



NNAPF POSITION PAPER NNAPF'S National Training and the new Aboriginal Health Resources Strategy

OBJECTIVES

NNAPF wishes to insure that

- ✦ the perspectives of its national network of Aboriginal health and addictions specialists and service providers in the paraprofessional sector are valued and integrated in the Strategy from the beginning
- ✦ their achievements and expertise are recognized and put to contribution in the ongoing development of the new AHHR Strategy
- ✦ Perceived gaps in the new AHHR Strategy are communicated

Background

NNADAP, a national, federally-funded Addictions program serving Aboriginal Peoples in Canada, was designed to provide treatment, prevention, training and research services as a comprehensive federal strategy.

The program was to provide a balanced professional, paraprofessional and administrative training program to support prevention, maintenance and treatment programs with a cadre of different level positions including advanced and basic level counsellors. It was anticipated that this component would be carried out by Indian controlled "stations" as well as through contracted arrangements with established institutions.

Independent evaluation and intensive, internal review processes were conducted locally, regionally and nationally, culminating in the *General Review of NNADAP*. This report was completed in 1998 and included 37 recommendations.

The National Native Addictions Partnership Foundation was created as a non profit, non governmental national Aboriginal organization, to implement the Strategic Recommendations of the 1998, General Review of the National Native Alcohol and Drug Abuse Program.

The Foundation is composed of a multisectoral network of Aboriginal partners with significant expertise in the field of addictions and their related health and

social issues. Its role is to renew the Aboriginal Addictions System in order to assist its evolution into a more efficient, culturally-appropriate and relevant program, administered and delivered by trained and experienced Aboriginal Health and Addictions specialists. Details of this HHR component are contained in its guiding document: *NNADAP Renewal Framework*.

2. Revisiting HHR needs, priorities and recommendations

The 1998 general review recognizes that training and accreditation of Aboriginal professionals working in the field of Addictions is a need and a priority. The need for training is articulated in several of its findings, and mirrors the findings of the new 2003 AHHR Strategy:

- There is an inconsistent level of training, particularly for remote or northern communities. Basic training is not related to positions and there isn't a systematic orientation available for new workers to assist them in carrying out functions before basic training is scheduled.
- Advanced Counsellor Training does not occur in an organized fashion in every region. Also when workers do complete advanced training, there is not a process to adjust salaries as an incentive for advancement or for retention.
- Advanced Specialized Training in either addictions or addictions- related topics is not systematically available.
- Community prevention and health promotion needs to be made available or developed to better serve the 60% of the First Nations and Inuit population who are 30 years or younger.
- Health Canada in collaboration with First Nations and Inuit representatives should negotiate accreditation with a group such as the Ontario Interventionist Association to utilize the title of Certified Alcoholism Counsellor or to develop a similar accreditation process.
- General Training, such as computer programs, the Internet, financial systems and other similar areas which would benefit NNADAP workers are not systematically available

The Review made several recommendations in support of these findings:

- The possibility of devoting one or more centres to deal with prescription drug abuse and/or to provide training to communities should seriously be considered.
- There should also be recognition and a training strategy developed to assure that NNADAP workers have skills in areas of grief and loss, family violence, sexual abuse, tobacco, gambling, and other areas.
- That Health Canada and First Nations examine means by which Treatment Centre budgets could be increased to provide orientation, training and treatment in grief, loss, cultural programs and in treating other emerging addiction areas such as gambling, prescription drug abuse, etc.
- Additional monies should be made available to residential treatment centres for the purpose of providing their counselling staff training in

- mental health areas such as victims of sexual abuse, violence, and residential school affects, loss and grief and abandonment issues and general post-trauma processes.
- Health Canada, First Nations and Inuit organizations should negotiate accreditation with groups such as Ontario Interventionist Association to utilize certified alcoholism counsellor title or develop a similar accreditation process. The program could also consider granting parallel privileges to individuals with certain educational qualifications as well such as Bachelor of Social Work (BSW), Master of Social Work (MSW), psychology, or other fields which would be considered as equivalent.
 - Health Canada in collaboration with a steering committee of First Nations and Inuit representatives and representative stakeholders within the various NNADAP workers should develop a new training strategy to enable the communities to respond to the directions contained in this review.
 - A second task would be to develop an inventory of courses that may be shared with different jurisdictions. This strategy should include a review of accreditation options and should include development of a strategy to meet the considerations of recognition, targeting of training resources to positions, advance training, and multi-disciplinary training.
 - It is recommended that Health Canada and First Nations and Inuit representatives implement the centre of excellence concept to promote communities and treatment centres with recognized strengths and expertise as training and support mechanisms for other communities and treatment centres.
 - Discussions should be held with treatment centres to determine feasibility of having treatment centres as service hubs for community workers in such issues as general orientation, training on referral and assessment, information on addictions and other addictions in coordination needs which have been expressed from both treatment centres and the community level.

THE NEW PAN-CANADIAN HEALTH HUMAN RESOURCES STRATEGY

Following the 2003 First Ministers' Health Accord on Health Care Renewal, the Government of Canada has agreed to provide additional health care funding of \$17.3 billion over the next three years and \$ 34.8 billion over the next five years. The Accord stated that appropriate planning and management of HHR is key to ensuring that Canadians have access to the health services they need, now and in the future and highlighted the need for a national, comprehensive strategy.

With the collaboration of a Federal/Territorial/Provincial Advisory Committee on Health Delivery and Human Resources (ACHDHR), Health Canada has embarked in the development of a Pan-Canadian Health Human resources Strategy. Funding was approved in August 2004 with a commitment for on-going funding. The strategy will operate for the next 4 years then be evaluated to measure progress.

THE ABORIGINAL HEALTH RESOURCES STRATEGY

In September 2004, First Ministers and Aboriginal Leaders met in Ottawa to discuss joint actions to improve Aboriginal health and adopt measures to address the disparity in health status.

Acknowledging the range and importance of health issues specific to Aboriginal peoples in Canada, the federal government announced a total health funding of 700 million to improve Aboriginal health and adopt measures to address the disparity in health status, including 100 million dedicated to an Aboriginal Health Human Resources initiative.

The stated vision of the Aboriginal Health Human Resources Strategy is to develop and implement a national Health Human Resources Strategy that will meet the needs of Aboriginal People, and respond to the current, new and emerging health services issues and priorities while integrating with the pan-Canadian HHR Strategy.

NNAPF's HHR WORK AND THE NEW AHHR STRATEGY

The well documented, unique and recurrent health issues faced by Aboriginal people highlight the urgent need to achieve and maintain an adequate supply of properly trained and qualified health care providers.

In addition to the recommendations of the NNADAP general review highlighting the training and education needs of Aboriginal Health and addictions workers, the Royal Commission on Aboriginal Peoples estimated in its report that an additional 10 000 trained Aboriginal health workers were required. Studies show that recruitment and retention of Aboriginal personnel, as well as ensuring a culturally safe workforce are serious issues. Aboriginal trends in population growth and epidemiology have exacerbated this need. The principal theme of the AHHR strategy is the education and training of Aboriginal Health Workers, to remedy the shortages of key health care providers.

THE VALUE OF COLLECTIVE AND CORPORATE MEMORY

In a previous brief, NNAPF documented the rationale for, and the need to regard the Aboriginal Addictions System as an integral part of the Health system. The marginalisation of the vast pool of knowledge and skills acquired over many years by the Aboriginal Addictions System through the delivery of a complete continuum of care can be equated to a valuable loss of collective memory.

As illustrated by the findings and recommendations of the NNADAP General Review of 1998, the problems requiring to be solved by the 2003 HHR Strategy are not new. The use of corporate memory to take into account the work that has already been achieved in the areas of HHR by organisations such as NNAPF can only enhance the efficiency and cost-effectiveness of the new AHHR Strategy.

RECOGNITION OF NNAPF WORK IN THE AREA OF PARAPROFESSIONAL TRAINING AND DEVELOPMENT

Through its many collaborative initiatives to bridge the HHR gaps identified in the NNADAP general Review and to implement its recommendations, NNAPF has demonstrated that it is not a marginal organisation working inside the limits of a narrow focus, but that it is a player in the full range of issues at present being explored within the implementation framework of the new AHHR Strategy.

There is a perception that the present AHHR is more heavily focused on the training and development of the Health Professional Community.

NNAPF wishes to insure that the perspectives of its national network of Aboriginal health and addictions specialists and service providers in the paraprofessional sector are valued and integrated in the Strategy from the beginning, and that their achievements and expertise are recognized and put to contribution in the ongoing development of the new AHHR Strategy.

THE GROUND COVERED – NNAPF AND THE THREE AHHR COMPONENTS

In keeping with its intention to underline the ground covered in AHHR, NNAPF has identified several specific areas where it has already spent considerable efforts to advance the goals of the new Strategy in regard to HHR planning, Interprofessional Education, Collaborative Patient-Centered Practice, Recruitment and Retention.

- 1. HHR PLANNING** - Health Canada is working with the provinces, territories, and key stakeholders to determine how best to respond to the call for a more coordinated, pan-Canadian approach to evidence-based HHR planning. This will include enhancing existing capacity for such activities as data collection and forecasting, as well as developing more efficient and effective means of distributing information concerning the optimal supply of health care providers to those concerned.

The following initiative has been predicted to be, once fully developed, as the most advanced, coordinated system of its kind in Canada.

The National Native Information Management System

Developed in a collaborative effort with NNAPF, Health Canada and Dona Cona, the NNAIMS is an initiative to support addictions treatment centres and community addictions specialists (CAS) by providing electronic access to education as well as awareness tools, on-line booking capacity, communication links to all projects and eventually an on-line training venue.

2. **INTERPROFESSIONAL EDUCATION FOR COLLABORATIVE PATIENT-CENTERED PRACTICE** - The executive summary of Health Canada IECPCP report provides the following definitions:

- **Interprofessional/Interdisciplinary Education** : "occasions when two or more professions learn from and about each other to improve collaboration and the quality of care" (CAIPE, 1997, revised)
- **Collaboration**: "an interprofessional process of communication and decision-making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided" (Way & Jones, 2000)
- **Collaborative Patient-centred Practice**: "is designed to promote the active participation of each discipline in patient care. It enhances patient- and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision making within and across disciplines and fosters respect for disciplinary contributions of all professionals" (Health Canada, 2003)

Several of NNAPF's initiatives fulfill the Strategy's definitions of interprofessional education for collaborative patient-centered practice:

NNAPF's First Nations and Inuit Community Emergency Response Program

Mirroring the principles and definitions of the Interprofessional education component of the AHHR Strategy, NNAPF, in collaboration with multi-level, multisectoral partners, has developed a unique, community-based, community-oriented and community delivered model for a multi-level crisis intervention program. This model addresses those group substance abuse patterns that severely threaten the health, safety and even lives of children and youth in First Nations and Inuit communities, and to be managed and delivered by First Nations' and Inuit representatives.

The basic functions of NNAPF's First Nations and Inuit Community Emergency Response Program are to provide a highly skilled, mobile intervention and skill transfer capacity. It can be implemented as an initiative reflecting the HHR strategy's interprofessional education goals to:

- Promote the active participation of several health care disciplines and professions,
- Enhance patient, family, and community-centred goals and values,
- Provides mechanisms for continuous communication among health care providers,
- Optimize staff participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all providers can be integrated into.
- Be implementable in rural and northern settings

BEST PRACTICES in interprofessional education for collaborative patient-centered practice

NNAPF can offer a prime example of a practical model for community interdisciplinary collaboration built on the principle of interprofessional education for collaborative patient-centered practice. This initiative is documented in a best practices manual from the Community of Beardsy's and Okemasis.

NNAPF National Training Conferences

NNAPF strategic plan calls for Training Institutes and idea exchange Forums to be hosted annually by NNAPF. These institutes not only provide formal Training but serve as venues for the sharing of ideas, consulting and securing input into program renewal Plans.

From planning to implementation and evaluation, NNAPF's training conference promote collaboration and create environments and opportunities for health care providers to learn to work together, to share in problem solving and decision making, to the benefit of patients.

NNAPF to successfully hosted 4 such conferences, with a total of over 2000 participants, stakeholders as well a wide range of paraprofessionals and professionals working in major health areas, such as diabetes, HIV/AIDS, suicides, cancers, heart diseases, injuries (drownings, self-mutilation, MVA, violence, FASD, mental health etc.)

Accreditation of Aboriginal Treatment Centres in Canada

One of the new AHHIR aims is to close the gap in the delivery of quality health care through the development of an Aboriginal qualified, culturally safe workforce and to increase the number of opportunities to obtain culturally appropriate, quality health training for the paraprofessional and professional communities in order to respond adequately to the needs of clients.

- NNAPF, in administering an accreditation program focused primarily on Aboriginally-owned and administered Addictions Treatment centres, has contributed major advances in the delivery of high quality treatment and counselling services in the Aboriginal Addictions system.
- NNAPF's accreditation program aims at ensuring quality services through the adoption of national standards. These national standards include the provision of quality service delivery by trained and qualified personnel.
- The ultimate goal is to encourage the evolution of Aboriginal treatment centres towards centres of excellence, able and qualified to provide a wide range of high quality training to the health providers' community.

- An important component of NNAPF accreditation program is therefore focused on the training and qualification of workers involved in the full continuum of care provided by these centres.
- In addition, NNAPF's accreditation initiative is contributing directly to the goals of the AHHR strategy in working directly in the Aboriginal health renewal system, leading to enhanced environment of cultural safety , increased health system efficiency and sustainability through a significant range of training and professional development components.

Some of the global goals of NNAP's Accreditation initiatives related to the training of Aboriginal health care providers are:

- Help the organization become a learning organization and develop new capacities.
- Develop new education sessions for better support of organisations
- Recruit and train new surveyors (Orientation, observation, mentorship/internship, Faculty training)
- Building tools to develop and deliver on-site education Sessions comprising five different levels.

3. RECRUITMENT AND RETENTION:

There is a growing body of evidence, nationally and globally, documenting serious current and impending imbalances in the supply of health care providers across a wide variety of disciplines. Measures to increase representation of First Nations, Inuit, Métis, and visible minorities across the spectrum of health care careers in leadership roles, such as clinical care, administration, research, teaching and policy, are required.

There are presently several areas in the AHHR strategy related to paraprofessionals that are perceived as lacking clarity, for example:

- Definition of professional, paraprofessional and traditional service providers in the context of an Aboriginal health care continuum.
- The recognition within an Aboriginal Health Human Resources Strategy, of their place and role, compared to that of western-educated professionals (Aboriginal and non-Aboriginal).
- Protocols that will be established by the AHHR to recognise and credit their alternative qualifications and experience and provide them with access to formal training or education programs.
- The dispositions that will be taken to deal with the present job descriptions, workload, working conditions and salaries of Aboriginal health services providers.

The Aboriginal Addictions workforce includes a majority representation of a spectrum of paraprofessionals, with long years of experience and skills

acquired through alternative routes, generally some formal qualifications which have been expanded through attendance to a number of informal or semi-formal training sessions. Aboriginal Service providers in the Addictions services often comment that they are the most trained people, if their informal and practical training is taken into account.

These questions have been at the core of NNAPF's work for 4 years. The NNAPF guiding document, the NNADAP *Renewal framework* forms the backbone of its activities.

NNAPF Renewal Framework and Human Resources issues among the addictions workforce

The mission of the National Native Addictions Partnership Foundation (NNAPF) is to advocate, develop, facilitate, and monitor strategies designed to continuously upgrade and enhance the quality of ideas, information, program methodologies, financial allocations and skills of service providers comprising the program.

NNAPF can contribute at least three major initiatives to the Recruitment and retention components of the AHHR: A National Training Needs Survey, A National Training Strategy, and a National Salary survey.

NNAPF National Training Needs survey

NNAPF has begun to work with institutions to facilitate appropriate training that supports a national system of accreditation for addictions counsellors/coordinators.

NNAPF conducted a needs assessment/training survey with addictions and mental health workers. The report on the results of the survey provides an analysis of the skills, experience, level of education, qualifications and competencies of 182 respondents from First Nations communities and treatment centres across Canada.

Based on the results of this survey, NNAPF then drafted a training strategy, with a focus on national accreditation of workers.

NNAPF National Training Strategy

In its present draft form, this report contains the cumulative findings of a competency survey of front line workers, three worker's focus groups, and regional reports of the state of addictions workforce development within First Nations and Inuit Health Branch.

Based on the results of this survey there is cause to celebrate the last 5 years of training and credentialing efforts by the National Native Partnership Foundation, First Nations and Inuit Health Branch and their regional partners.

NNAPF Salary Survey Report

This participant report represents an analysis of nineteen participating organizations for four Treatment Centre positions. The organizations surveyed included 7 Aboriginal Addictions Programs with Less than 15 beds; 6 Larger Treatment Facilities with more than 15 beds; 6 Non-Aboriginal Specific Treatment Facilities.

THE TOOLS FOR THE JOB

An AHHR Strategy which encourages training activities aimed at insuring a sufficient, qualified and a culturally safe workforce also needs to look at the relevant training tools that will be included in the process, in order to increase interest in health careers, both generally and in specific areas of shortage. Based on the needs expressed by its stakeholders and partners, NNAPF has developed some important training tools for services providers in the Health and addictions field, for example:

- Reference handbook for Alcohol and Drug Residential Treatment Services,
- Risk assessment Manual
- Cerp Program Model
- Directory of Addictions Specific training in Canada
- Tobacco cessation Kit for prevention workers
- Information sheets for the NNAIMS Project

STAYING THE COURSE

NNAPF continues its work to renew the Aboriginal Addictions System, in order to assist its evolution into a more efficient, culturally-appropriate and relevant program, administered and delivered by trained and experienced Aboriginal Health and Addictions specialists.

Many human resources issues are calling for the concerted effort of NNAPF partnership network in the present evolving environment. The certification of workers, for example, is an issue that NNAPF is presently working on and wishes to pursue within the framework of the new AHHR Strategy.

CONCLUSION

NNAPF's proactive work has been aligned with Health Canada's new strategies in the field of health and Addictions; and its philosophy is in harmony with the most recent Health approaches, such as the Population Health Approach. It had achieved major success in integrating these strategies and approaches within a culturally appropriate and effective Aboriginal framework.

This kind of attitude, experience and achievements place NNAPF in a good position to contribute significantly to the goals of the new AHHR Strategy, on a par with other National organisations.

NNAPF CONTRIBUTIONS TO THE GOALS OF THE NEW HEALTH CANADA HHR STRATEGY

HHR components	AHHR Goals	Matching NNAPF initiatives
HHR Planning	<ul style="list-style-type: none"> Continually enhance and strengthen the evidence base and capacity for coordinated HHR planning to better support jurisdictional and nationwide activities; Create opportunities through which key HHR issues of jurisdictional, inter-jurisdictional and pan-Canadian concern can be identified and addressed. 	<ul style="list-style-type: none"> Implementation of a National strategic plan for the addictions System Renewal (including HHR) based on community, regional, national and international partnerships National Native Addictions Information System
Interprofessional Education for Collaborative Patient-Centered Practice	<ul style="list-style-type: none"> Promoting and demonstrating the benefits of interprofessional education for collaborative patient-centred practice; Increasing the number of educators prepared to teach from an interprofessional collaborative patient-centred perspective; Increasing the number of health professionals trained for collaborative patient-centred practice before, and after, entry-to-practice; Stimulating networking and sharing of best educational approaches for collaborative patient-centred practice; and Facilitating interprofessional collaborative care in both the education and practice settings. 	<ul style="list-style-type: none"> Facilitation of regional health planning activities (Training, Best Practices etc..) Best Practices document – A practical model for community interdisciplinary collaboration Community Emergency Response Program National Training Conference Accreditation of Treatment Centres Certification of workers Treatment Centres Manual Tobacco cessation Kit
Recruitment and Retention	<ul style="list-style-type: none"> increase interest in health careers, both generally and in specific areas of shortage; increase supply of health care providers to ensure availability when and where needed; improve utilization and distribution of existing health care providers; and improve working environments for health care providers. 	<ul style="list-style-type: none"> NNAPF Directory of Addiction Specific Training in Canada National Training Needs Survey NNAPF National Training Strategy NNAPF Treatment workers Salary survey