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Seeking Models of Aboriginal Health Human Resources (SMAHHR)

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on behalf of the
SMAHHR research team
NAHO Session B3-HHR0
Ottawa
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Agenda

- brief overview of SMAHHR project
- our model under construction
- preliminary results from research work



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What is SMAHHR?

SMAHHR is an indigenous health community-based participatory action research project funded by the Canadian Institutes of Health Research (CIHR). The research project partners signed a partnership framework agreement in July 2007 which runs until the project funding ends September 30, 2010.

The two lead partners are:

- The Northern Inter-Tribal Health Authority (NITHA) in Prince Albert
- The Indigenous Peoples' Health Research Centre (IPHRC) at the University of Regina

The partnership is also supported by two co-applicants:

- The Saskatchewan Association of Health Organizations (SAHO)
- First Nations and Inuit Health, Saskatchewan Region, Health Canada



Acknowledgements and thanks to our Research Team, some of whom are in this photo from the Advisory Committee meeting February 2009

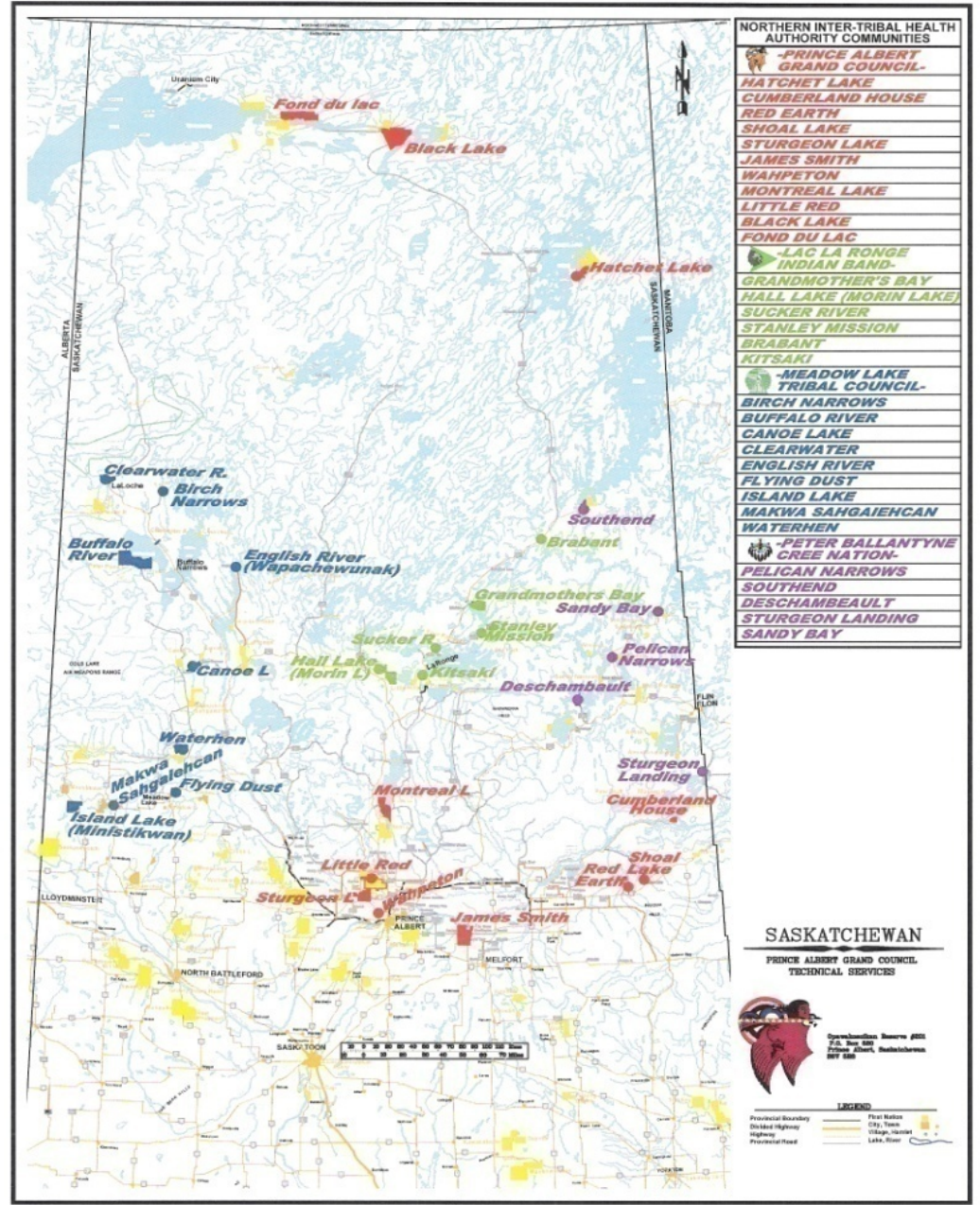


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Where we are

The Northern Inter-Tribal Health Authority (NITHA) Partners deliver community based health services over a **geographic area of 11,000** sq km for **over 45%** of the First Nations on-reserve population in Saskatchewan:

- **PAGC - 12 First Nations**
- **MLTC - 9 First Nations**
- **LLRIB - 7 First Nations**
- **PBCN - 7 First Nations**



Goals of the SMAHHR Project

- produce knowledge that improves human resource practice and policy in areas of priority concern to the NITHA partners
- describe and to some extent validate a 'model' of contemporary indigenous health human resource practice and policy



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Objectives of the SMAHHR project

- 1) Respect the culture and languages of the indigenous people on our research team and the NITHA partners by seeking guidance, wisdom, prayers and participation from Elders in all phases of the research. Respect the language and

3) Assemble and summarize in actionable form an ever increasing body of knowledge about what works and doesn't work in human resource practice in indigenous settings.

- 5) Collect and analyze policy documents of all NITHA partners as another stream of knowledge about the existing HR practices of the NITHA partners and to explore ways to improve these policy documents based on findings from other research activities.

- 6) Document and distil knowledge from the research team and research process
- 7) Make and test what we believe are reasonable propositions about what will work for the NITHA partners or potentially in other Indigenous human resource settings.

How we believe this project adds to existing knowledge

- a) Comparative management: dearth of published material on indigenous management generally, particularly indigenous HR management
- b) Knowledge transfer/translation: regular sharing of information and analysis
- c) Indigenous knowledge: implementing and documenting ways in which indigenous knowledge contributes to improvements in HR policies and practices

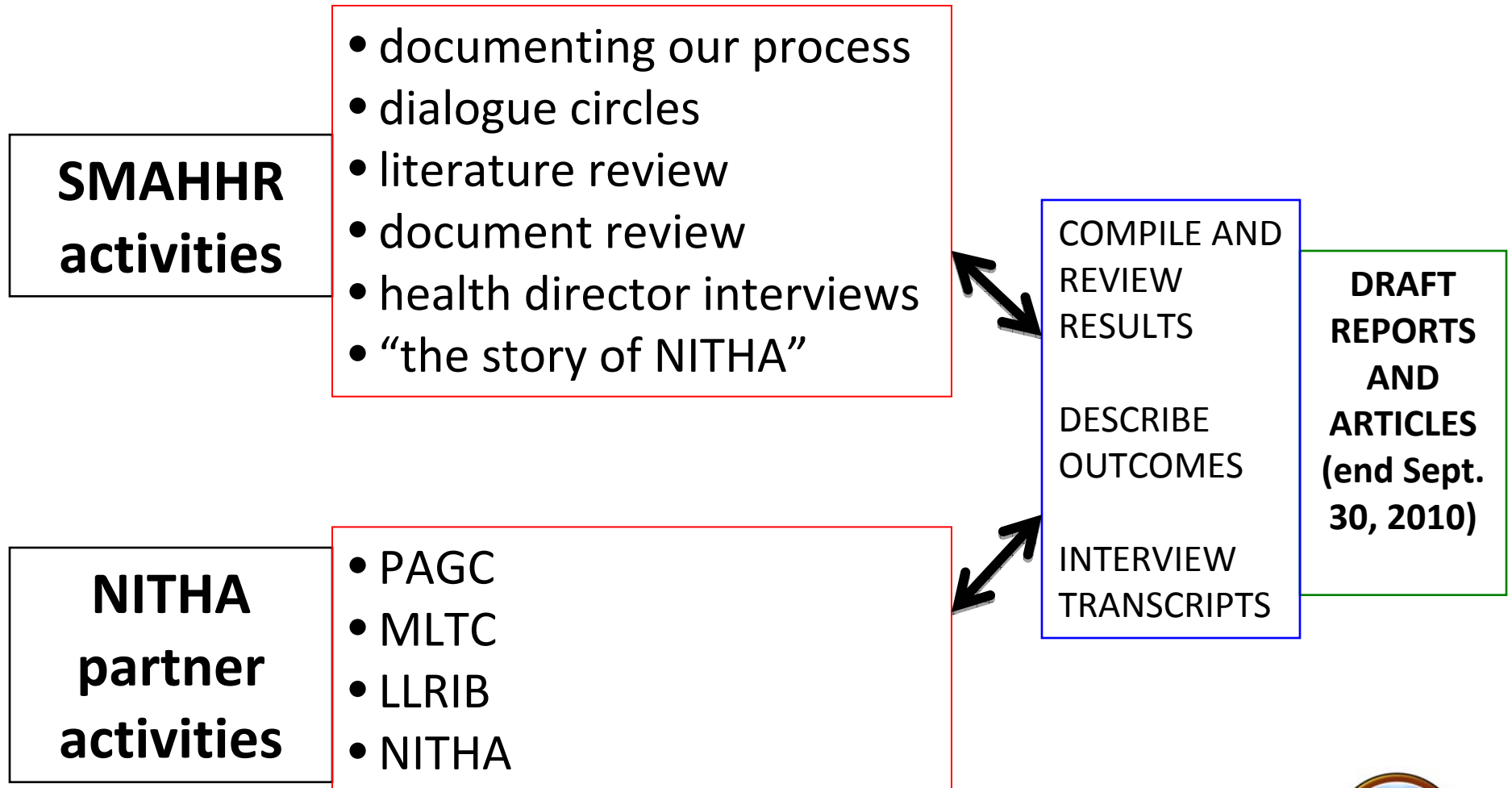


Our five streams of knowledge

- document collection
- literature review
- health director interviews
- dialogue circles
- our collective work together, particularly the Advisory Committee meetings



SMAHHR work plans



Action Research Projects

- **PAGC:** Elders' forum exploring basic values which should provide foundation for health policies and programs
- **MLTC:** Developing an orientation and training process for health staff focused on local knowledge and indigenous values
- **LLRIB:** high school students' perspectives on potential future career in the health sector
- **NITHA:** Exploring one particular value, RESPECT, and how to embody that value in organization's policies and practices



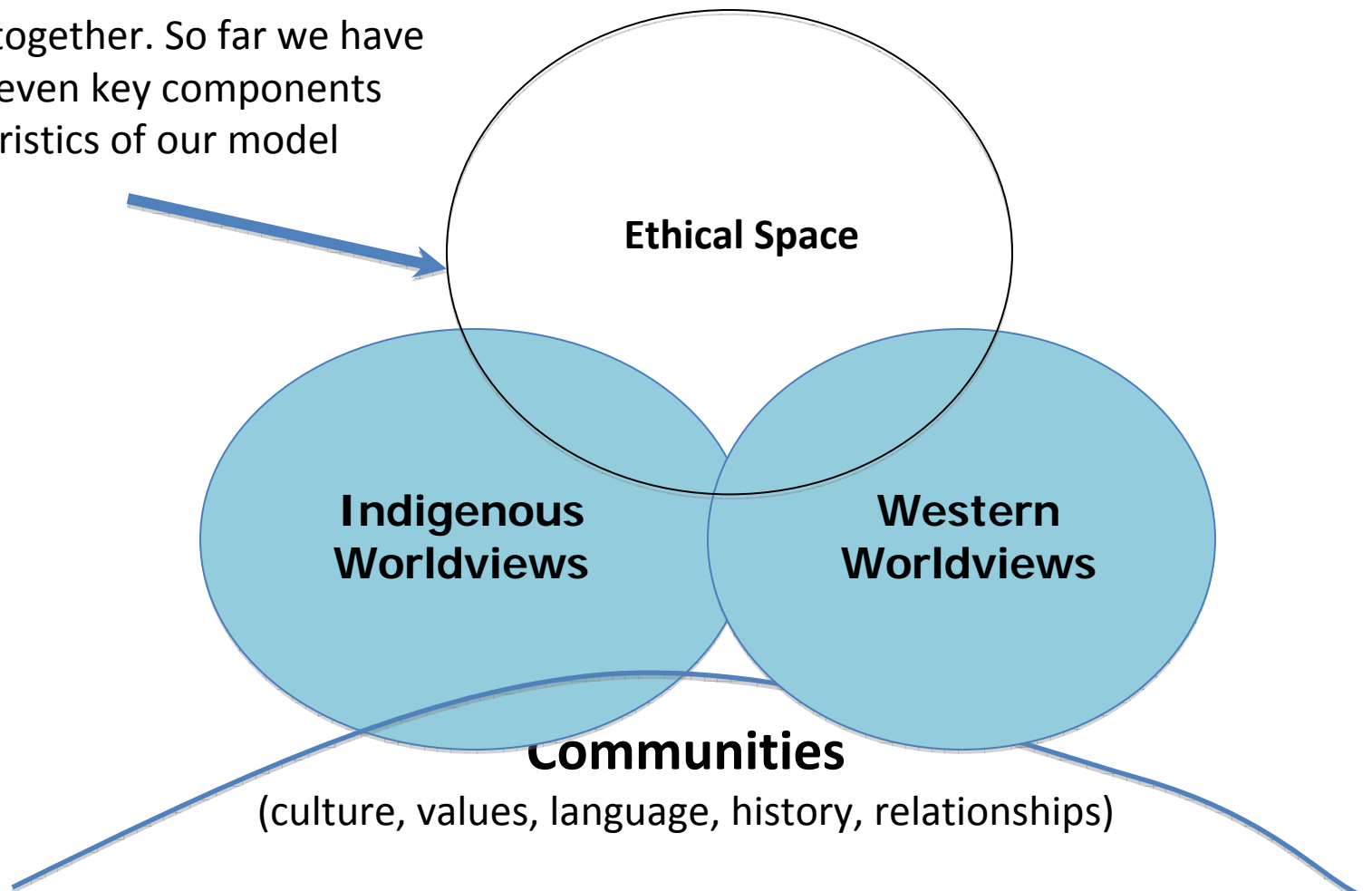
Preliminary results

- **our model under construction**
- **dialogue circle analysis**
- **findings from La Ronge student surveys**



Our way of working together to understand and build our model

In this special place we build and shape our model, as well as the action research items we want to undertake together. So far we have identified seven key components or characteristics of our model



Our seven key components

Virtues & values

Relationships

Leadership Buy-In

People Spaces

**Management &
Administration**

Tools

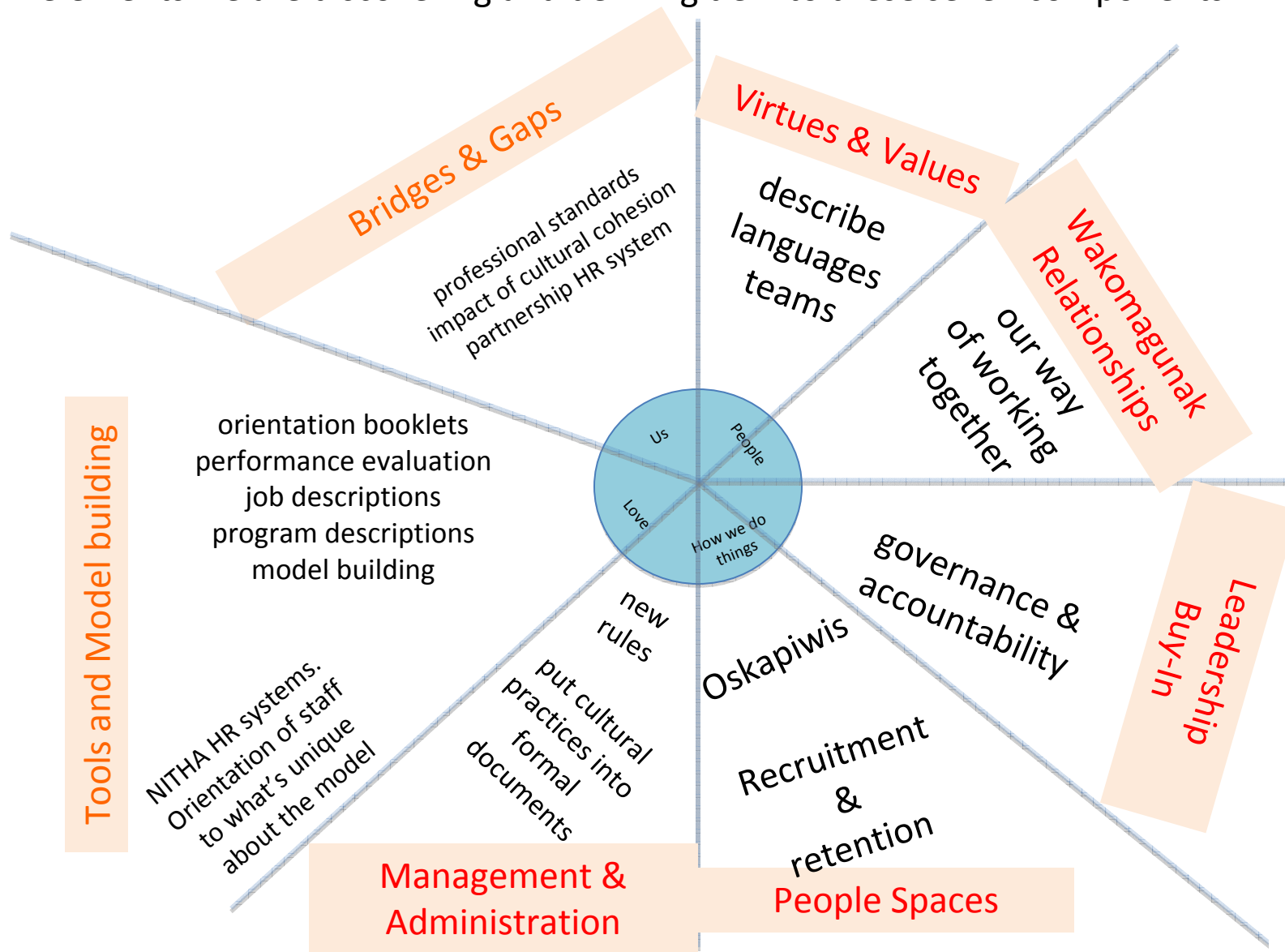
Bridges & Gaps

These seven components are a combination of things we have now within the NITHA partnership, as well as things we know we need to do some more work on.



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Here are the seven key components of our model and our ideas so far about how the elements we are discovering and defining tie into these seven components



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Elders' forum, PAGC Nov 3-4/09

- Dene, Woodlands Cree, Plains Cree and Dakota Elders: one male, one female from each. Discussed values in an “ideal” health system for two days
- Observed that cultural practices might differ, but underlying values are common to all indigenous cultures
- Vision of an prevention-focused, dynamic, community-driven health system: accountable to communities being served and adaptable to both current and future health challenges



Survey Results: La Ronge & Hall Lake

- 103 completed surveys about attitudes towards working in health sector Sept 28-30/09 in schools on reserve in two communities
- 58.2% had attended at least one career fair
- 27.2% were interested in health, but didn't have enough information to really make a final decision
- about half (51.5%) said they have a pretty good idea of what they were going to be doing after high school
- less than one in five (18.5%) completely ruled out health, but more than two in five (43.6%) were neutral
- top two reasons for NOT going into health: want to work in some other sector; not meeting math and science entrance requirements
- overwhelming top reason FOR going into health: "good place to help other people." This reason was given by nearly 60% more respondents than next ranked reasons: well paying, and long term job security



The work remaining to Sept 2010

- data collection and analysis from all five streams of knowledge and four action research projects
- analysis by Steering Committee and Advisory Committee to further clarify our understandings of:
 - indigenous management & HR management
 - our model of health and health human resources



Questions? Comments?

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