



Pathway of Well-Being

Aboriginal Health Bridging Toolkit



Indigenous Adult & Higher Learning Association

www.iahla.ca



Developed for IAHLA by Hunt-Jinnouchi Enterprises

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Photo by Dr. Nancy J. Turner

Project Team:

Fran Hunt-Jinnouchi, B.S.W., MAdEd.
Dr. Onowa McIvor

Hunt- Jinnouchi Enterprises
www.hunt-jinnouchienterprises.com
250-590-9240

Administrative Support:

Naomi Adams, First Nation Education Steering Committee (FNESC)/(Indigenous Adult Higher Learning Association (IAHLA)

Photos:

Dr. Nancy J. Turner
Native Education College
Seabird Island College

Contributors:

Carol Orom
Dr. Richard Veerepen
Joan Gillie
Kristy Jinnouchi
Sarah Cormode
Tracy Courtemanche: LOGO: Blending Two World Views

Special thanks to: the IAHLA Board, Working Group, AAHRI and Focus Group Participants

Toolkit Working Group

- Cody Caruso, Health Careers Coordinator, First Nations Health Council
- Cynthia McNeil, Resource Worker, Seabird Island College
- Deanna Nyce, President, Wilp Wilxo'oskwhl Nisga'a Institute (WWN), Indigenous Adult Higher Learning Association (IAHLA) - WWN
- Kory Wilson, Director of Aboriginal Education and Services, Vancouver Community College (VCC), member of BC Colleges
- Lauren Terbasket, Education Director, En'owkin Centre
- Marjorie McRae, Executive Director, Gitksan-Wet'suwet'en Education Society (GWES)
- Marti Harder, Health Department Coordinator, Nicola Valley Institute of Technology (NVIT)
- Pat McKinnon, Dean of Student Services, Native Education College (NEC)
- Pauline Waterfall, Heilstuk Nation
- Ruth Wittenberg, President, BC Association of Institutes and Universities
- Dr. Verna Billy-Minnabarriet, Vice President Academic & Strategic Partnerships, Nicola Valley Institute of Technology (NVIT), Indigenous Adult Higher Learning Association (IAHLA) Chair

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FOREWORD

Physical, mental, spiritual and emotional health is in balance when our daily lives are wholesome and in rhythm with our social, cultural, and land-based environments. Securing balance and sound health at times seems complex as we face the present day realities of stress, disease, environmental contaminants, poor diet and lack of exercise. Often there is distance between us and our home lands, our traditional foods, our ceremonies and culture — all of the spheres of influence that contribute to making us whole, as Aboriginal people. When we veer from our central point of balance, away from a holistic approach to life, we tend to lose sight of the Pathway of Well-Being.

The Pathway of Well-Being has been intricately laid-out by the ancestors that have gone before us. They have passed on traditional knowledge on how to be healthy and in balance. However, much has been lost. It is time to re-awaken this knowledge, much as we have re-awakened language and culture from a period of sleep. The sun has now re-aligned to shed light on the pathway of old.

Currently, there is mounting interest within the BC Aboriginal leadership to engage communities in dialogue to explore Aboriginal perspectives of health and self-care and to explore what needs to be done to foster the health and well-being of children, families and Elders. Province-wide gatherings and discussions about health conditions in Aboriginal communities have resulted in the emergence of a common theme, that *balance* is essential for well-being, for caring of self and others, and for caring for the sacred Earth that nourishes us. It is this balance that brings harmony.

Balance and harmony reside in us when we draw on our spiritual, emotional, physical and mental spheres of influence. There is an inter-relatedness in all of these influences. An imbalance impacts individuals and communities causing un-healthy ways. It is fundamental then, for the health and well-being of Aboriginal communities, that spiritual, emotional, physical and mental security be sought. Role models, practitioners and leaders in health, self-care and community wellness are needed to help in this process.

Consequently, there is a pressing need to support the development of dedicated and qualified Aboriginal nurses, doctors, health managers, health researchers, traditional healers, and environmental health leaders. Filling this need will lead Aboriginal communities towards balanced, healthy living. This Aboriginal Health Bridging Toolkit seeks to provide support in this journey.



EXECUTIVE SUMMARY

The purpose of this Toolkit is to support the development and implementation of health related community-based programs between Indigenous Adult & Higher Learning Association (IAHLA) institutes, Aboriginal communities and Public Post-Secondary Institutions (PPSI). In doing so, the toolkit also aims to support the development of health practitioners and strategies and practices that merge and complement Western, mainstream health knowledge with Aboriginal traditional health knowledge.

Within the context of merging two world views, it is essential to create a process of developing co-constructed knowledge. Ideally, this co-constructed knowledge will be accessible in the form of health education and training programming within the heart of Aboriginal communities.

Accordingly, this Toolkit defines a sample Aboriginal health bridging program by laying the groundwork for communities to use to conceptualize a blended framework. This Toolkit highlights best practices, recommends resources, focuses on Aboriginal pedagogy, and suggests areas of further exploration. Most importantly, it can be used to map out a health care educational program implementation plan. The Toolkit provides a framework, while respecting that each community has unique needs, governance plans and long-range goals which will ultimately influence the actual content of a community-based health training program.

Creating a plan within the community has five essential steps. The first is to conduct a *Community Needs Assessment* determining what types of programs are needed and how the program will meet the capacity building needs in the health sector service, the number of eligible students, logistics and finances, and employment opportunities at the end of the program. Step two is to *assess infrastructure needs in the community*, determining what the community can support and what infrastructure needs to be negotiated with the PPSI. The third step is to *determine the program costs*, defining the community's "in-kind" financial contributions as well as that of the PPSI partner before and exploring program funding options. Step four is making a *good match between the PPSI partner and IAHLA institution*. Aboriginal communities need to be at the helm of this decision. Last, step five leads to the *plan for the program*, using resources like this toolkit to provide guidance.

Ultimately, successful community-based post-secondary programs require strong partnerships. Reciprocal relationships and processes must be built between IAHLA institutes and PPSIs, and with local health agencies. In addition, a solid community-based network of key front-line organizations is essential. The more the program is promoted within the community and the more the community takes ownership, the better the chances for a rewarding experience and a supportive structure for students.

SECTION ONE: Introduction

This Toolkit is intended to help IAHLA institutes and Aboriginal communities design and implement community-based health education and training bridging programs in partnership with Public Post-Secondary Institutions (PPSI).¹

It is specifically aimed at the administrators and instructors of the Indigenous Adult & Higher Learning Association (IAHLA) member institutes, as well as Aboriginal and non-Aboriginal health practitioners. It will also be useful for Public Post-Secondary Institutions (PPSI) wanting information regarding the significance of traditional health knowledge for health related training, programming and student support. This Toolkit is essentially concerned with promoting the development of strategies and practices that merge and complement Western mainstream health knowledge with Aboriginal traditional health knowledge.

Achieving Goals

"I would like to encourage more of our First Nations People to get into the Health Care Field. This was the best career decision I made for my children's future. I now work full time, receive extended health benefits, have a great pension plan and am still training on-the-job. I would also like to extend my gratitude and thanks to GWES for offering the LPN program here at home [Northern BC]. My family was here to help with childcare. GWES provided me with extra support to assure I achieved my goals. I love my job and I love being a nurse."

Robynn Muldoe, Gitksan Health Society
Homecare Nurse

*Note: Gitksan Wet'suwet'en Education Society,
or GWES, is an IAHLA Institute*

Within the context of merging two world views it is essential to deepen the typical cerebral/cognitive learning experience into a richer depth of understanding by including emotional, spiritual and cultural dimensions in the learning experience. This requires a process of developing co-constructed knowledge. Ideally, this co-constructed knowledge will be accessible in the form of health education and training programming within the heart of Aboriginal communities.

Aboriginal communities need not just duplicate Western mainstream models of health education, they can create their own hybrid customized structures that use integrated approaches, presenting a more balanced program model that blends the best of both world views.

Fundamentally, this is a collective responsibility to the ancestors and to one's self, to both sustain traditional health knowledge and to carry these gifts forward. Community-based health education and training programs rooted in both Western science and Aboriginal health care traditions and perspectives hold the best promise for the future to help to meet our responsibility.

Accordingly, this Toolkit seeks to help define what an Aboriginal health bridging program could look like by laying out the groundwork for a blended learning framework. The ideas in this Toolkit are intended to be practical and directly applied at the community level. They can be used to provide a theoretical framework, generate "food for thought," and encourage far-reaching discussions.

¹ Some health programs at the diploma level and below may be accredited through the Private Career Training Institute Agency and therefore may not require partnership with a public post-secondary institution to accredit programs. See <http://www.pctia.bc.ca/> for more information.

What is a bridging program?

Agreeing on common terminology is a good starting point, not only for mutual understanding of goals but to be able to measure achievement and success. It is fundamental to have a mutual understanding of what is meant by *bridging programs*. Currently, a clear definition has not been agreed upon from either the Aboriginal community-based perspective or the public post-secondary perspective.

Bridging programs generally prepare adult learners to enter and transition into higher educational programming that requires specific pre-requisites.

For the purposes of this Toolkit, the term bridging program broadly describes a range of programs, including: upgrading, university-college entrance preparation and access programs.

Project Background

This project was funded by the Aboriginal Health & Human Resource Initiative (AHHRI)² and had two phases. The overarching goal of both Phases I and II is to support IAHLA member institutes who choose to deliver community-based health bridging programming. The development of this Toolkit fits with this goal by promoting seamless and more effective community-based post-secondary learning experiences for Aboriginal students.

Phase I: Aboriginal Health Toolkit Research Project

IAHLA undertook Phase I of the Aboriginal Health Toolkit Research Project in 2011. It included case studies of health programs delivered by Aboriginal-controlled institutes in BC. The four case study institutes in Phase I included:

1. Gitxsan Wet'suwet'an Education Society
2. Heiltsuk College
3. Nicola Valley Institute of Technology
4. Seabird College

The unpublished report entitled *Examination of Bridging to Health Programs of Aboriginal-Controlled Post-Secondary Institutes in BC* (McCormick, Green & Markham, 2012) describes the results of Phase I. It is noted that although Native Education College (NEC) did not participate in the research, the college delivers provincial accredited health care and bridging programs on campus and in Aboriginal communities. NEC is not a public post-secondary institution but is an IAHLA member institute and delivers programs accredited through the Private Career Training Institutes Agency.

Findings

The Phase I research identified successes, student outcomes, program components, program related costs, partnerships, challenges and common themes. The authors provided the following recommendations:

- programs need adequate time for student orientation and preparation (academically, spiritually, physically and emotionally);
- well defined "bridging" pre-programs are needed to avoid student confusion;

² For background on AHHRI, please see: <http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/ahhri-irrh-eng.php>.

- instructor orientation to the community is necessary;
- instructor flexibility is key;
- culturally-rooted curriculum and program content are necessary components;
- experiential learning opportunities are important;
- program delivery should align with Aboriginal Affairs and Northern Development Canada (formerly Indian and Northern Affairs Canada) post-secondary funding;
- accommodating admission policies and accessible information regarding post-secondary funding and core support services such as child care and transportation, tutoring, and computer access are needed; and
- strong balanced partnerships between IAHLA institutes and PPSIs are critical.

The Role of IAHLA

The IAHLA institutes are poised to take leading roles in community-based health education and training program delivery. IAHLA institutes do more than provide successful adult and post-secondary learning opportunities. Fundamentally they are nurturing environments. They are considered safe havens and even places of refuge.

IAHLA institutes support both Aboriginal and Western knowledge transfer, inclusive of cultural spiritual, emotional, mental and physical well-being. Students gain knowledge through integrated approaches that help prepare them to be culturally and academically equipped. IAHLA institutes are distinctive and have proven to be effective. They cannot be imitated in mainstream educational settings because the community-based, inter-generational settings are intimately connected to the community and culture.

Their connection to Elders and cultural experiences associated with the land, history and customs ensure deep student learning experiences. Moreover, the majority of the leaders, managers, instructors and support staff are Aboriginal, which lends itself to powerful role-modelling and sensitivity.

What we found worked well was having an instructor orientation to Seabird when our Chief welcomed instructors and the partners into our community with a meal. At the end of program we had a graduation ceremony where the instructors took part in the honoring. One instructor cried, remarking how she felt part of our community and valued.

Cynthia McNeil, Resource Worker, Seabird Island Band

A number of IAHLA institutes are currently engaged in the delivery of community-based health education and training programs (refer to the case study sites listed above). Considerable wisdom and advice can be drawn from these experiences which would help support the implementation of more programs across the province. This will lead directly to more Aboriginal people working in health related careers on behalf of their communities and within their communities.



Grads, Seabird Island College

Moreover, IAHLA institutes play an integral in transitioning students to PPSIs. The Aboriginal Transitions Research Project (IAHLA, Nicola Valley Institute of Technology and University of Victoria, 2009) is a helpful resource to refer to for more information regarding successful transitions between IAHLA institutes and PPSIs. The findings of the research confirm that strong Indigenous self-identity supports effective transitions and success because adult learners gain self-confidence and are

better equipped to handle their new urban environment and often ensuing culture shock. The research maintains that countless Aboriginal students would not have left their communities to pursue higher education without the support and availability of community-based programming rooted in both culture and academics.

Another function IAHLA can offer is to provide advice to enhance PPSI programs and supports such as Elders-in-Residence, Cultural Gathering Places, language programs, and traditional approaches to mental and emotional self-care. IAHLA institutes have been offering these student supports since their inception and are well positioned to advise PPSIs on their implementation.

By and large, IAHLA institutes provide training that equips Aboriginal adult learners to be self-confident, and socio-culturally and academically prepared to transition to public post-secondary institutions. However, collaboration between IAHLA institutes and public post-secondary institutions that is necessary to move Aboriginal health related community-based program development forward. Both groups have unique roles, responsibilities and strengths.

The Role of PPSI

Findings showed that IAHLA institutes generally need to partner with PPSIs to be able to meet the requirement of delivering accredited health programs, since PPSIs are the only institutions that can accredit most health programs.³ This partnership allows IAHLA institutes to share their expertise and knowledge while ensuring that programs are accredited, and therefore recognized by employers. There is also a wide breadth of expertise and resources within PPSIs that can enrich IAHLA institutes. Together the two groups can create health education and training programs that are of the highest quality and equally footed in Aboriginal traditional health knowledge and Western science.

Key to this process is finding the common ground that exists between IAHLA institutes and the PPSIs. The First Nations Education Steering Committee (2008) prepared a report advocating for formal recognition of IAHLA institutes by the PPSIs: "Aboriginal institutes understand that an education with a strong cultural foundation is critical for student success and community growth" (A1). Having public institutions recognize the uniqueness of Aboriginal education experiences is a good place to start a conversation with the PPSI. This includes discussions on the impacts of inclusiveness, cultural practices, traditional learning and the nature of student success.

Phase II Methodology - Creating the Toolkit

Phase II: *Pathway of Well-Being: Aboriginal Health Bridging Toolkit* is the integration of the research and investigations completed in Phase I: Aboriginal Health Toolkit Research Project along with the work done in Phase II. During Phase II the research design utilized Community Based Research (CBR) to develop the concepts and content of the Toolkit. CBR is an umbrella term for several similar methodologies, such as Participatory Research and Participatory Action Research. CBR methods help ensure the emergence of non-colonial perspectives, advance social change, advocate for cooperative inquiry and give community knowledge primacy. At its core CBR advances the inclusion of community, which ultimately ensures that the research design is culturally appropriate. CBR focuses on relationship building and social justice, providing space for community voices and community participation to define questions, research processes, research ethics and the analysis of the findings (Dei, 2002; Fals-Borda, 1987; Hall, 1992; Hall, 2005; Joyappa & Martin, 1996).

³ Some IAHLA institutes may be able to deliver health programs accredited through the Private Career Training Institutes Agency (PCTIA), for example, NEC offers a Health Care Assistance Certificate accredited through PCTIA.

Research Methods

The development of the Toolkit featured qualitative methodology. The following are the methods of data collection and their purpose.

- Face to face interviews — with key IAHLA institute managers and practitioners and First Nations organizations to determine the fundamental questions, purpose, and target audience of the Toolkit.
- Literature review — to gather information on best practice models for community-based program delivery, indigenous pedagogy, traditional health knowledge, market trends that relate to Aboriginal people, and recent developments in Aboriginal health governance in British Columbia.
- Focus Groups and Working Group meetings — with IAHLA administrators, instructors and students, and Aboriginal health sector organizations to inform the content and tone of the Toolkit: October 19th, and November 23rd, 2012, and January 22nd, 2013.
- Working Group/Peer Review meeting — to test the effectiveness and usability of the Toolkit for both IAHLA institutes and PPSIs: March 5th, 2013.

Ultimately, CBR adheres to maintaining non-colonial research, helping to avoid research that is theoretically based, academically driven and has little in practical measure to give back and help in the development of community capacity. This tends to limit a chasm between the community and the academy (Hall, 2005). CBR supports a decolonized approach and helps give power to Aboriginal people to define their own educational frameworks in tandem with collaborative PPSI partners.

SECTION TWO: Setting the Stage

Haig-Brown (1995) noted that the history of education for Aboriginal people in Canada is dismal and at times unspeakable. The lingering impact of the residential school experience remains evident today and Aboriginal communities continue to combat multi-generational poverty and dislocation. In spite of the existence of countless programs designed and implemented by non-Aboriginal governments and institutions, directed at improving adult learner success, significant challenges and gaps remain in the participation and completion rates of Aboriginal students compared to non-Aboriginal students.

To this end, Aboriginal leaders have acted upon the creation of their own institutions of higher education as a way to address these issues and disparities in educational attainment. This resistance to being absorbed by mainstream society and Western education is also, in part, about survival – survival of Aboriginal cultures, traditions, and languages. Significant strides have been made in the pursuit of *Indian Control of Indian Education* (National Indian Brotherhood, 1972).

Making it Work

The Home Support Resident Care Aide Program is a great course and taking the course taught me all that I know about my abilities to provide long term care to those who need it. Upon graduating from the course, I got a job after the course was over and I am well respected by those I take care of and my co-workers.

Anthony Gosnell, Student, Gitlaxt'aamiks

Developments in BC Aboriginal Health Initiatives

On June 11, 2007 First Nations Leadership Council, the Government of BC and the Government of Canada signed the Tripartite First Nations Health Plan. The intention of this plan is to help improve the provincial and federal delivery of health programs and services for First Nations people in BC. The signing parties committed to improving accountability and to supporting First Nations communities to control their own health services.

The following groups are responsible for implementing the Tripartite First Nations Health Plan:

The Tripartite First Nations Health Plan

Designed to promote:

1. Better governance and accountability
2. Health and injury/disease prevention
3. Improved health services
4. Improved performance tracking

The First Nations Health Council (FNHC) — responsible for overseeing and implementing the Tripartite First Nations Health Plan in BC. In 2009 the First Nations Leadership Council developed The First Nations Health Council to act as the business entity. First Nations communities are involved in discussions through Community Engagement Hubs which represent most of the 203 First Nations in BC.

First Nations Health Authority (FNHA) — handles service delivery within the BC First Nations Health governance structure. Delivery and development is based on self-determination, must embody First Nations knowledge and help to increase the number of First Nations people in health careers (First Nations Health Authority, 2012).

First Nations Health Directors Association (FNHDA) — the voice of the managers responsible for delivering front-line health services for First Nations community members. The members are well qualified to work collaboratively with the First Nations Health Directors

Association to develop programs, support community programs and enact quality assurance mechanisms.

Health Authorities

Health Authorities have a strong role to play in supporting Aboriginal nursing and health sector students, particularly when students are engaged in hospital field placements. It is recommended that front-end discussions related to policy and protocol be undertaken with local health authorities and community health facilities when developing Aboriginal health bridging programs. This will help ensure inclusion of cultural protocols that will contribute to safe authentic learning experiences for Aboriginal students in health settings. Discussions will also help build mutually-beneficial partnerships between the health sector and students.

Examples of Vancouver Island Health Authority's (VIHA) support positions on South, Central and North Vancouver Island are:

- Aboriginal Health Manager
- Aboriginal Liaison Nurse, Royal Jubilee and Victoria General Hospital
- Diabetes Nurse Educator, Royal Jubilee and Victoria General Hospital
- Dietician, Royal Jubilee and Victoria General Hospital
- Cultural Safety Coordinator, Royal Jubilee Hospital
- Aboriginal Employment Advisor, Royal Jubilee Hospital

Refer to Interior and Northern Health Authorities for more information.

www.health.gov.bc.ca/socsec/

Aboriginal Health Strategic Initiatives

The following guiding principles from the Vancouver Coastal Health Authority (VCH) are examples of stated commitments to improve health, wellness and relationships between Aboriginal people and communities. These include:

- Development of relationships that respects self-determination, cultural, and community diversity
- Collaboration with Aboriginal communities to identify, develop, implement and evaluate Aboriginal health services and programs
- Increasing the capacity within the Aboriginal community and of VCH staff to address Aboriginal health issues
- Distribution of resources to support access to culturally appropriate services that provide equitable health outcomes within VCH
- Increasing the number of Aboriginal people employed within VCH

It is important to be familiar with commitments, such as the above, as they may in turn support collaborations for the development of community-based health and education bridging programs. For more information refer to [*Aboriginal Health Strategic Initiatives*](#).

Also refer to the BC Practice Education Committee to learn more about the longer-range vision and goals in: *Advancing Practice Education in British Columbia Strategic Plan 2012 - 2017*.

<http://www.practiceeducation.org/>

Ministry of Advanced Education, Innovation and Technology

The Ministry of Advanced Education, Innovation and Technology is responsible for post-secondary education, research, technology and multiculturalism in BC. Over the past decade, stronger and more supportive working relationships have grown between the BC Ministry of Advanced Education, Innovation and Technology and IAHLA. This is evident in the goals of the Ministry. For example, Goal 2 states: Community-based delivery of programs is supported through partnerships between public post-secondary institutions and Aboriginal institutes and communities (Aboriginal Post-Secondary Education and Training Policy Framework and Action Plan: 2020 Vision for the Future).

<http://www.gov.bc.ca/aeit/>

In the *2007 Strategy Evaluation* the Ministry recommended reciprocal and collaborative partnerships between Aboriginal communities and PPSIs, as well as accountability requirements for public post-secondary institutions under any new Aboriginal post-secondary funding initiative (p. 22).

The intent is to:

- Provide funding for partnerships between public post-secondary institutions and Aboriginal institutes and communities to deliver programs in Aboriginal communities that meet community needs and position Aboriginal communities to take advantage of economic opportunities.
- Support Aboriginal learners to access distance and online education opportunities in their communities.
- Promote reciprocal partnerships between public post-secondary institutions and Aboriginal institutes and communities by sharing the Post-Secondary Education Partnership Agreement Toolkit developed by the Indigenous Adult & Higher Learning Association, the University of Victoria, and the Nicola Valley Institute of Technology with both public post-secondary institutions and Aboriginal institutes.

These initiatives are important examples of strengthened working relationships with IAHLA institutes and Aboriginal communities that help to support community-based education and enhanced program delivery and student services.

However, they only tell a small part of the story of the many new initiatives and partnership opportunities between the Ministry and Aboriginal institutions. See the Ministry website and the Aboriginal Service Plan annual reports for more information.

BC Association of Institutes and Universities

The BC Association of Institutes and Universities (BCAIU), which represents eight public post-secondary institutes and universities in BC, shared priorities for the 2012 Federal Budget based on their recommendations on issues related to how to achieve a sustained economic recovery in Canada and how to create quality sustainable jobs. One of the recommendations specifically targets the Aboriginal population: To invest in increasing the skills and education of Aboriginal Canadians so that they can participate fully in the economy and assist in a sustained economic recovery (BCAIU, October, 12, 2012). <http://bcaiu.com/>

A Way Forward: Community-Based Education

With economic realities in mind, and considering the gap that still exists for young Aboriginal people and the multitude of adults still wounded from their educational experience in either residential school or public school, it is critical for Aboriginal people to continue to take control of their own education systems. Organizations like the IAHLA institutes and PPSIs must co-construct and design adult post-secondary education programs that are uniquely tailored to lead to the success of adult learners. Evidence clearly shows that Aboriginal locally-controlled, community-based programming is one of the most optimal settings to take post-secondary education to a new level (R. A. Malatest & Associates, 2011).

Because of the initiatives currently available there are opportunities to generate new ways of community-based education that integrate Western and Aboriginal health knowledge based on partnerships in the spirit of reciprocity. The IAHLA member institutes are poised to take up the challenge of increasing the number of Aboriginal students entering health related careers and supporting the development of health leaders.

How can IAHLA meet this challenge?

IAHLA was established in 2003 in response to the need for networking and resource sharing amongst Aboriginal adult education institutes. Today there are 40 IAHLA member institutes in BC with an average annual combined enrolment of 2500 students.

Generally, IAHLA institutes share similar goals, typically prioritizing Aboriginal language revitalization and the perpetuation of culture and traditions. Each institute is unique, being defined by individual community needs and goals. Institutes are autonomous and self-governing. Taken in total they offer a spectrum of formal and informal programs, ranging from vocational, credited, and non-credited, framed by a range of certificates, diplomas, and degrees.

A key aspect of all IAHLA institutes is that they provide a balanced learning environment between academics, culture, tradition and physical wellness, within a community-focused structure. They often serve multi-generational family groups with the goal of fostering self-identity and nationhood. Building and strengthening identity and nationhood are core components of IAHLA institutes, a number of which have been in operation for 30+ years.

The Education Gap

The Auditor General estimates it may take up to 28 years to close the education gap between Aboriginal people living on reserve and non-Aboriginal people if changes are not made to address the present trends (2004).

There is a pressing need to improve the graduation rates and post-secondary attainment of Aboriginal people if they are to fulfil their potential roles in the economic future of Canada. (*Report of the Standing Senate Committee on Aboriginal Peoples Reforming First Nations Education: From Crisis to Hope*, December 2011).

IAHLA Offerings

IAHLA institutes offer a broad spectrum of courses and programs: Adult Basic Education (ABE), Trades, Computer Technology, and Fine Arts. Post-secondary certificates and diplomas are offered in a variety of subject areas: Child & Youth Care, Licensed Practical Nursing, Developmental Standard Term Certificate, etc. See the IAHLA Data Collection Project 2010/11 (March 31, 2011) for more information.



For further information on IAHLA key strengths and challenges review the *FNESC Policy Background Paper (2008)*. Examples of key strengths include local control and delivery, ability to respond to unique student needs, solid cultural foundations, high standards and accreditation, student support, instructor quality, and community involvement. Key challenges include: recognition, ability to meet the demands, sustainable funding mechanisms, the recruitment and retention of instructors, programming promotion and overall limited resources.

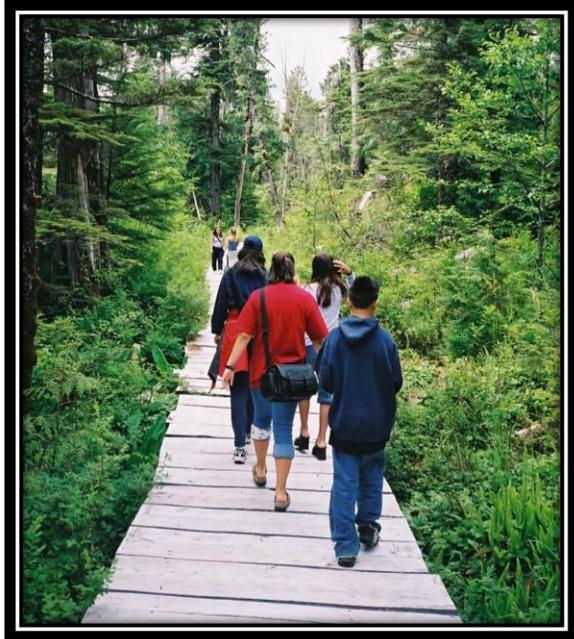


Photo by Dr. Nancy J. Turner

We have to find a way to fulfill our mandate, to teach our students about the mainstream, without giving up ourselves, without assimilating into those boxes that don't meet our needs. We must be respectful and understand that those institutions complete us in a way; we need for our members to be fully equipped to deal with today's needs in society. But we must find ways to maintain our sovereignty, to maintain and support our cultural learning, while also making sure that our students can move into those institutions at their most excellent – well equipped with their cultural tools, their cultural knowledge, and their information. How do we do that? It is the responsibility not only of Aboriginal institutes and communities, but also those partners that are important to us (FNESC, May 2008).

Dr. Jeanette Armstrong, En'owkin Centre

SECTION THREE: Creating a Plan

This Toolkit is intended to generate ideas, highlight best practices, recommend resources, provide suggested language, focus on Aboriginal pedagogy, and generate questions for further exploration. Most importantly, it can be used to map out a health care educational program implementation plan. Remember, this Toolkit is only a skeletal framework. Each community's unique needs, governance plans and long-range goals will dictate the actual content of a community-based health training program.

This section offers ideas and information to get started with a plan. It is not intended to be prescriptive, nor is it fully comprehensive; rather, it provides a broad, cursory look at a number of key areas to help launch discussions about a future plan. Ultimately, a health education and training program needs to be unique to each community, based on the distinctive needs of individual communities and tied to each community's longer range community capacity advancement goals.

Getting Started

The following questions are recommended for consideration in beginning the creation of a plan:

1. What are the competencies of the First Nations Health Manager?
2. How can one merge Aboriginal and Western health education perspectives?
3. How can respectful partnerships be built?
4. How can funding needs be met?

These questions will help to generate more discussion at the community level. Be encouraged to delve deeper into specific topic areas that need further exploration and to conduct further research on new questions that might emerge.

1. What are the competencies of a First Nations Health Manager?

The following framework, developed by the First Nations Health Managers Advisory Committee, describes the job competencies, and competency indicators required by a First Nations Health Manager(s) to carry out his or her role. It is helpful to keep these competencies in mind as ultimately the goal is to create health leaders in all health related fields. Core competencies include:

1. Leadership and Governance
2. Professionalism
3. Advocacy, Partnerships and Relationships
4. Human Resources Management
5. Financial Management and Accountability
6. Health Services Delivery
7. Quality Improvement and Assurance
8. Planning
9. Communication
10. Cultural Awareness

For more information, see: <http://www.fnhma.ca/media.php?mid=454>

2. How can Aboriginal and Western health education perspectives be merged?

To launch a community-based educational health education and training program, consider the differences and similarities between Aboriginal and Western perspectives around health and wellness. It is only from this vantage point that sound decisions can be made about how programs should be constructed.

Two World Views

The Western view of health is biomedical, which has traditionally treated mind, body and society as separate entities. The system emphasizes the use of current best evidence to make decisions about the care of individual patients, or the delivery of health care services.

Aboriginal perspectives are closer to that defined by the World Health Organization. Health is a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The First Nations Health Council (formerly the First Nations Health Society) defines traditional medicine as health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises. Traditional medicine follows a holistic health model. Similarities are seen between the modalities of Traditional Medicine and those of many alternative therapies that use a holistic model of health such as Naturopathic Medicine (FNHS, 2010, Executive Summary, p. 1).



Bringing Together Two World Views

Traditional knowledge, when integrated with 'Western' approaches to health and wellness, make for a strong, holistic framework of health. Both approaches to health care are to be viewed as valuable and mutually supportive. Aboriginal health practices generally fall into what is called complementary and alternative medicine, i.e. 'complementary' to Western medicine. Complete 'blending' may not be possible, but a mutually respectful understanding of the values and strengths of each approach may be the desired outcome of training. It is important to fully consider Care Ethics and the values that Aboriginal understandings of healing can bring to health 'care' in the Western context in general, e.g. the power of family, prayer, ceremony, celebration and laughter, and the influence of nature and the environment.

Care Ethics

These are the general obligations we have to other people. For example, one has an obligation to exercise special care for those with whom one has a close relationship. The rightness of an act is determined not only by how much it contributes to the good of others, but especially by how much it contributes to the good of those people with whom we have close relationships. Source:

<http://home.southernct.edu/~gillilandr1/phil200/NorMHandout.htm>

Why is it important to maintain traditional health care knowledge in Aboriginal community driven training programs?

- **To validate Aboriginal voices** — the knowledge of traditional health care practitioners in today's health care programs "serves to validate Aboriginal experiences which have often been denied by mainstream institutions and methods." (Source: Martin Hill, 2009, p. 38).
- **To promote a holistic approach** — Aboriginal approaches to health emphasize holistic wellness, which encompasses all aspects of the self. This is a critical and brilliant contribution of Aboriginal people to modern day health care approaches. For example, several Elders interviewed in Martin Hill's (2003) research found that "traditional medicine and knowledge are not isolated from a way of life; it's all encompassing of diet, physical, spiritual, and emotional thoughts and actions." (Source: Martin Hill, 2009, p. 27).
- **To promote wellness** — another important concern for preserving traditional health knowledge is the promotion of holistic wellness. "Traditional principles of health based on the balance between the physical, emotional, mental, and spiritual elements... prevent sickness." (Source: Martin Hill, 2009, p. 37).
- **To promote caring for the environment** — in a FNHS survey, many people stated that herbal medicines were sustained through communities keeping herbal medicine gardens, and using teas, bark and certain leaves and plants (Source: FNHS, 2010, p. 15). Traditional health practices are inextricably linked to the land and the health of the environment. Others in the same survey said that traditional practices (ceremonies, seasonal practices, food gathering, medicine gathering) were used in communities to maintain well-being, and require that the land be taken care of.

To take a spiritual bath the river must be clean.
"If the land is well, the people will be well."
(FNHS, 2010, p. 14)

What can traditional health care practitioners bring to health care training?

Simply put, what traditional health care practitioners bring to health care training is **knowledge**. The following list, although not exhaustive, are some of the kinds of knowledge traditional knowledge healers/health care practitioners can bring to health care training:

- Cultural teachings about life stages
- Knowledge of the land – sacred sites, traditional gathering sites
- Knowledge of traditional foods – local and pre-contact foods such as camas bulbs or the parts of animals that help one maintain or regain health
- Knowledge of traditional plants for medicinal purposes (teas, salves, etc.)
- Ability to counsel individuals, families or larger groups
- Ability to conduct ceremonies (big house, brushing off, smudging, sweats)
- Being a healthy role model (mind, body and/or spirit)
- Traditional hunting and fishing practices
- Ability to connect with healer/practitioners from other villages or tribes to share knowledge that can only be understood and respectfully/appropriately shared healer-to-healer
- Cross-cultural teachings for non-Aboriginal health care providers

First Nations healers and knowledge keepers carry the wisdom and experience to build First Nations health systems and to inform best practices in supporting First Nations people accessing multiple health systems. (FNHC, 2012 p. 8)

How can traditional health care knowledge be brought into curriculum and program development, and delivery?

One of the goals of the First Nations Health Council's Gathering of Healers held in 2011 was to "develop strategies on how to incorporate traditional healing practices into programs, communities and health systems (to make them more accessible to community members)" (Source FNHC, 2012, p.6).

http://www.fnhc.ca/index.php/engagement_processes/gathering_wisdom_forum/

One way to preserve and enhance traditional knowledge for inclusion in post-secondary programs is to become familiar with your community healers and practitioners of traditional medicines, practices, and protocols. This not only means learning who has basic Aboriginal healthcare knowledge, but finding out who has "specialized" healthcare knowledge that they can offer within a post-secondary program. To learn about your community, you can complete an environmental scan. A scan will help you identify healer/practitioners who can assist in co-developing and co-designing a post-secondary training program.

Living wisely with good health is something we have always done. We are often reaching back into our ancestral knowledge – our traditional ways of being and knowing – to reaffirm how we can live healthier lives today and tomorrow. If the entire health care system disappeared today, we would still be taking care of each other, and we are taking care of each other. (FNHC, 2012, p. 8)

The Gathering of Healers also recommends:

- Offering training to Western system medical providers on Aboriginal healthcare practices and cultural competency;
- Involving Elders/healers in hospitals;
- Promoting all policies that support Aboriginal healing practices, initiatives, protocols, ceremonies;
- Actively protecting Aboriginal knowledge
- Ensuring that student practicum experiences include Aboriginal perspectives. (FNHC, 2012, p. 12);
- Including Elder participation in classroom activities and student assignments.

BC First Nations are rewriting the way their health care is delivered and traditional healing will play a vital role in this new health system. (Source: Dr. Evan Adams - Deputy Provincial Health Officer FNHC, 2012)

It is important to note that some gifts and healing abilities may not be suitable for classroom instruction or maybe against protocol to share publically.

The following statement may help guide the creation of an educational health bridging post-secondary program:

*Policy should acknowledge traditional knowledge as a critical component to the success of preventative and intervention strategies for Aboriginal communities. Indigenous knowledge is a key to resolving communities in crisis. However, it must be noted that it is a rare resource due to the age demography, loss of identity, cultural knowledge, and healers; therefore incorporating **traditional knowledge** should take priority. Furthermore, efforts should be made to retain this knowledge as a community resource for helping and healing in the future. The most important recommendation is to develop resources for the continuance of traditional healing, language and knowledge with vigor. (Martin Hill, 2009, p. 39)*

3. How can respectful partnerships be built?

In order to deliver a community-based health training program an IAHLA institute or Aboriginal community needs to enter into a partnership with a college or university (PPSI) because the PPSIs have the authority to accredit courses and programs. Accreditation is necessary so that students can link to further education and/or employment. The key is to choose a PPSI which has goals that are compatible with the goals of the community and which most closely shares the philosophy of the community. Be prepared to articulate the community's philosophy on education and on partnership. Consider:

- Which PPSI has proven to be a good partner in the past?
- Is it logistically and financially more viable to partner with a PPSI in your geographical area/region?
- Which PPSI seems most open to work towards the respectful integration of Aboriginal content?
- What are the cost differences being presented for the same program?

Make a Careful Decision

Asking these questions will help begin to formalize a working relationship. Much like personal relationships and marriages, there will be ups and down. It is not recommended that these decisions be made quickly or taken lightly.

The relationship that is built will impact the overall success of the program. Both partners will need to feel they are working toward shared goals, that the authority is balanced, that there are mutual benefits, and that transparency and trust are maintained. This ideal is a long-term respectful relationship.

Resources for Building Partnerships

Post-Secondary Education Partnership Agreement Toolkit (IAHLA, UVic & NVIT, 2011) can be used as a general starting point to gather ideas and resources. It is a handy, practical guide and covers the process from start to finish. It provides information and sample wording geared towards fostering respectful dialogue between community and post-secondary institution. The Partnerships Toolkit is posted online here: <http://www.iahla.ca/post-secondary-education-partnership-agreement-tool-kit>.

Aboriginal and Post-Secondary Institutions Working together in BC: Best Practices in Partnership Agreements (NVIT, UVic & IAHLA, 2008) is also a helpful resource. It emphasizes components of effective collaborative partnerships such as:

- Clearly articulated roles and responsibilities of each party in the agreement
- Aboriginal institutes/communities' control of the curriculum
- Recognition of Indigenous knowledge and pedagogies
- Hiring of locally-based Aboriginal instructors
- Promoting initiatives that build local capacity
- Sharing financial and instructional resources appropriately
- Transparency regarding financial contributions and accountabilities

This best practices paper maintains that all positive partnership agreements reflect mutual respect and emphasize the creation of collaborative models for partnership building. Further, it outlines some of the positive results of alliances between Aboriginal communities and PPSI, such as the maintenance of academic standards in programming that "reflect the priorities of Aboriginal communities, rather than focusing solely on the priorities of public institutions" (p.10).

The report also suggests how communities can control curriculum content while still protecting Indigenous knowledge and pedagogy. Look to the report to learn about some of the challenges that may occur as a result of faulty financial arrangements, the merging of mainstream and local Indigenous course content, as well as the challenges of meeting minimum class size requirements of the PPSI.

Note particularly the section within this additional resource on the *Principles of Living Agreements*, which describes the three components of a Living Agreement:

Living Agreements

The concept of living agreements was initiated between NVIT and UNBC in their partnership agreement.

1. Promotes cultural respect as the foundation for a partnership
2. Is flexible enough to allow for change
3. Is built on the premise of equality and reciprocal capacity building

4. How can funding needs be met?

Community-based post-secondary programs typically rely on funding from the Government of Canada's Indian Student Support Program (ISSP), but this funding is limited and is often over-subscribed. As ISSP is allocated annually based on a competitive, proposal process, long-term planning is difficult. Creativity and mix and matching of funding opportunities are usually necessary. Examples of potential funding sources include:

- Active Measures www.fnsds.org
- Indian Student Support Program (ISSP) <http://www.aadnc-aandc.gc.ca/eng/1100100033691/1100100033692> or www.fnesc.ca/pse/issp
- Nominal Roll (for band operated high school and adult programs) www.aandc-aandc.gc.ca
- ASERT/Service Canada www.hrsdc.gc.ca
- Aboriginal Affairs and Northern Development Canada (AANDC) First Nations Post-Secondary Funding www.aadnc-aandc.gc.ca
- Aboriginal Skills and Employment Training Strategy (ASETS) www.hrsdc.gc.ca
- Health Canada www.hc-sc.gc.ca
- Aboriginal Community-Based Delivery Partnerships Program (Ministry of Advanced Education, Innovation and Technology) www.bced.gov.bc.ca
- Aboriginal Service Plans (Ministry of Advanced Education, Innovation and Technology) www.bced.gov.bc.ca

Funding opportunities are always changing, so it is important to stay on-top of the changes.

It is strongly recommended that communities move away from fee-for-service agreements to an equal partnership based on revenue sharing with PPSIs. It is important to pose this question at the initial meeting with the PPSI to determine whether or not the PPSI is willing to discuss revenue sharing as a possibility. For more information, see: *Aboriginal and Post-Secondary Institutions Working together in BC: Best Practices in Partnership Agreements* (NVIT, UVic, IAHLA, 2008).

Creating a Concrete Plan

Once background information related to Aboriginal and Western health perspectives, partnership building and funding sources are gathered the focus can shift to community needs with respect to promoting community-based health education and training. It is important, however, to define what a “bridging program” means to both partners and to articulate the primary program goals and measurable outcomes (see Introduction for a suggested definition).

Step 1: Conduct a Community Needs Assessment

Assess whether or not there is a need for a health training program in the community. It will be helpful to answer questions such as:

- What types of programs are needed and how will the programs meet capacity building needs in the health sector service?
- Is there the minimum number of eligible students with the pre-requisites needed to proceed? If not, what kind of academic preparatory program is best suited for this potential group of students?
- Are there enough students to logistically and financially deliver a program? Are there one or more neighbouring nations which might increase the student base?
- What are the PPSI program entrance criteria (for example, do students need Grade 12 English with a C+ minimum and Grade 11 Math)?
- When are potential students available for classes (mornings, afternoons, evenings or weekends, or a combination of these options)?
- Will there be employment for these students at the end of the program or will they have to move in order to find work?

Step 2: Assess Infrastructure Needs

Next, assess what infrastructure is needed. Determine what the community can support and what infrastructure needs to be negotiated with the PPSI. For example:

- What about classroom space, books, supplies, a laboratory, and computer access? How will tuition be paid?
- Are there rental costs for the space?
- Which department(s) in community will provide administrative support?
- What are the costs associated with the administrative support?
- What about services and resources for persons’ with disabilities and associated costs?
- What about practicum sites?
- Are there enough practicum sites and have relationships already been established with these organizations and if not what needs to be done?

If working relationships have not been established there may be considerable preparatory work ahead.

Assessing Need

For suggestions on how to conduct a needs assessment see the Resources Section: Sample Questions for a Needs Assessment, Page 48.

Tools

Look for a sample of a *Best Practices Affiliation Agreement: Working Model* (Hunt-Jinnouchi, 2008) in the Appendix of the *Post-Secondary Education Partnership Agreement Toolkit* (IAHLA, UVic, NVIT, 2011). This will provide you with sample language for suggested statements, guiding principles, protocol, mutual benefits, financial matters and ways of working together.

Step 3: Determine Costs

Be clear on the costs of a potential program. Define the costs of the community's "in-kind" financial contributions and those of the PPSI partner. Consider the costs of academic upgrading and infrastructure costs. Next, explore program funding options. Pay particular attention to proposal due dates, for example, in BC the annual deadline for ISSP proposals has been in January, thus, planning and partnership building should commence by the September before the proposal submission deadline. Meanwhile, promote the program in the community and garner political support while also negotiating with the PPSI.

Step 4: Find the Right PPSI Partner

The community is in the driver's seat when finding a partner - shop around. However, it is good practice to honour a previous partnership where there was a positive working relationship. Ideally, a partnership that is mutually beneficial should be maintained over the long-term, not only when pockets of money are available. Some PPSIs have better success in working with Aboriginal communities than others. Suggested questions and considerations:

- Is the program cost competitive?
- Is the program a cost-recovery program or will profits be made?
- Is the college/university willing to share revenue?
- Is there flexibility with admission requirements (in the event there are students who do not have the pre-requisites needed)?
- Is the college/university willing to cost share (for example, to assist with equipment costs or to loan their equipment?)
- Are they open to incorporating local traditional health knowledge and embarking on curriculum development?
- Is there flexibility around delivery in the event the program needs to be stretched-out to meet student needs or condensed to meet AANDC Post-Secondary funding guidelines?
- Is the pay rate (honoraria) fair and competitive for Elder guidance regarding traditional health knowledge?
- Is the PPSI willing to agree on copyright and intellectual property regarding traditional health knowledge?
- Will they make their on-campus supports available to community-based students (example, LE, NONET financial support at UVic)?
- Define roles and responsibilities of respective partners (PPSI /IAHLA) re: grad ceremony
- Will they identify a support person from their campus to assist students with accessing student loans and library resources?
- Will they ensure a senior level representative sits on the program steering committee? This is important for communications and timely decision making.
- Does the college/university agree with the philosophy of living agreements?
- Will they seek first to hire Aboriginal instructors, with first priority to qualified instructors from the territory? Will community have equal say regarding who is hired to teach the program?
- Will the PPSI provide a resource person, if need be to develop the proposal for funding?
- Are they prepared to hire a community coordinator?
- Are they willing to administer an assessment that looks at both social and academic preparedness (NVIT has such an assessment tool)?
- Are they willing to assist in proposal writing and fund raising?

- Pre-arrange where final exams will be written - especially those that are provincial ones because students may need to travel, increasing costs and student stress. Discuss and advocate for community-based adjudication of exams.

The *Aboriginal Practice Education Framework for British Columbia: Steps Towards Increasing Aboriginal Health Human Resources Capacity* (BC Academic Health Council) is a helpful guidebook and framework. See the section that examines collaboration, which means “working toward common goals by sharing responsibility, authority and accountability for achieving results.” See the Resources Section (p. 41) for a summary of the key points or go to the original document.

Step 5: Plan the Program

Take time to plan how to get the overall program off the ground and how to best provide student support. The following “Pathway of Well-Being” may be a helpful process to consider. Section Four of the Toolkit provides detailed advice on developing student supports, including practicum placements.



PATHWAY OF WELL-BEING

CELEBRATION & FEASTING AT EACH MILESTONE IS RECOMMENDED

<p>1. Culturally Appropriate Recruitment and Preparation</p> <p>FRONT-END CEREMONY</p> <ul style="list-style-type: none"> • "Raise-up/Lift-up" the students with prayer and feasting for strength and guidance and public acknowledgement • Focus on family, culture and community responsibilities and Elders' teachings and the responsibilities ahead • Call upon family and community support, publicly identifying individuals and groups who will be there for the students throughout the journey giving power to the community for the success of the program 	<p>4. Incorporating Traditional Health Knowledge (THK)</p> <p>CHOICE OF MAINSTREAM COURSES OR INDIGENIZED COURSES</p> <p>The philosophy of the program and course content shifts from illness to health</p> <p>Pursue a balanced and holistic approach in course content and pedagogy</p> <p>Knowledge that is offered to PPSI should be reciprocated in some way</p> <p>There must be financial compensation when PPSI benefits from THK</p> <p>Protect intellectual property (NVIT's partnership agreements reflect this)</p> <p>Benefits and capacity must go back to community</p> <p>Must be cautious of knowledge appropriation</p>
<p>2. Assessment Process</p> <p>CULTURALLY APPROPRIATE ASSESSMENTS</p> <p>NVIT uses a community-based assessment tool which is a combination of social and academic evaluation</p> <p>Review Dr. Lee Brown's literature on "volition" explaining why Aboriginal students feel they are not capable of succeeding</p>	<p>5. Entering the Health Program</p> <p>MENTORING AND JOB READINESS ARE IMPORTANT</p> <p>Coach students on how to engage with role-models and mentors and to ask the right questions</p> <p>Motivation opportunities are essential</p> <p>Job Readiness Courses to prepare students for practicums and transition to careers</p> <ul style="list-style-type: none"> • How to handle emotions • Be cognizant on switching between "Rez talk" and mainstream English • Don't treat practicums like school; this is your chance to showcase your skills • You need cultural tools to stay grounded, for retention and success • Know who your support people and systems are • Be ready for different communication styles and cultural nuances
<p>3. Academic Readiness</p> <p>BLEND ACADEMICS WITH EXPERIENTIAL LEARNING</p> <p>May require academic, psychological and mental remediation</p> <p>Students' belief in themselves needs to be raised</p> <p>Change the self-talk</p> <p>Important to include Life Skills at this point</p> <p>Visit PPSI's, let the students feel the experience</p> <p>Strengthen self-identity and nationhood</p> <p>Address systemic dependency</p>	<p>6. Practicum Placements</p> <p>RELATIONSHIPS AND TRANSFORMATION</p> <p>Establish relationships with agencies</p> <p>Strengthen and maintain relationships</p> <p>Cross-cultural awareness and in-service may be required</p> <p>Feast and celebrate together</p> <p>Focus on mutual benefits</p> <p>A "top-down" approach is recommended in order to inform policy and practice transformation</p>



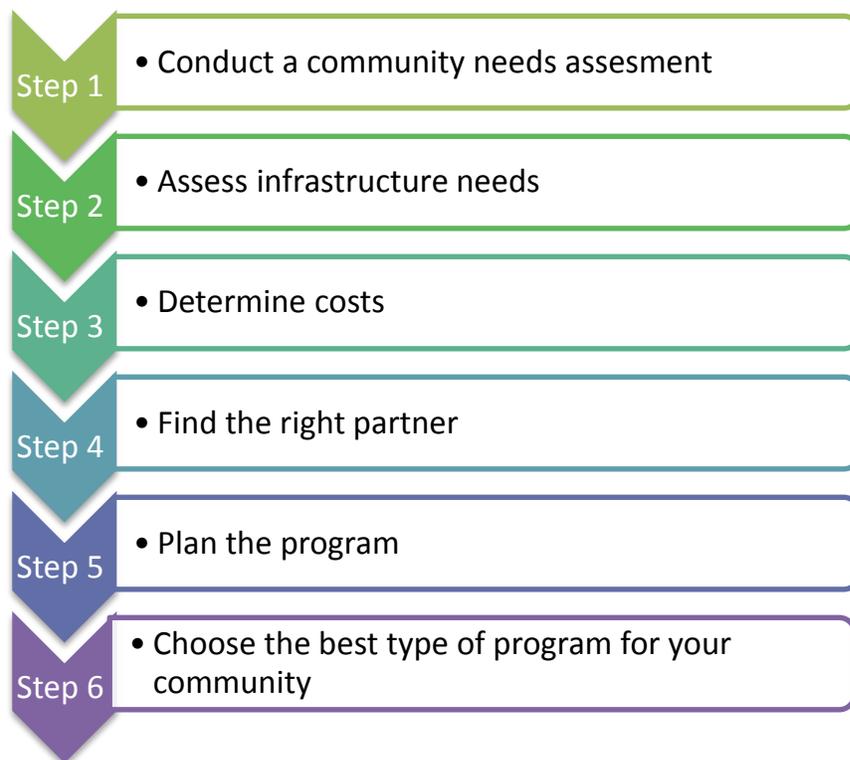
In Summary

IAHLA institutes cannot accomplish educational goals alone. A reciprocal relationship and process must be sought. A broad range of partnerships are required. It is imperative to not only collaborate closely with a PPSI or an appropriate accredited institution, but also to establish a solid network on the ground, forming a working group of key front-line organizations, such as social workers, health administrators, school counsellors, community post-secondary managers, economic development officers, and political leaders (preferably those who hold the education and/or health portfolio). Their on-going support to students in the program is fundamental. The more the program is promoted and the more the community takes ownership, the better your chances for a rewarding experience and a supportive structure for students.

Of equal importance is the necessity to establish and/or strengthen relationships with practicum agencies. The experiential component of the students' education plan should be such that their confidence is increased, their self-esteem grows, their knowledge is heightened and that overall relationships are enriched. Unfortunately, this is not always the case. There is likelihood that racism will be encountered.

Be prepared to facilitate cross-cultural workshops and a community gathering including the practica agencies before practicum placements are under-way. This is the time to communicate concerns, discuss anticipated and un-anticipated challenges and opportunities, to begin to build trust and relationships, and to celebrate.

Check the following steps for a quick summary of the process you can go through to help develop and establish programs.



SECTION FOUR: Program Delivery - Models of Meaningful Student Support

In addition to core content and course delivery, there are support models and practices to consider that have proven effective and also provide for experiential learning opportunities. This section explores health related career options, pedagogy, and experiential opportunities that support students to bridge and transition as well as the overall strengthening of relationships between community and academy.

Experience shows that uptake of careers in community is dependent on supports within community for healthy work environments and opportunities for advancement. Students who complete health education may also want to work outside of community. There will be spin-off benefits when Aboriginal people work in health careers across communities and sectors.

Current Options

The chart on PPSI *Health Careers* (See Resources Section, p.43) describes a sample of health careers that are both ends in themselves as bona fide health careers but also ladders to further careers in related and expanded health career areas. These careers are the basis to essential and appropriate health care delivery across the spectrum. The career options offer opportunities to specialize in a helping role, to have very significant career satisfaction, as well as providing elemental services to community members across the lifespan. Many career opportunities may be available in Aboriginal communities (as resident care attendants, licenced practical nurses, etc.); some may not be (e.g. pharmacist) but in the process of planning it is important to consider long-range priorities and possibilities for community-based education opportunities leading to degrees.

At times, direct laddering opportunities may not be obvious. Different institutions have different entry requirements, which are often changing as programs and courses evolve. The chart *Health Careers*, is not exhaustive, but does provide examples of health career options beginning at the certificate level and moving to diploma and degree options. This is only a small sample. Opportunities for health education

Questions for Students

Key questions that potential students may ask during orientation and transition to be prepared for:

- What kind of community will I be working in?
- What services and job possibilities already exist?
- What areas, if any, are under development?
- How do I narrow down my career interests?

Creating Strength

Community-based delivery allows students to continue being at home with their families, being connected to their culture; they have a safety net that they can reach out to whenever they need that tiny bit of encouragement to continue forging ahead. It also allows for our culture and values to be incorporated into the curriculum, which makes for a better understanding of the people that they will be caring for once they enter the workforce. Providing quality education programs not only strengthens the individual it strengthens the communities, as we are building the capacity within by having locally trained professionals working in our hospitals and caring for our Elders.

Tracey Woods, Program Coordinator, Gitksan Wet'suwet'en Education Society (GWES)

Supporting Student Applications

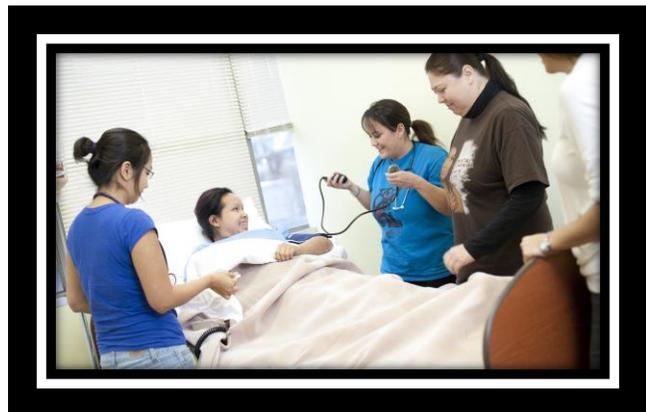
Students need to be aware of how to apply for further health education and training. Remind them that they will need to provide such things as transcripts of previous or in-progress education, references, applications forms, fees, samples of work, etc. For a sample of how to apply for a nursing program, see: Resources Section: Nursing Application, p. 46.

are numerous in BC, and some are also available online. All certification is significant to health care in Aboriginal communities throughout the entire spectrum of training.

Exploring Health Career Options

Ultimately, healthcare workers who work in the community can bring substantial value to the community as well as society at large. These examples of key health careers should be introduced to students early in their learning journey:

- Nursing — nurses from the community are more able to build trust amongst all age groups in a community. They have roles in disease prevention, monitoring of chronic illnesses and acting as advocates for community members. Nurses can train as clinical nurses to work in health institutions or community nurses who specialize in public health and wider community needs.
- Medical doctors (especially women doctors) — the factor of trust in a physician greatly influences healing and return to good health. Female patients in communities are more likely to develop trusting relationships with women doctors, especially during and soon after pregnancy, leading to better compliance with treatment or care of children. In general First Nations are under-represented in the medical



Native Education College students

- professions, but there are strong role models to cite.
- Pharmacists — a career as a pharmacist comes with medical and business opportunities within communities. Pharmacists play an important role in advising community members on health issues. There is general under-representation of First Nations in pharmacy services.
 - Dentists and Dental Hygienists — there is a serious shortage of these services to communities, especially in remote regions. These careers are rewarding and provide good business and economic development opportunities for individuals and communities.
 - Environmental Health (EH) — careers in public health protection concerned with all areas of the natural and constructed environment that could affect human health. This field addresses how the environment affects human health and disease. It is interesting and diverse, not only offering careers in research and investigations but also community outreach and education. EH

More Information

For further information about career possibilities, see Health Care Providers in Canada: Supply and Graduate Trends

http://www.cihi.ca/CIHI-ext-portal/pdf/internet/HPDB_TRENDS_POSTER_EN

Career Guidebook

As of December 2012 the FNHA, Health Careers Coordinator is updating a guidebook to highlight the broad spectrum of health related careers. Supported by current demographics, trends and outlooks, the guidebook will provide a general overview of each respective career. The anticipated release date is September 2013. You will find more information at <http://www.fnhc.ca/> or contact the Coordinator directly at ccarus@fnhc.ca.

professionals also perform research on a variety of topics including environmental toxins, communicable disease outbreaks, and human health impacts of environmental disasters. The increase in environmental health threats such as bed bug infestations, tainted food outbreaks such as from E. coli, SARS (severe acute respiratory syndrome), indicates the need for more trained professionals in this field.

Promoting Health Career Options

What are the suggestions to promote health career options in community?

- **Regular career fairs:** include comprehensive representation by the various health training institutions such as dental or medical schools, colleges and universities. Identify and include students or qualified professionals who are from Aboriginal communities who will be able to act as role models for interested students.
- **Reciprocal learning programs:** collaborate with post-secondary health care institutions such as nursing schools or dental schools to develop creative programs that place current students within community in order to develop mentoring relationships with other community-based students who are interested in health careers (see example below, UVic's Reciprocal Nursing Project, which is highlighted in this section and NVIT's approaches to supporting students on practicums).
- **Practicum student placements:** carefully selected practicum placements of students or student groups from health training programs bring benefit to the students in community.
- **Mentorship opportunities:** prior to selecting a health related career or prior to entering a health bridging program, mentorships or job shadowing is highly recommended. It is also important to help the students learn to ask the right questions.
- **Visits to higher health care training institutions:** these can be organized in collaboration with the PPSI. Arrangements for students to observe and if possible engage with current students or recent graduates can be of benefit.

New Programs

An Elder was hired to sit-in on our program and was available to support students and instructors.

Seabird College has registered a Traditional Herbalist Training program as a means of offering traditional practices and teachings; the program can be viewed on the PCTIA website. The instructor now works in the community and has plans for opening her own traditional herbalist school.

The College is also starting an Elders College plus forming an Elder's Group to support the college and students.

Cynthia McNeil, Resource Worker, Seabird Island Band

Supporting Students

The following two models describe how to support and enhance student educational experiences.

1. Reciprocal Partnership Model in Nursing Education (University of Victoria)

The following program description has been submitted by Joan Gillie, University of Victoria (UVic). This program was funded by the Ministry of Advanced Education, Aboriginal Special Projects Fund and was a front-runner for financially supporting (equal pay rate) a coordinator at both the university and in the Aboriginal community to "co-coordinate" a program, which proved to be a successful ingredient towards the overall success of the program. The community partner was the Tsawout Nation.

The Project was intended to begin a process of transformation of nursing education and curricula, specifically to have educational goals and objectives directed by the community and to establish new and sustained relationships between community and the university. The UVic nursing student presence in the community also created ideal role modeling opportunities. Students from the community also had the opportunity to experience campus life under the mentorship of a 3rd or 4th year nursing students, which enhanced their comfort level when navigating the university.

It was hoped that many participants would seriously consider careers in health and health leadership as well as witness the health leaders in action (practitioners, political leaders, and Elders) in community to address prevention of disease, decrease substance use and to facilitate health promotion at individual, family and community levels.

Reciprocal immersion opportunities included cultural immersion for Bachelor Science Nursing learners in the Tsawout and Saanich communities. UVic Nursing students enjoyed the privilege of spending time in the Tsawout long house under the tutelage of Elders from the Saanich Aboriginal communities. Many students described this experience as the capstone to their nursing education and indicated it *transformed their approach to nursing practice and their lives*. Learners from the community attended university classes, labs and events. The social aspect, such as sharing food, feasting and involving Elders in the decision making process were key to the success of this innovative practice model. This project received acclaim from the Western Region Canadian Association Schools of Nursing for an *Innovation in Nursing Education Award 2007 - 2008*.

The project culminated with a health fair where students presented their project work and told the people gathered from the local nations about their life changing experiences. The highlights included:

- Students and community members alike mentioned the level of trust that had developed between them;
- A student commented that the project had transformed her nursing practice forever, and that "everything made sense now";
- Another student felt empowered enough to challenge an incident of racism she witnessed in the hospital, and to transform that situation into something positive;
- Another student mentioned that without this opportunity she feared she might have gone through her life never even saying hello to an Indigenous person; and,
- An Elder, with tears in her eyes stated that she gained so much from the community visits and extended heartfelt thanks saying "because of this we are family" and she welcomed the students back to the community beyond the scope and time frame of the project.

The experiential aspect was integral to the success of this work. Through practice placements and experience both inside and outside the classroom, students from UVic and from the community were able to realize goals of developing relationships based on trust and respect that continue to sustain opportunities in the communities and at UVic to the present day.

These experiences cannot be measured in accreditation and course completion but can be embraced as significant factors leading towards fulfilment of learning and excellence in

Making Dreams Come True

The Practical Nurse Program offered by Gitksan Wet'suwet'an Education Society has made a difference in our community. It has provided an opportunity for people to realize their dream - the dream of being a nurse. The graduates fill roles of LPN's at the local hospital and as home care nurses, with the Gitksan Health Society. The majority of the LPN's in both of these facilities are graduates from the program.

LPN Instructor, Pat Hillis

understanding of how to be sensitive, compassionate leaders in the field of health care.

2. Reciprocal Partnership Model in Healthcare Education (Nicola Valley Institute of Technology)

The following program description has been submitted by Marti Harder, Nicola Valley Institute of Technology (NVIT):

Strong and supportive relationships are key to the success in NVIT students in both the classroom and practicum settings.

The following individual success stories demonstrate the focus on relationship, and the constant belief in student abilities. Names of students may have been changed to protect identities.

Cheryl – was an Health Care Assistant (HCA) student who was not doing well in her practicums due to a history of severe physical and psychological trauma. The instructor found that Cheryl required more support than she was able to give (as she had seven other students that she was also responsible for). NVIT assessed Cheryl's learning needs, and hired a 1:1 instructor to help her succeed. NVIT was aware that being successful in this program could start Cheryl on a path to change her life, and knew that failure just wasn't an option. NVIT made the practice placement site aware of Cheryl's situation and they were fully supportive of our efforts with her. At the end of the practicum, Cheryl had performed so well that she was offered a job at the site.

Four students – behaved inappropriately and were not allowed to return to a practicum site. The facility would not accept the students' apologies for their poor behaviour. As the students' behaviour was not related to safety, knowledge or skills, NVIT believed that with careful guidance and encouragement, these students could be taught essential workplace skills and they could be successful in the course. NVIT found another practicum site, and hired an additional instructor to give these students a second chance. NVIT made the placement site aware of the previous concerns about the students, and they fully supported the students. These four students were successful in the course, and were well loved at the practicum site, both by staff and the elderly residents.

Rose – a mature woman, age 60, had not been in school for 45 years (since residential school). Rose had a dream to be a caregiver, and felt she still had a bit of time in her life to "give back" to the community. She struggled with the academic portion of the HCA program, and tried to quit a few times, but NVIT refused to let her go as we knew she would be an excellent caregiver. She graduated in 2009. Rose was hired as an HCA, worked for one year, and her work and wisdom was deeply appreciated. Unfortunately, Rose was diagnosed with cancer in 2010, and she has since passed away. Becoming an HCA was one of the proudest accomplishments of her life.

It is the relationships that we forge with our students, and the beliefs we have in their abilities, that promote student successes. Our focus at NVIT is to never lose sight of those key aspects in our students' experiences. Relationships and beliefs in students have the power to change lives!

3. Health Studies (University of British Columbia)

Reciprocal learning initiatives need not wait until post-secondary. A new mentoring program is being offered through UBC as a strategy to attract more students into the health services field. Sandra Jarvis-Selinger is the Associate Director at the eHealth Strategy Office at UBC. Aboriginal students who are currently enrolled in health studies are partnered with students in grades 6 through 12 to answer questions and act as role models. Attracting student interest in the earlier grades is important as it allows students the opportunity to explore the sciences and ensure that

they have the required prerequisites. The project is funded over a four year span through the Canadian Institutes of Health Research. The project uses an online mentoring platform called icouldbe.org and provides a secure interface for interaction between students and mentors. Students can also access interactive videos, ask questions and link to related websites. Using this kind of technology is seen as vital to attracting youth into exploring health sciences.

(Johnson, Gail. 2012. UBC's Aboriginal e-Mentoring program opens up health field. Retrieved on November 19, 2012 from <http://www.straight.com/article-822801/vancouver/aboriginal-ementoring-opens-health-field>)

Program Implementation and Delivery

Blunt (1988), when describing the variation between education and learning within the context of lifelong education, writes: "individuals choose to learn when they are in an environment or circumstance where they clearly perceive that learning will result in an improvement in their well-being" (p. 38). In the milieu of Aboriginal community-based education, not only is learning meaningful, students are able to learn in family groups, especially when progress is maximized towards communal growth. An Aboriginal community-based classroom may have a different look and feel than mainstream classroom settings and much can be learned from this holistic setting which is always enriched by food and symbols, art, pictures that are relevant and meaningful to the adult learners.

In-Community Learning

Offering on-site credentialed and accredited health training programs in First Nations communities, such as Bella Bella, have immeasurable benefits. These include minimal family, financial, cultural and personal disruptions and hardships when students stay in community settings while receiving the support and training required. Should they choose to transition to higher learning, students can do so seamlessly with personal confidence while meeting academic rigor and standards. Should they choose to remain and work in their home communities, they contribute to capacity building while serving as inspiring and esteemed role models. In any case, it is a win-win situation for everyone involved!

Pauline Waterfall, Heilstuk

There are many ways to deliver community-based Aboriginal education. You can consider multiple modes of delivery such as:

- Regional partnerships with neighbouring communities
- On-line courses
- Direct instruction, both in community and out of community
- A blend of online and face-to-face
- Orientation courses held in a partner public post-secondary institution to introduce students to the partner. This helps students familiarize themselves with campus supports and resources, and to ease the transition to college and/or university.

Pedagogical Considerations

Aboriginal communities have been heavily impacted by various forms of colonization, and continue to be affected by colonial policies. Therefore, it is crucial that traditional Indigenous pedagogies are used to provide balance and critical insight to Western training approaches.

How do culturally relevant teaching strategies differ from mainstream approaches? A culturally relevant approach is not based on the “empty vessel” theory assuming that learners are passive recipients of “expert” teacher knowledge.

In many Western institutions of the past, teachers were authority figures who attempted to remain objective and emotionally distant from learners. At their most extreme, these Western approaches were linear, compartmentalized, competitive, individualized and regimented. They espoused Western values, biases and assumptions. Although many academics now use more diverse methods of teaching, some continue to perpetuate this older, traditional European approach.

By contrast, Indigenous pedagogy recognizes that learning is integrated, flexible and circular and that no approach can be completely objective. Indigenous pedagogy is highly relational and builds on Indigenous epistemology, storytelling and on wide-ranging historic and current realities.

Consider these questions regarding pedagogical approaches:

- Is a new program being created with the PPSI or is the goal to “Indigenize” an existing program?
- Are there existing related programs and precedents?
- What kind of human resources are in the community to guide the partnership-building process and negotiations?
- What community members are available to ensure the input of relevant cultural and traditional knowledge?
- What strengths, skills and qualities does the community bring to the table to enable a meaningful, bicultural partnership?
- What skills, qualities and attitudes are expected from the partner(s)?

Culturally relevant education integrates cultural knowledge throughout all subject areas. A culturally relevant curriculum reflects that Indigenous knowledge has equal footing with Western knowledge and is treated with integrity. A culturally relevant curriculum that blends Indigenous and Western pedagogies will ensure that students develop critical thinking and required technical skills, abilities and capacities without having to forsake their identities or beliefs. It can provide the basis for meaningful intercultural dialogue and partnerships; and promote individual empowerment, community ownership and social consciousness. Cultural relevance is not just about *what* is taught but also *how* it is taught. For example, educational practices that:

- Promote facilitation rather than just teaching. Facilitators mentor and engage learners; are demanding but use supportive teaching styles that create optimal learning and challenges
- Use activities that encourage shared power, student responsibility, peer learning, small/large group discussions, presentations, circle talks, ceremony
- Use activities that help learners search for underlying issues and develop critical thinking skills
- Are activity-based, hands-on practical learning opportunities
- Promote an emphasis on cultural context and involve Elders when appropriate
- Encourage social and cultural interaction with the community
- Minimizes use of formal lecture, competition and use of objective exams

Red Pedagogy

...it is important to understand that Red pedagogy is not a method or technique to be memorized, implemented, applied, or prescribed. Rather, it is a space of engagement. It is the...intellectual borderlands where indigenous and nonindigenous scholars encounter one another, working to remember, redefine, and reverse the devastation of the original colonialist encounter. (Grande, 2008, p.234)

Useful Pedagogical Resources

- *Red Pedagogy* (Grande, 2004)
- *For Indigenous Eyes Only* (Wilson & Yellowbird, 2008)
- *Indigenizing The Academy* (Mihesuah & Wilson, 2004)
- *Look To The Mountain* (Cajete, 1994)

- Uses whole language techniques that emphasize words, language and cultural backgrounds of learners
- Builds on Indigenous pedagogy, epistemology and stories
- Examines colonialism and questions and analyzes assumptions about Western and Indigenous values

What does an instructor need to know?

While instructors must have the proper technical skills and credentials and meet the union and personnel requirements of institutions, program instructors must be familiar with Indigenous epistemology and pedagogy. They must feel comfortable relating to students and be able to build rapport with communities. They must have an understanding of historical and contemporary Aboriginal issues; holistic methodologies; and the effective utilization of community resource people including Elders. It is crucial that they have a deep understanding of social and political realities, Indigenous resistance efforts, critical theories and issues related to decolonization.

Effective Teaching

Culturally responsive teachers are effective teachers who embrace Indigenous cultural norms; establish close personal ties with students, parents, and Elders; are socially and politically conscious; and attempt to arm students for an alienating world, among other things. (Pewewardy, 2005, p. 151)

In the delivery of a community-based health program, it may not be realistic that one instructor has all of the needed skills. In such a situation consider creating a team of instructors, some of whom will have the above noted skills and others who may bring specialized qualifications for certain courses or units. For example, an instructor of a technical course related to nursing or sports medicine may not be able to address all of the issues related to traditional knowledge or Indigenous pedagogy, but they should at least understand that they are a part of a partnership and a framework that is devoted to addressing these issues. Such instructors should still validate the process and incorporate Indigenous knowledge and teaching styles by working closely with key community resource people and with their colleagues who are more familiar with Indigenous pedagogy, critical inquiry and colonial realities. It is up to the partnership program administrators and coordinators to ensure this takes place and that all key players are working together effectively.

What would an ideal program look like?

Many Aboriginal educators and their academic allies have already paved the way for the recognition of Indigenous pedagogy and the indigenization of curriculums and academic processes. Thanks to their research and persistence, the movement of culturally attuned curriculum and delivery is already taking place on a worldwide basis. The work of culturally attuned academics, effective community partners and the dedication of the ancestors and traditional knowledge keepers serve as the foundation for any partnership between Indigenous communities and post-secondary institutions who hope to provide a truly bicultural learning experience.

Pedagogy that Blends

Indigenous pedagogy is a space of engagement and process that blends traditional knowledge with Western worldviews. Therefore the outcomes of partnering for your community will depend upon the key players from the community and from the partnering institution and what is negotiated. Certain science-oriented health courses may end up remaining Western in essence but, even then, such courses should be "tailored to engage Indigenous epistemologies...in substantive, supportive, respectful, and constructive ways." (Gone, 2004, p. 140)

Here are some important questions for your community-working group to consider before embarking on a bicultural partnership:

- Does the community simply want a training program in order to meet employment and career goals?
- Is the community satisfied with Western ideas and values, without the need for critical inquiry?
- Is there a need for just a community-based program, or is the need for the training program to be part of a larger community vision related to nation building and self-determination?
- How will this training benefit the community as a whole in the long and short term?
- Considering that many Aboriginal learners may be somewhat acculturated to Western teaching methods, how will students manage a return to Indigenous learning approaches?

If the working group and/or community are clear on the goal of delivering a program that values traditional knowledge and ways of knowing, the possibilities are only as limited as the creativity and flexibility of the key players.

Ideally, an "Indigenized" health program would consist of:

- Meaningful involvement of Elders and traditional healers including a critical look at the ideas of elder-hood, Christian influence, pan-Indian influence, sobriety and global impacts on traditional knowledge
- Building on traditional health knowledge such as botany, plant-use, ceremonial healing and holistic health and wellness
- Exploring cross-cultural health service delivery methods such cultural safety and provision of language and traditional healing service options in health institutions
- Exploration of Indigenous definitions of "medicine" and other distinct health concepts
- Incorporating historic and contemporary Indigenous concepts and definitions related to medicine, wellness, prevention, sobriety movement, connection to place, spiritual healing, psychology, counseling, science, nutrition, parallels with modern healing arts, midwifery, self-care, personal responsibility and culture as a healing factor.

Delivered properly, a community-based health program utilizing indigenized approaches should be an empowering and revolutionary learning experience for the entire community.

Honouring Students

The day of graduation for the LPN students in Bella Bella was a highlight of my career and demonstrated for me the profound impact of accessible post-secondary education in the home community. There was a global heightened sense of excitement, pride, recognition and solidarity with the graduates' accomplishment. The community gathered for a special celebration to honor the four graduates and to share how meaningful their success was for the people. It was a remarkable testimony to the student's hard work and determination to achieve success and contribute to the growth of self and community. It was truly a community achievement!

Sandra Kioke, Instructor, LPN Program



Photo by Nancy J. Turner

Facilitation

At the Enowkin Learning Centre, an instructor facilitates student visits to mainstream health agencies to help raise student awareness of how Aboriginal culture is or is not reflected in these organizations and agencies. She asks students to identify the Indigenous elements throughout the institutions and speaks to the need to promote Indigenization - from the policy level to the visual level - from the walls, to symbols, to practice.

Effective Practicum Placements

Practicum placements are important to help students apply learning to practice. Practicums are time limited so it is vital to maximize the students' learning by tailoring a learning plan around their individual aspirations, while encouraging the work or project that is embarked upon to lend itself to community needs as well. A practicum can boost a students' confidence or break it. The relational dynamics must be fully considered. It would not be wise to place a student in a setting where there is historical hostility or blatant racism, for example. Typically there is acute awareness in the Aboriginal community of these types of locales, which may require a placement in a neighbouring community. The additional costs should be anticipated at the outset. Student safety is paramount.

Choosing practicum placements is where program leaders from the Aboriginal community can provide guidance. It is often helpful to assess ahead, preparing the way prior to the actual practicum. It may be necessary to host practicum/agency sites to facilitate cultural sensitivity workshops or to introduce them to the local history, culture and protocols of the Aboriginal community, advising them what can be expected or not expected and to turn the situation into one of warmth, welcome and celebration. It is essential to get off to a good start. It is equally important to collaborate with the local health authority when developing programming and work placements.

For example, this could include sending a letter of introduction for your students to their placement agency, see information below and the *Resources Section: Sample Letter of Introduction*, p.45.

Sample Practicum Orientation

A practice or work experience, whether paid or unpaid, in any educational context is a particularly important aspect to building relationships of trust. This is vital for Aboriginal student learning opportunities and for Aboriginal communities. Practicum experiences provide opportunities for students to work with professionals and others in specific settings, relevant to their education. A practicum experience is planned, supervised and evaluated and must meet well defined standards set by the College of Registered Nurses of British Columbia. Most health programs will require a practice component as a mandatory part of program completion. We want this experience to be positive and to lead to better understanding and positive relationships between our student and your community.

A list of particular competencies skills required for any given student in a placement, and instructions for completing any required assessment by the agency, will be provided to you. Examples of areas for assessment may include professionalism and planning skills. We hope you will collaborate with us in developing a holistic learning plan for each individual student you supervise. Guidelines for the learning plan will be provided by the educational institute.

The educational institute will oversee the placement and assess a final grade for the student. Your agency office/department will be asked to provide feedback in the student evaluation process. There are a number of ways that experiential learning is structured and we will work with you to develop learning opportunities that fulfill multiple expectations.

In addition, another consideration is the living arrangement – students from isolated rural community settings may need to acquire shared accommodations or individual living quarters when they do their practica; therefore, financial costs and travel costs need to be factored in.

Building Cultural Safety and Competence

Having Aboriginal students from health programs working in community and agencies outside of their home community can sometimes be challenging for both the student and the hosts.

Carefully nurtured relationships can be transformative and this experiential learning *may* provide the institution of higher learning as well the host organization with feedback so as to improve their approach to training.

Generally, this will provide learning opportunities to agency staff and students alike. It is important to continue to build awareness and understanding; this in itself requires attention to cultural competence as a priority. Building cultural competence promotes opportunities to:

- Build relationships of trust; be together in/out of community; to share food and to celebrate the practice relationships and student's accomplishments
- Transform experiential learning opportunities into a more flexible system around schedules to accommodate cultural and community obligations
- Help students master skills relevant to their health program
- Fulfill required competencies
- Develop new relationships
- Undertake specific projects that the agency would like to complete
- Work as part of a team
- Put classroom learning into practice
- Gain workplace skills
- Appreciate the role of community in health, and delivery of health services
- Develop communication skills
- Bring cultures together to bridge cultural gaps
- Build long-term benefits
- Gain an understanding of indigenous ways of knowing and learning

The challenges:

- Lack of awareness of cultural safety competence
- Creating awareness and flexibility in practice agencies for Aboriginal students' cultural and community obligations
- Location of practicum sites (rural/remote)
- Possible costs associated with travel
- Possible costs associated with social aspects
- Providing increased student support (while they are away from their community)
- Timely completion of practica and programs
- Cultural awareness
- Racism



Three nursing students leaving building at the Nicola Valley Institute of Technology

Career Guidebook

As of December 2012 the First Nations Health Authority's, Health Careers Coordinator is updating a guidebook to highlight the broad spectrum of health related careers. Supported by current demographics, trends, and outlooks, the guidebook will provide a general overview of each respective career, including expected salary range, labour market projections, and recommended pre-requisites. Available programs offered by BC's post-secondary institutions will also be included for each career path. The anticipated release date is September 2013. You will find more information at <http://www.fnhc.ca/> or contact the Coordinator directly at ccaruso@fnhc.ca.

SECTION FIVE: Resources

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Aboriginal Practice Education Framework for British Columbia

(BC Academic Health Council)

The Aboriginal Practice Education Framework for British Columbia: Steps towards Increasing Aboriginal Health Human Resources Capacity is a guidebook of relevant practices, historic developments and current health initiatives and partnerships between Aboriginal (Indigenous) communities/organizations and various stakeholders who currently provide health care services or training. It offers guidance and practical tips for training institutions, health agencies and communities in creating hands-on learning opportunities or practicum experiences that are described as *practice education*. Practice education opportunities hosted by Aboriginal communities are described as beneficial for the following reasons:

- Provides a culturally relevant learning experience for learners
- Creates an opportunity to develop a core of Aboriginal and non-Aboriginal health professionals to address the specialized needs of Aboriginal clients and communities and thereby improve Aboriginal health
- Builds health human resource capacities of Aboriginal communities

The report provides a number of examples of effective partnerships between Aboriginal communities and post-secondary institutions offering health-training programs and for the delivery of culturally relevant curriculum. It also provides examples of some exciting and innovative collaborations among communities, governments, health service agencies and training institutions. The following summary details the highlights and key points of the report.

Background

The background includes historical context for the startling Aboriginal health statistics and disparities that exist. Advocacy for Aboriginal control over the planning, management and delivery of health services is a central theme and an important framework agreement between Canada, the provincial government and BC First Nations in the formation of the First Nations Health Authority is described. This framework and ensuing developments represent the first steps towards Aboriginal health services transfer. It describes the underrepresentation of Aboriginal enrollment in training institutions particularly in health related programs, the need for increased training options and recent commitments made by both public and Indigenous training institutions.

Partnership Examples

Specific examples and case studies are provided of collaborative partnerships between educators, communities and health agencies offering students unique and culturally enriching “practice education” (hands-on, community-based) experiences. These include inspirational yet practical examples to assist community education planners to prepare for potential pitfalls and possibilities. The stories provide a description of the project, how it came about, key stakeholders, practicum placements, graduate outcomes and lessons learned. The stories are valuable for communities contemplating or developing similar partnerships.

The Framework

This section describes what it takes to establish effective partnerships and cross-cultural learning experiences. It is a valuable tool that describes the roles and responsibilities of all stakeholders including students, communities, health services staff and training institutions. For example, a

potential challenge is the reality of understaffed and underfunded community health centers. They are designed to provide services not education, therefore not always conducive to *practice education* placements without proper training of community health staff.

The challenges of working in the health and education field are described including the complexities of how these systems work and their multiple and sometimes overlapping roles. Specific challenges based on real experiences are described for post-secondary institutions, faculty, health authorities and community health centers. The framework within this report provides tools such as a checklist to determine the readiness of post-secondary institutions to partner with an Aboriginal community. Their guiding checklist is a good starting point for your community's discussions with potential post-secondary partners:

- Appropriate curriculum
- A strategic plan & related policy
- Existing relationships with health authorities and/or communities
- Structures and processes to ensure cultural safety in curriculum
- First Nations faculty, staff and Elder involvement
- A gathering place for students

The framework section concludes with an in-depth look at collaboration, which is distinguished from partnership by its more complex nature including, "working toward common goals by sharing responsibility, authority and accountability for achieving results." The nine concepts they outline for successful collaboration are:

1. Authentic partnerships
2. Capacity building
3. Problem solving focus
4. Mutual benefits
5. Planned systematic process
6. Resource sharing
7. Sustained relationships
8. Transparent methods
9. Promotion and implementation of outcomes

The report concludes with a practical tool in the appendix that describes the necessary environment for Aboriginal practice education, including sections specifically developed for: 1) Aboriginal communities 2) Post-secondary system 3) BC health authorities and 4) Provincial and federal leadership.

A review of this report is recommended for any community leader or community education body seeking community-based, culturally relevant health training.

Health Careers

This chart provides **examples** of British Columbia PPSIs only – it is not intended to capture all BC health related programs.

Certificate Programs	Institutions Offering	Admission Requirements	Duration	Online
Health Care Assistant Certificate; Resident Care Attendant Certificate	Selkirk, VCC, College of New Caledonia, Capilano, Douglas, Thompson Rivers, Open Learning, NVIT	Grade 11 Grade 10 (NVIT)	Approx. 26 weeks Approx. 29 weeks (NVIT)	Yes; TRU-OL
Health Care Support Worker	Douglas College	Grade 11	One year	No
Practical Nurse Access Certificate	Thompson Rivers Open Learning; Selkirk, NVIT; others	Resident Care Attendant Certificate; Grade 12 with Biology 12: Human Anatomy & Physiology		Yes
Pharmacy Technician Bridging Program	Selkirk		4 modules	Yes
Pharmacy Technician	Selkirk, VCC, Camosun; others	PT Bridge (see above)	11 months	No
Diploma Programs	Institutions Offering	Admission Requirements	Duration	Online
Practical Nurse Diploma	Camosun, VCC; others	Grade 12 & grade requirements in individual courses	1 year	No
Aboriginal Health Leadership Diploma	School of Public Health & Social Policy, UVic	Grade 12 or special access	16 month	Yes; combination in community & on line
Degree Programs	Institutions Offering	Admission Requirements	Duration	Online
Nursing (BSN)	VIU, North Island College, Selkirk, Camosun/UVic, VCC; others	Grade 12 & grade requirements in individual courses	4 years	Not entirely, but possibly individual courses
Registered Dietician	UBC	Detailed, see website www.landfood.ca	5 years includes 2 pre-requisite years	NO
Health & Community Services (BA)	UVic	2 years of undergraduate course work; high school math; direct bridge from Aboriginal Health Leadership Diploma	2 years	Yes
Medical Doctor	UBC; UVic Island Medical; UBCO Southern Medical, UNBC Northern Medical	MCAT; Bachelor's degree with science focus and many required courses;	4 years minimum after initial degree completion	NO
Pharmacy (BSc)	UBC	Completion of specific first year courses; PCAT exam	3 years after completion of required entry year	NO

Health Certificates

This chart is a sample of the types of health related certificate programs offered by the Native Education College which is an IAHLA institute and a member of the Private Career & Training Institutions Agency of B.C. (PCTIA).

PCTIA accredited institutions are not PPSIs – the crediting and licensing may differ so it is recommended that you check with BCCAT for course and program transferability.

Certificate	Institution	Provincial Accreditation	Admission Requirements	Duration	Online?
Health Care Assistant (Provincial Accreditation)	NEC Native Education College	Yes	<ul style="list-style-type: none"> • Grade 10 English or CAAT Test • Statement of Interest • 2 References Criminal Records Check • TB Test Results • Up-dated Immunization Records • Chest X-Ray • Interview with Coordinator 	8.5 months	No
Pathways to Health Careers	NEC Native Education College	Adult Dogwood + necessary prerequisite for post-secondary health program	<ul style="list-style-type: none"> • English 11 • Math 10 with C+ or better 	8 months	
HCA - Acute Care	NEC Native Education College	Yes (PCTIA accreditation in process)	<ul style="list-style-type: none"> • Graduate of HCA • Criminal record check through the BC Criminal Record Review Program 		
Aboriginal Hospice Palliative Care	NEC Native Education College	No	<ul style="list-style-type: none"> • Graduate of HCA • Criminal record check through the BC Criminal Record Review Program 		

Letter of Introduction - Sample

Dear [name]

Thank you for welcoming our practicum student into your community to learn from you. We hope he/she will also be able to help members of your community by sharing his/her knowledge gained from being enrolled in an institution such as ours.

A practice or work experience, whether paid or unpaid in any educational context is a particularly important aspect to building relationships of trust. This is vital for Aboriginal student learning opportunities and for Aboriginal communities.

Practice experiences (experiential learning) provide opportunities for students to work with professionals and others in specific settings, relevant to their education. A practice experience is planned, supervised and evaluated and must meet well defined standards set by the College of Registered Nurses of British Columbia. Most health programs will require a practice component as a mandatory part of program completion. We want this experience to be positive and to lead to better understanding and positive relationships between our student and your community.

A list of particular competencies skills required for any given student in a placement, and instructions for completing any required assessment by the agency, will be provided to you. Examples of areas for assessment may include professionalism and planning skills. We hope you will collaborate with us in developing a holistic learning plan for each individual student you supervise. Guidelines for the learning plan will be provided by the educational institute.

The educational institute will oversee the placement and assess a final grade for the student. Your agency office/department will be asked to provide feedback in the student evaluation process. There are a number of ways that experiential learning is structured and we will work with you to develop learning opportunities that fulfill multiple expectations. We hope that this practicum placement will help build long-lasting mutual trust between your community and our student and institution.

Regards,

[Institution]

Nursing Application

Items required for most applications to colleges/universities:	
<ul style="list-style-type: none"> Official transcripts of work done to date (high school, college or other); most institutes will require all transcripts, whether or not they are from an accrediting institution. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Official transcripts of course work in progress, followed by an official transcript showing completion of course/program. 	<input type="checkbox"/>
<ul style="list-style-type: none"> There are generally two ways to provide an official document, 1) have the document sent to the institution you are applying to, directly, 2) have the document sent to you, but leave it unopened in its original envelope. Most institutions will consider unsealed transcripts unofficial and will ask you to get official ones, costing extra time and money. 	<input type="checkbox"/>
<ul style="list-style-type: none"> References. Most applications require a minimum of two academic and/or other types of references. Please identify potential referees (people who provide the reference) early, as you think about applying. This step generally takes a long time, and you don't want to delay your application waiting for references. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Letter of intent. Many applications will require you to write a letter indicating why you are applying and why you think you are a good candidate for the program. People looking at applications will be looking to see how your career and other goals fit with their program, to have a look at how well you write, and to see if you have done any background research on the program (hint: you MUST do back ground research into the program through contacting an admissions advisor, dropping in to the program office, checking the website, and/or speaking with others in the program). 	<input type="checkbox"/>
<ul style="list-style-type: none"> Examinations: Some programs require specific examinations such as the MCAT (for medical degrees) or the LSAT (for LAW). Some programs may require you to write an English test, or basic mathematics test. Individual requirements will vary. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Pre-requisite courses. You may be required to take particular courses prior to application. Many institutes will allow you to apply, while you have such courses underway. 	<input type="checkbox"/>
<ul style="list-style-type: none"> An application form. Most institutes will require you to complete an application form. Many are now online and easy to complete. 	<input type="checkbox"/>
<ul style="list-style-type: none"> An application fee: You will be required to pay an application fee or fees when you apply for a course or program. Fees vary. Some institutes do not accept credit cards. Individual requirements will be posted on the website for the program. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Samples of written work or projects completed. Some programs may want you to submit a sample of work completed in a past program. Requests for items could be quite varied. 	<input type="checkbox"/>
<ul style="list-style-type: none"> In-person interview. Some programs may want to meet with you in person prior to offering you a place in the program. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Although rare, you may require a physical exam or certificate of health from a physician, depending on the program. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Other specific requirement. Some programs may have specific requirements, such as proof of you having a valid driver's licence, up to date immunizations, current CPR certification, criminal records check, etc. Sometimes these items are required on admission; sometimes after admission. 	<input type="checkbox"/>
Items required for work experiences/practica:	
<ul style="list-style-type: none"> Items you require for your practical work experience in a program vary greatly. The program will let you know exactly what you need. Here are a few ideas about what you might expect in a health program: 	<input type="checkbox"/>
Official documents or training that you may require:	
<ul style="list-style-type: none"> Current CPR (cardio pulmonary resuscitation) 	<input type="checkbox"/>
<ul style="list-style-type: none"> First aid 	<input type="checkbox"/>
<ul style="list-style-type: none"> Current food safe certificate 	<input type="checkbox"/>

• WHIMIS training (workplace hazardous materials information system)	<input type="checkbox"/>
• Current immunization record including TB test	<input type="checkbox"/>
• Student or official registration document from licencing organization (i.e. Practical Nurses Association, or College of Registered Nurses of BC – this is unlikely for most students, but still a possibility)	<input type="checkbox"/>
• Consent forms for sharing information between institutions – this may be required for bridging opportunities	<input type="checkbox"/>
• Criminal records check, particularly if your program will have you placed in a work experience with children, persons with disabilities, etc.	<input type="checkbox"/>
• Other item, as specified by the individual program.	<input type="checkbox"/>
Other Items you may need (again, your program will let you know if you need these):	
• An easy-to-read watch	<input type="checkbox"/>
• A stethoscope and/or other equipment (thermometer, blood pressure cuff, bandage scissors)	<input type="checkbox"/>
• Good shoes; comfort is paramount and also you will usually be required to wear full shoes with no open toes or heels	<input type="checkbox"/>
• Dress code; dress codes vary. In some settings street clothes are okay and in others you will be in scrubs (health care provider gear).	<input type="checkbox"/>
• Scrubs (shirts, pants and/or dresses made especially for those in the health care profession)	<input type="checkbox"/>
• Text books and manuals	<input type="checkbox"/>
• Pocket guides	<input type="checkbox"/>
• Coloured markers to carry in your pocket (esp. handy for nursing students)	<input type="checkbox"/>
• Access to a car	<input type="checkbox"/>
• Other item, as specified by the individual program.	<input type="checkbox"/>

Note: some items required for practice; make sure Worker’s Compensation Board requirements for workplace safety are met (I.e. a certain type of shoe in some clinical settings may be required).

Questions for a Needs Assessment

1. Have you ever considered a career in a health related field? If yes, what types of careers are you interested in (e.g. Home Care Attendant, LPN, or Doctor)? List "all" of your health career interests.
2. If a health related training program is offered in our community would you like to participate?
3. Which of these program delivery times best suits your needs? Circle all that apply:
a) Weekday mornings; b) Week nights; c) Full weekdays; d) Weekends all day.
4. If you are currently employed where are you working? If you are currently in school where are you attending?
5. What is the highest level of English and Math you have completed? When did you complete these courses? Where did you take these courses?
6. If you haven't completed English 12 with a C+ average or Math 11, you may need to do participate in an academic upgrading program, which may be held over the summer in order for you to have the requirements for the program. Are you willing and able to take part in a summer program? If not, what will prevent you from doing so?
7. Have you accessed AANDC Post-Secondary funding in the past? If so were you funded for a Certificate, Diploma, or a Degree? Please circle all that apply.
8. If you have exhausted AANDC sponsorship for post-secondary would you consider applying for a student loan to take this health training program?
9. Please share a few words about why you are interested in a health career and how you think a health career can be most helpful in this community or in other Aboriginal communities.

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Indigenous Adult & Higher Learning Institutes in British Columbia

Note: **highlighted institutes** have delivered health education/training programming. These are potential institutions that could provide mentoring services.

Ahouasht Education Authority	
a-m'aa-sip Learning Place (Nuu-chah-nulth Tribal Council)	
Burns Lake Native Development Corporation	Muskoti Learning Centre - Sauteau First Nations
Cheam Indian Band	Native Education College
Chemainus Native College	Neskonlith Education Centre
Community Futures Dev. Corp. of Central Interior First Nations	Nicola Valley Institute of Technology
Cowichan Tribes - Quw'utsun Syuw'entst Lelum	Northern Shuswap Tribal Cncl. - Weekend University Prgrm.
En'owkin Centre	Saanich Adult Education Centre
First Nations Training and Development Centre	Seabird College
Fort Nelson First Nation Community Education	Seabird Island Indian Band
Gitksan Wet'suwet'en Education Society	Sechelt Indian Band Education Centre
Gitwangak Education Society	Secwepemc Cultural Education Society
Heiltsuk College	Snuneymuxw First Nation / House of Learning
Ittatsoo Learning Centre	Sto:lo Nation
K'ak'otlats'i School	Ted Williams Memorial Learning Centre
Kitamaat Village Council / Kitimat Valley Institute	Tl'azt'en Adult Learning Centre
Kwadacha Dune Tiiy - Aatse Davie School	Ts'zil Learning Centre (Mount Currie Band Council)
Kyah Wiget Education Society	Tsay Keh Dene)
Lip'alhayc Learning Centre (Nuxalk College)	Wabsuwilaks'm Gitselasu
	Wah-meesh Learning Centre - Mowachaht/Muchalaht
	Wilp Wilxo'oskwhl Nisga'a