reactive. Organizational culture was discussed and that is begins with having an understanding of employee engagement.

If you communicate with employees in a true sense and draw input to build and support strong confident staff, you will create a positive environment for a quality health care team. If you do not strive for this level of interaction and integrity with staff moral and motivation, you will have an unhealthy and unhappy workplace with high levels of sick leave, stress leave and staff conflict. Increased staff satisfaction will create positive outcomes with increased productivity.

Rosemary Williams, Nurse Manager, Community Health Program at the Walpole Island First Nation Health Centre presented a working example of a successful quality workplace program currently underway at the Walpole Island Health Centre. The *Workplace Wellness Program 2008-2010* started in 2002 and was a result of commitment by the Community Health Program to create a safe, healthy, and positive work environment.

The program foundation is based on opportunities for learning and growing, feeling safe and supported in the workplace and respect, acknowledgement and appreciation and is linked to the Walpole Island First Nation Health Mission and to the First Nation Health Accreditation Standards.

There are seven key components including

- Workplace Wellness program review & planning meetings
- Artistic expression workshops
- Diversity awareness & appreciation workshops
- Staff communication & appreciation activities
- Personal/professional development
- Team performance & motivation support
- Linkage & partnership building

Each component has an objective with relative program activities and program evaluation to measure the successful implementation and outcome of the objective.

Networking Lunch with Healthy Workplace Initiative

Dr. Martin Shain, founder and principal of the Neighbour at Work Centre, an organization that focuses on workplace health and well-being, presented the lunchtime keynote address.

The lunchtime session provided an opportunity for both participants of the AHHRI Summit and QWQHC Forum to hear Dr. Shain and to network. Dr. Shain spoke about "*To work and be well*" and addressed the foundations of a healthy, effective workplace which ultimately correlate to the quality of relationships. The presentation delved into the three imperatives of healthy, effective relationships at work which were identified as; awareness, understanding and carefulness.

Plenary Session – Career Pathing

Lori Petruskevich, Career Pathing Consultant who specializes in the methods for recognizing prior learning though holistic portfolio development presented on a career pathing initiative currently underway with the Northern Inter-Tribal Health Authority. The Northern Saskatchewan First Nations Approach called "Learning the Dance of Partnerships" is a case study that examines how to deal with conflicting perspectives and world views of progress.

The information included lessons learned when overcoming or dealing with barriers relating to varying perspectives and interpretations and

conflict, when dealing with partnerships and relationships. The lessons learned include:

- Acknowledge the reality of your partner
- Respect differences
- Build trust
- Setbacks are learning experiences
- Be prepared to change dance tunes (adapt and modify)

Key elements of career pathing were discussed and included: collaboration, developing partnerships, respecting differences and individualized programming tailored to the needs in the community and to individuals.

It was noted that Prior Learning Assessment (PLA) is a unique tool that is currently under utilized in First Nation communities and across the country. PLA examines life experiences and application of learned knowledge and transfer the knowledge to academic measurements or qualifications. PLA is a method of weighing an individuals experiences and could potentially open doors to guide how one can achieve higher goals or how they are already meeting them. PLA needs to expanded and used to increase recruitment of Aboriginal youth in health care and to encourage more study in this industry.

Plenary Session – Next Steps: Vision for the Future

The plenary session was used to summarize the small group discussions that took place during the day. Each small group was tasked with creating two priorities from each topic discussed (three in total) to identify where they deem action is most needed. Small groups were also asked to identify one recommendation that they would like to put forward as a necessary next step to moving ahead with improving quality worklife in health care environments.

Participants were asked to concentrate or focus on what is achievable and do-able, keeping in mind that funding is always a given issue. The notion of going beyond funding and listing a recommendation that could be accomplished without a large output of finances was suggested for consideration.

The groups were given a short period of time to deliberate and report back to the large group. The sphere graph depicts the separate topics and how there is a need to link them together in one complete circle. The priorities and recommendations are listed and charted below.

2.6.1 Developing a Network to Share Information "Putting the Pieces Together"

2.6.2 Priorities Identified from Small Groups – 1, 2 & 3

Topic	Group 1	Group 2	Group 3
Recruitment & Retention	▪ Developing a recruitment and retention strategy that: is First Nation driven, culturally relevant, and is inclusive of cultural curriculum for K to post-secondary ▪ Externally and internally compliment each other to remove the competition for capital & resources by establishing healthy relationships with all stakeholders	▪ National dialogue re: K – 12 Education is needed. There is also a need for transitional programming. ▪ Retention & Education re: cultural	▪ Mentorship – create mentorship opportunities inside & outside the community including opportunities with FN/I/Metis ▪ Research Indicators – Develop and Monitor of meaningful indicators that inform staff satisfaction, retention, and HWP (In General) + ACT
Accreditation & Quality Worklife	▪ Commitment to an honest self-evaluation ▪ Recognizing the small things & commitment to effective team	▪ Increase capacity (human & $). ▪ Supportive Process (Mentoring, Networking) & relaunch of Carol's Video ▪ Creating psychologically	▪ Foster and Promote Healthy workplaces relationships through awareness • Same as R&R point 2

	building strategies that is in alignment with cultural values	safe workplace & understanding where any myths around Aboriginal people have been created	
Career Pathing	▪ A (w)holistic approach to recognize formal and experiential learning ▪ Commitment to a long term process	▪ Broad HR Plan – you need to align the individual needs with the employer needs, you have to be flexible with career pathing, but you need to incorporate into a bigger plan. At the local level. ▪ Develop a Network (Supportive). You need a plan and it informs everything you are doing around HR. It informs your past, present and the future. It contributes positively in every way possible.	▪ Take a holistic flexible approach to career pathing ▪ Establish partnerships with EDU, Health, other communities, employers that respect differences & celebrate commonalities

2.6.3 Recommendations for Next Steps

1. Focus on electronic methods to continue the communication: facebook, listserve, e-newsletter, emails, webpage, message board. Important to establish a database and centralize the information to present to stakeholders. Another possibility is another forum but longer to allow more time for discussion. Build links between various groups and stakeholders.

2. A meeting next year would be very valuable, we could hear from speakers with new projects, but also see where the initial projects (from today) are. We need to share information, and to circulate a participant list.

3. Report, finding tools, website (central communication tool), share & exchange info, calendar of events, other forums that drills/focus on another particular subject, action, and opportunities longer term – progress/connections + steps.

4. We should do a national inventory of the infrastructure in communities. We want to work in quality workplaces. There is a gap – we don't have the working space.

5. Need resources for organizations to publish their best practices

6. Lobby for the renewal the AHHRI funding

7. Determine where we are today (human skills)

8. Graduate more kids out of school with an interest in health

9. Back in communities – work to find role models and stories that will inspire youth to gain an education in health care.

Summary & Wrap Up

The facilitator congratulated the participants on the success of the day and thanked everyone for attending the Summit. It was acknowledged that everyone has vast responsibilities in their day-to-day functions and were applauded for taking the time away from their schedules to attend this meeting.

The meeting was first of its kind. The volumes of information shared and recommendations made will assist the organizers in advancing the agenda of AHHRI and Quality Worklife in Aboriginal Communities. The knowledge exchange will assist in determining how best to move forward in the future. It was also clear from the discussions that more input is needed from communities and other organizations.

Thanks were expressed to the partners who helped organize and fund the Summit; the Canadian Health Services Research Foundation, the Quality Worklife Quality Health Care Collaborative and Health Canada – First Nations and Inuit Health Branch – Aboriginal Health Human Resources Initiative.

All participants were asked to complete their evaluation forms and in exchange, each person received a ticket for eligibility for a draw and prize. This exercise was well received by the group and resulted in obtaining approximately 98% completed evaluation forms.

Simon Brascoupe closed the meeting with a prayer and wished everyone safe journeys home.

A reception hosted by the Canadian Health Services Research Foundation took place right after the meeting and allowed for participants for AHHRI meeting, the Healthy Wokrplace Initiative meeting and the QWQHC Summit to network and learn more about each other’s work.

3. Summary of Discussion - Small Group Sessions

At the end of each plenary guest presentation, participants were asked to break into small groups to discuss the topic presented and frame their thoughts into three sections:

1. What Works
2. Challenges
3. Solutions

Recruitment and Retention

Group One

What Works

- In Alberta – they have focused on community buy-in
- First Nation driven
- They need sufficient and sustained funding
- One group has found and mentored people in high school, the community now has 4 physcians and a pharmacist
- Developing partnerships with neighbouring educational institutions
- Mentors from the community
- Benefits package for retention
- Take on students – First Nation nursing students and take the time to mentor
- To mentor – need a strong commitment from local professionals
- One community had a formal mentoring program for nurses that was funded by the band
- One community helped put nurses through school and none of them have left their community
- Home grown strategies
- Be competitive with benefits/salary and other non-monetary things
- Good housing – outreach services for professionals and brings talent to community

Challenges

- Finding Mentors
- Poor Housing
- Sufficient Funding
- Infrastructure Issues/Water/basics
- Job security/No Unions/Job Safetey
- Travel Distances to and from work
- Health professional shortage, especially Aboriginal
- Generation gap – what do kids need to graduate more?

- In Quebec, language issues as students train in English and then to work in QC have to take a French exam.
- In the Artic, other languages are a major problem with Inuit. Also, most of the devices and books don't have native languages
- Awareness of health careers & how to get those careers/education (need to access them young)
- Belief that the resources will be there – they have to believe the infrastructure is going to be there
- Stigma of leaving community
- Cultural element/sensitivity issues/vision
- No cultural curriculum
- Post-secondary don't offer programs with cultural programming
- Educators need to understand the face of the students
- Staff who are FN – role models like teachers & PhD's.
- Historical negative relationship with Education, non-involved parents
- Limited valuation of experience over forma education
- Role for elders

Solutions

- better graduation rates
- more involvement from parents – involvement in choosing academic paths
- involving traditional healers w/community experience
- develop curriculum that is culturally sensitive – infuse and connect it to cultural components such as math to describe the building of a tipi
- more First Nation teachers
- send mentors to universities and schools to champion the profession (and teach them how to mentor)
- chief and council to encourage individual students – they should be friendly and involved
- more government support
- financial – walk the talk
- long term commitment
- real leadership – show it!
- All health services education programs should be available locally
- An Assistant Deputy Minister that is First Nation
- Career Pathing/Awareness – create bridges & support
- Change the language of job descriptions
- We need a Federal review
- Establish linkages with the community, First Nation organizations
- Why is AHHRI going through a political organization?
- First Nations compete with each other for money – we should de-politicize money & collaborate

- Clear and overarching plan on a larger strategy for health care systems
- Process supported by communities
- Identify those in the community with talent
- Identify and champion role models
- Improved professional development in organizations

Group 2

What Works

- Make quality of workplace a *strategic priority*
- Success of organization depends on quality of workplace
- Create innovative solutions that are not money-based for recruitment
- Native Access type partnerships for field/clinical placements
- Eliminating silos/isolation and sharing information
- Having consequences or recognition for those organizations that provide a healthy workplace
- Having positive role models ("Champion Role Models"). For example, "Seeds of Success" Radio; local role models in communities
- Partnernships for Recruitment Strategy (5 year strategy)

Challenges

- When quality of worklife in organizations is not a strategic priority
- K-12: need to address math and sciences gaps for graduation youth (precursor to health studies)
- Wage disparities (community v. FNIHB; Fed v. Prov) (lack of consistency from region to region)
- Recognition (or lack of) of skills
- Training (or lack of) for unregulated health workers
- Providing access to healthcare 24/7
- Recognition by "employer" of diversity of worker

Solutions

- Community ensuring link with nurse in nursing station
- Ensure support/relief for nurse providing services
- Flexibility
- HR strategic plan in collaboration with partners (Bands)
- Cooperative model – UK
- Partner with Tribal Councils for financial security
- Prepare workplace for understanding (culture and attitudes) cultural competencies; cultural diversity; holistic approach

Group 3

What Works

- Multi-disciplinary team (nursing station; health centre; homecare): motivation
- Good support system
- Reputation HW Place
- Genuine desire to work in the community
- Cultural language connection
- Body language/facial expressions
- Right tools and proper training to do the work
- Reaching out and establishing connection
- Community involvement
- Sense of belonging – Part of the team
- Mentorship programs inside/outside community
- Notion of respect
- Know (everyone) by first name basis
- Communication
- Encouraging and supporting creativity – sense of autonomy
- Research: indicators employers should be monitoring on Retention and in the workplace

Challenges

- Hierarchy; Power; Income status
- Diversity among workers: age, personal development, life experience, education, background, cultural background
- Substandard working conditions
- No working conditions
- Dissatisfaction of wage levels and dealing with current funding level
- Geography
- Motivation in the work
- Dealing with public/private demands
- Feel helpless about issues in Aboriginal community; feel overwhelmed about problems/issues
- Work outside scope of practice and knowledge
- Volume of work and demand (load per employee = overwhelming)
- Lack of qualified professionals in the communities
- Leaders are too busy
- Too many identified needs and challenges (not knowing where to start)
- Long-term initiative/goals
- "Band Aid Solution" on quick fixes
- Staff turnover impact at all levels
- Access to resources/Lack of resources – geography

Solutions
- Good orientation and integration program
- Good knowledge about the culture and community working with
- Involvement of patients and community
- More communication in rural areas
- Communication sessions within team and within team and with multidisciplinary team
- Curriculum in PSE: cultural competency and Aboriginal students – diversity in communities
- Training support – Maintain current knowledge and skills: Requirements; Revising job descriptions; Reviewing wage levels
- Establish good partnership with different health sectors/organizations: PSE: work/practicums; Balance
- Mentorship – traditional medicine; youth and Elder/Medicine person
- Evidence-based knowledge skills – culture
- Qualification in the community
- Quality knowledge and skills
- Rural recruiting – Housing
- Office space
- Health professional to do networking
- Internet – setting up networking program outside community (blog)
- Measure success, evidence

Accreditation and Quality Worklife

Group 1

What Works
- Building team retreats
- Celebrations – monthly events
- Building morale
- Recognition – carefully done – years of service
- Training/professional development
- Different categories to recognize different traits

Challenges
- Saboteurs
- Workload – remember to have fun
- Even workloads among staff – communication, helping out, and do so in a non-threatening way
- Communal responsibility
- Right provider/right time
- Capacity – overall it is insufficient

- Staff questioning why they had an event – not understanding the value of quality worklife
- Exhaustion from the basics of work – driving in to work
- Flexible times
- Expectations even when you're not "on call"
- Prevention vs. Crisis (different in North versus South)
- Some people only want to see one particular nurse
- No infrastructure to support workers – setup poorly not based on best practices
- Chief & council are they onboard
- Self-care, dealing with addictions
- Lack of training, lack of manpower, no replacement staff
- Poor workspace, equipment that works, basic infrastructure
- Balancing work/home
- Can't take vacation
- Process too heavily involved with chief & council
- No Human Resources System (fair & equal)
- Support people – or they don't fully actualize
- Community working together

Solutions
- Develop a Human Resources Strategy
- Recognition – overachievers vs. those who focus on their core job – preventing resentment and providing equal opportunity to shine
- Women/men = equal pay
- Overachievement = burn out?
- Not to focus entirely on overall achievement but task orientated recognition
- Addressing concerns
- Encouragement of home/work balance – it can be a liability
- Incentive based sick days – but first need to address the underlying burnout issues
- Treating people equal partners
- Define healthy relationships interoffice
- Team building exercises – should be mandatory
- Staff retreats
- Recognizing the small things
- Creative ideas
- Events/holidays
- All go to lunch together – and can't talk about work
- Regular staff meetings/communication book
- Regular debriefings
- Build an awareness of strengths, diversity, skills

Group 2

What Works
- Promote values, mission values (display organization values and revisit continuously)
- Workplaces are now competing for staff (must be responsive to needs)
- Communicate, share, gather input form clients and community
- Accreditation
- Dedicated effort (strategic plan and funding)
- Identify issues
- Link indicators and create solutions
- Involved leadership and partners
- Networking for QI
- Key decisions should include all pillars including staff/workplace, money, community, clients, staff

Challenges
- Structural barriers: funding; wage parity
- "Putting Lipstick on a Pig" (see Larry S. for story)
- Lack of role/job clarity and links to organizations mission (for example, Nurse in Charge job description)
- Renewal of AHHRI
- Consequences

Solutions
- Awareness that: Quality Workplace – Engaged Staff – Productivity – Client Satisfaction – Credibility of Organizations
- Recognition
- Step back and look at where you were and how far you've traveled
- Big or small are important

Group 3

What Works
- Staff appreciation
- Staff involvement and consultation – actions to be taken; sense of ownership
- Exit Interview – why leave?
- Open door policy with management and staff (two way relationship)
- Constructive feedback
- Growth opportunities
- Inform staff of organization evolution, development, history
- Management open to creating Quality Workplace
- Live what you preach

- Leadership is everyone's responsibility
- Leadership skills for everyone
- Reflect mission and goals (why? what?)
- Provide support resources to frontline staff and management
    - Employee system program
    - Support services to sustain workers (traditional healing)
- Values: personal and organization to be explained
- Staff retreat – working styles and learning styles
- Standard and continuity in the work
- Personal style profile
- Encourage innovation by celebrating failure (learning experience) and new projects

Challenges

- Fear
- Lack of communication; support; resources
- Readiness to change
- Trust
- Management involvement
- Management don't always communicate/consult/plan with staff
- Bridging program/gap
- Crash course on culture, environment, geography, transition, adaptation
- Ingrained behavior pattern
- Not following protocol and policy
- Accountability
- Evaluation: Management – Staff; Staff – Management
- Leadership skills (mindgarden.com) (staff management partners outside organization)
- Management burnout (middle management; senior management)
- Recognize limits
- Generation differences
- Turnover in workforce
- Loyalty

Solutions

- Assessing problem
- What you believe in? What you stand for? What are your biases? Act!
- Emotional intelligence (staff, management, policies, curriculum)
- Performance evaluation
- Relationship: staff – management (work together)
- Personnel Policy reviewed every year
- "Speak up corner" revised by management
- Collaborative development of work plans
- Job description

- Accountability
- Staff create list of work objectives and share with management
- Learning to build on strengths of each age group
- Staff satisfaction surveys
- Help/Peer mentoring program in workplace; encouragement and motivation
- Clear mandate and expectations
- Clear indicators for monitoring QWL (sicktime, staff turnover rate, staff satisfaction rate)
- Incentives
- Research based information
- Organization life cycle (understand) – evolution and innovation
- Balance
- Empowering of people
- "small talks" over lunch

Career Pathing

Group 1

What Works
- Prior Learning Assessment
- Approach the community in a respectful way
- Starting from the community
- Match the needs
- Some communities are not ready – how do they get ready
- Pathing, listening
- From the heart – sincerity and supports
- Role models
- Awareness of expectations – a good fit/mentor
- Setting realistic obtainable goals
- Value experience
- Stigma of need for formal education
- Telling a story – helps inform people that they're not alone
- Communication with community

Challenges
- high turnover
- consistency
- maintain the drive as it is a long process
- political instability
- building trust with partners for a long process
- community buy in
- history & current events means that they don't trust government to help

- lack of government support and no accountability
- overworked, capacity & more work for long term payoff
- support for partners
- fear of "cherry picking" from other groups and government
- fair enumeration after professional development

Solutions

- Improving Corporate Memory – effective transfer of skill memory
- Overall – making a policy
- Independent of government & council
- Orientation & awareness for new organization stakeholders
- Not top down, employees own this, involved in whole process
- Communities identify health care needs in terms of HR – what is there now and what is needed
- Value communities for their differences; no compassion/competition
- Strength based approach, work from where we're at, not better or worse, just different
- Foundation of prior learning, recognizing it – bridges so employer can recognize it
- Elders "keepers of knowledge"
- To facilitate this healing process
- Elders doing their own portfolios for knowledge
- Work with education system in our area and with the communities, accountability to address why our children not completely H.S.
- Make training opportunities available within the community
- Get appropriate training for when they hit obstacles eg. Need to understand crystal meth use by the grandkids & how to deal with behaviours
- Support leadership to allow them to leader – provide training in leadership
- Government sensitivity in timelines – 5 years isn't long enough
- Limited by treasury board – extend these
- Core funding for Human Resources training
- Support Human Resources framework with sustainable funding

Group 2

What Works

- Partnering with communities, organizations, First Nation Colleges and Educational Institutions
- Key areas: align employer's needs to needs of individuals; asset mapping and competencies; competency driven job description; holistic approach; employer support/mentoring
- Celebrate secondments, movement
- Positive retention strategy

- Partnership between employer and employee
- Allows for talent inventory
- Succession planning
- Good HR model

Challenges
- Keeping the balance re employers who want to move and those who want to stay
- Entry certificates
- Educational/Training Institutes (Bridging programs)
- Engagement by organization; governance; community
- Hierarchical perception (career laddering)
- Keeping the balance between community, organization and individual needs
- Risk – empty communities of skills, expertise

Solutions
- RPL process (recognition of skills)
- Flexibility
- Awareness Building
- Developing a model of career pathing based on needs
- Key principles (flexibility)
- Documentation of individual's skills, training, etc. Very positive.
- Creating Career Pathing Advisor position
- Start awareness and education at an early age
- Expectation of increased money for higher education
- Balance

Group 3

What Works
- Start from where you are at and not where you want to be (present and future)
- Common challenges
- Strategies and solutions: Unique
- Need of community and organization
- PLA (Prior Learning Assessment)
- Partnership: Education (PSE/schools); Health org; Chief & Council
- Roles (different roles)
- Flexibility and non-judgment
- Portfolio: individual – community
- Learning from others
- Holistic approach

Challenges

- Maths and science – teachers confident (teacher training; competence in classroom; PSE; curriculum)
- Promote education in communities and families (educated role models; not leaving communities)
- Training on the job
- Understanding why – Impact of residential school on parents and grandparents
- Education system which matches community and its reality
- Community-based program (college; PSE Program on reserve)
- Bridging programs of all learners (more accessible in community)
- Flexibility
- Family, kids, responsibilities
- Culture change
- Support
- Awareness
- Retain kids in school

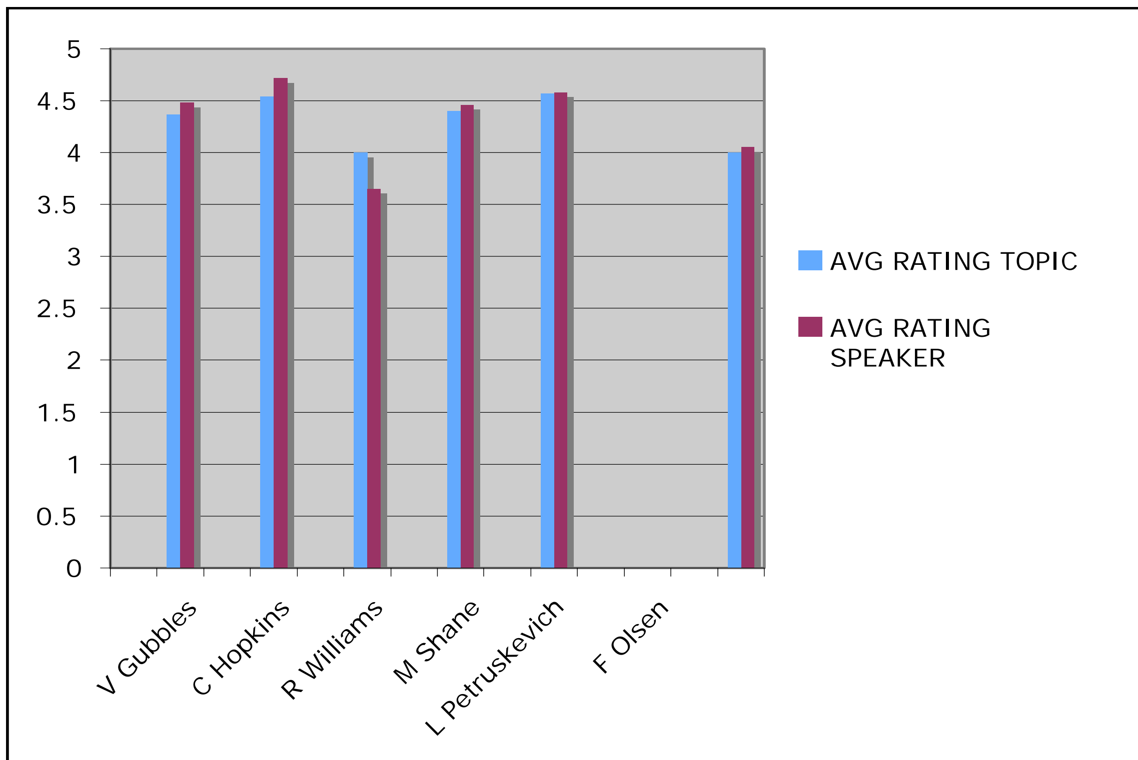
Solutions

- Linking education with employment (training program)
- Strategic
- Raising awareness on education
- Online program from other countries (partnership with sister institution)
- Flexible education hours/courses to accommodate students
- Incentives for teachers and kids
- Cultural competency for future teachers in education program
- Educate employers (chief of council) to be flexible
- Employer willing to send staff on training – cultural competency
- Holistic approach
- Population health perspective
- Infrastructure
- Recognition of the challenges
- Health and education working together
- Education relevant and accessibility
- Health professionals inside and outside the community to educate the population – help educate others
- Decrease stigma
- Allocations (INAC) to be increased
- Funding process

4. Evaluation Summary

Evaluation Form – *where ratings were applied they went from 1-5:*
N/A- Did not attend 1-Very Poor 2-Poor 3-Fair 4-Good 5-Very Good

PLENARY SESSIONS	AVERAGE RATING for TOPIC	AVERAGE RATING FOR SPEAKER
Recruitment and Retention ***Victoria Gubbels***	**4.37**	**4.48**
Accreditation and Quality Worklife ***Carol Hopkins***	**4.54**	**4.72**
Accreditation and Quality Worklife ***Rosemary Williams***	**4**	**3.65**
Networking Lunch with Healthy Workplace Initiative ***Martin Shain***	**4.4**	**4.46**
Career Pathing ***Lori Petruskevich***	**4.57**	**4.58**
Career Pathing ***Frieda Olson***		
Developing a network to share information – Next Steps: Vision for the Future	**4**	**4.05**



Please provide any additional comments regarding the plenary sessions at the conference:

Overall the comments were good but there was strong messaging that the Summit needed to be longer in duration. Participants generally like the topic, speakers and thought they were well prepared. There was however a view that there was over reliance on power point presentations.

Participants would have liked to have been given the paper copies of the presentations in order to make notes on the discussion as take back to the community.

Generally it was felt that expectations were met and it was a very good beginning.

Goals of the day: *to share and promote practices leading to quality worklife and healthy workplaces in Aboriginal healthcare settings from across the country; and, to develop a network to continue to share knowledge and experiences with respect to quality worklife.*
Do you feel this event was effective in achieving its objective?
Rating was Yes & No but people made other comments
Comments:

Participants thought there were a good variety of presentations; that they were relevant and thought it was very helpful to hear what other regions and communities are doing.

Some wanted to hear more information on a direct connection and purpose to AHHRI and recommended that there be more representation from the regional, national and community organizations.

Participants thought that many main concerns were acknowledged and that the agenda should continue and do more.

Did you enjoy this event? YES – 100%
Comments:

Participants learned from the presentations, thought they very informative, enjoyed meeting new people and sharing information. They found that others are experiencing the same difficult challenges and as a result of the Summit, were taking home helpful information and ideas.

There was some concern that the session was a little too rushed as great presentations were too rushed and/or information was skipped.

Did you find this event of value? YES – 100%
Comments:

It was unanimous that that knowledge exchange is always valuable and that it's important to share who is doing what in order to borrow and adapt what is already working. People thought it was helpful to see and speak with key players in AHHRI.

It was noted that there are so many issues and so little time.

Would you attend another event like this? YES – 100%
Comments:

Once again, it was a unanimous decision that participants would absolutely attend other events like this and in fact, it should be taken to other locations. With the current environment in health care it's extremely important to keep dialogue going.

Which topics/themes would you like to see incorporated at our next event?

Participants viewed the three topics presented at the Summit as key areas in health and that work should continue in these subject areas. They did feel that they would like to see more information on the following:

- More community level projects/ideas
- Identify key elements to "best practices" "healthy workplaces" eg. ideal infrastructure required to house a health team
- Sharing actual best practices
- How to begin Evaluation process
- HR Framework
- More concrete strategies
- Emotional intelligence, legal aspects of HR and cultural safety

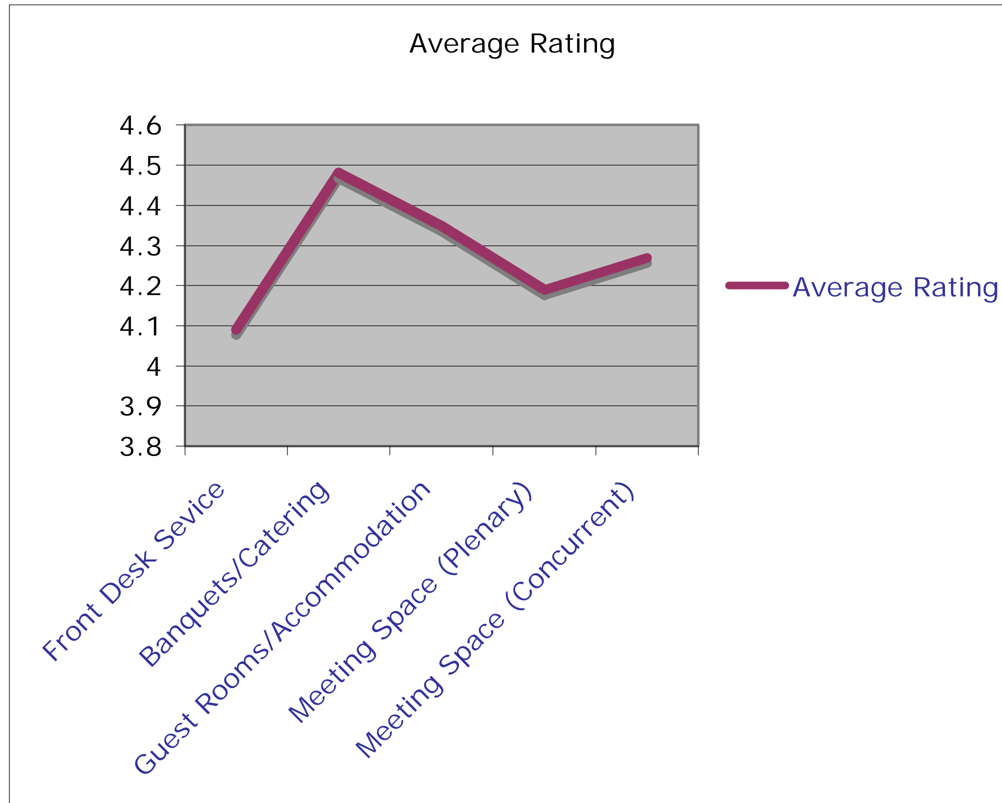
What could we have done differently?

The biggest concern identified was that the session was too short and that people needed more time. It was clearly noted that the session should be held over two days.

Participants thought the Summit was great but that they want to see a stronger connection to AHHRI in a variety of different ways – work plan, objectives, and implementation.

Please rate your satisfaction with the venue for this event at the Crowne Plaza Hotel:
Where ratings were applied they went from 1-5:
N/A- Did not attend 1-Very Poor, 2-Poor, 3-Fair, 4-Good, and 5-Very Good

Additional comments were made stating that the meeting space too hot and stuffy but in general, the average ratings below show that the hotel facilities and service were "good".



Additional Comments and Feedback:

There were two different consistent comments expressed and they were; one, that the AHHRI connection was unclear to them and two, that the meeting room temperature was uncomfortable.

Participants also noted that they appreciated the effort of the workshop and that the summit was well facilitated.

5. Overall Recommendations

In summary the participants were a collective group who participated thoroughly in the small break out sessions and found the Summit very useful in terms of networking and sharing information. In this regard the goal of the agenda was met.

In future, based on the comments made in the evaluations it appears that changes ought to be considered in terms of venue and meeting duration. The general consensus for an appropriate time length was two days.

While the agenda topics of the day were well received and thought to be key areas to deal with, many participants would like to delve deeper into the details of Human Resource strategy and how to make a more distinct connection to the current Health Canada, Aboriginal Health Human Resource Initiative under the First Nations and Inuit Health Branch.

From a facilitation perspective, the day was heavy and took a great deal of steering to keep the presentations and group dynamics on schedule. Generally, participants like to take their scheduled breaks in full and have time to network. With a concentrated agenda it's more difficult to allow for the extra flexibility.

Specific recommendations resulting from the Summit discussions and feedback received include the following:

1. Host a second session to follow up the brainstorming started in this first meeting.

2. Include more opportunity to hear about "best practices" and strategies on how to implement them in other health care settings.

3. Make a clearer distinction as to the link between the meeting objectives and the AHHRI and it's future.

4. Ensure that there are more participants and appropriate representation from national and regional Aboriginal organizations as well as communities.

5. Split the agenda to allow for multiple break out sessions with a variety of topics and/or at different levels thereby allowing participants to choose what topics are most suited to their needs.

6. Extend the meeting to at least two days in length.

7. Have a final meeting of all planning stakeholders to ensure key funders/partners/notes are included and nothing is missed.

8. Ensure that all printed materials are made available to the participants and included in their kit materials.

9. Create worksheet templates per topic to assist participants in connecting how steps can be taken and implemented at the local level – relevant to QWQHC.

10. Include facilitation team at the beginning stages of the planning to assist and offer suggestions on agenda and achieving optimal outcomes.

11. Provide inventories of collaborative partners that can work with the health care industry to improve QWQHC.

12. Create e-tools and networks to foster greater communication and networking among health care industry.

13. Create a guide to identify the steps needed to work toward achieving QWQHC and include how to begin implementing the steps. Eg. a framework for a health HR policy or how to create one.

14. Include more interaction such as role-playing to ensure that participants interact and have a change in pace within the agenda.

15. Host a reception that brings participants together and showcase a video on a best practice or promotional tool.

Appendice A – List of Participants

BARTON, Melissa
BEAUVAIS, Natalie
BURTON, Pam
CAMERON, Anita
COHEN, Deborah
COOK, Joanne
DAULT, Mylène
DOXTATOR, Sheri
GLADUE, Darlene
HAMMI, Samir
HART-WASKEKEESIKAW, Fjola
HEALY, Bonnie
HOWARD, Sonya
KAHLINA, Vera
LEBLANC, Marie-Josée
NAHWEGAHBOW, Beverly
NOEL, Francine
PETRUSKEVICH, Lori
ROTHFUCHS, Steve
RYAN, Kevin
RYAN, Ron
SANDERS, Larry
SANDERSON, Lora
SHESHEQUIN, Loretta
STEVENSON, Darrin
STRELIOFF, Wayne
TARRANT, Florence
WILSON, Christine

Appendice B – Organizing Committee

BARIL, Mireille (HC, FNIHB)
BARTON, Melissa (QWQHC)
BINKS, Janet (HC, FNIHB)
BRASCOUPE, Simon (HC, FNIHB)
DAULT, Mylène (CHSRF)
LACROIX, Gisèle (HC, FNIHB)
SWEENY, Maureen (HC, FNIHB)
TOULOUSE, May (HC, FNIHB)