



2023-2025 CHIEFS OF ONTARIO

# Health Human Resources Project

Overview & Resource Booklet



# Table of Contents

---

<b>Glossary</b> .....	<b>3</b>
<b>Chiefs of Ontario Overview</b> .....	<b>5</b>
<b>Vision</b> .....	<b>5</b>
<b>Reflections</b> .....	<b>7</b>
<b>Background: Health Human Resources Project</b> .....	<b>9</b>
<b>Engagement Summary</b> .....	<b>9</b>
<b>Part 1 – Recommendations and Templates</b> .....	<b>13</b>
<b>Human Resources</b> .....	<b>13</b>
<b>Education</b> .....	<b>15</b>
<b>Collaboration Recommendations with Colleges and/or Universities</b> .....	<b>15</b>
<b>Community Outreach/Communications</b> .....	<b>16</b>
<b>Templates &amp; Examples</b> .....	<b>16</b>
<b>Organizational Resources</b> .....	<b>17</b>
<b>Appendix: Links</b> .....	<b>18</b>



# Glossary

---

<b>ABA</b>	Applied Behaviour Analysis	<b>COO</b>	Chiefs of Ontario
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder	<b>CTC</b>	Certified Telehealth Coordinator
<b>Admin</b>	Administration	<b>DSW</b>	Developmental Service Worker
<b>AEI</b>	Aboriginal Education Institute	<b>EAP</b>	Employee Assistance Services
<b>AGM</b>	Annual General Meeting	<b>ECD</b>	Education and Curriculum Development
<b>AHAC</b>	Aboriginal Health Access Centre	<b>EMR</b>	Electronic Medical Record
<b>AHS</b>	Aboriginal Head Start	<b>EMS</b>	Emergency Medical Services
<b>AN</b>	Anishinabek Nation	<b>FASD</b>	Fetal Alcohol Spectrum Disorder
<b>Apps</b>	Applications	<b>FN</b>	First Nations
<b>ASETS</b>	Aboriginal Skills and Employment Training Strategy	<b>FNHHR</b>	First Nations Health Human Resources
<b>ASIST</b>	Applied Suicide Intervention Skills Training	<b>GHAC</b>	Gizhewaadiziwin Health Access Centre
<b>Band Rep</b>	Band Representative	<b>GCT3</b>	Grand Council Treaty #3
<b>CARA</b>	Canadian Addiction Recovery Association	<b>GED</b>	General Educational Development
<b>COVID</b>	Coronavirus	<b>HRDC</b>	Human Resources Development Canada
<b>CPNP</b>	Certified Pediatric Nurse Practitioner	<b>HR</b>	Human Resources
		<b>HHR</b>	Health Human Resources
		<b>HCC</b>	Home & Community Care

<b>HBHC</b>	Healthy Babies Healthy Children	<b>ONECA</b>	Ontario Native Education Counselling Association
<b>IDS</b>	Indian Day School	<b>ONCAT</b>	The Ontario Council on Articulation and Transfer
<b>IEP</b>	Individual Educational Plan	<b>OFIFC</b>	Ontario Federation of Indigenous Friendship Centres
<b>IFC</b>	Indigenous Friendship Centre	<b>ORG</b>	Organization
<b>IFNA</b>	Independent First Nations Alliance	<b>ORGS</b>	Organizations
<b>IPRC</b>	Identification Placement and Review Committee	<b>OSAP</b>	Ontario Student Assistance Program
<b>IRS</b>	Indian Residential School	<b>OT</b>	Occupational Therapist
<b>ISC</b>	Indigenous Services Canada	<b>PD</b>	Professional Development
<b>ISETS</b>	Indigenous Skills and Employment Training Strategy	<b>PS Suites</b>	(nee. Practice Solutions) Electronic Medical Record (EMR)
<b>JP</b>	Jordan's Principle	<b>PSE</b>	Post Secondary Education
<b>K-12</b>	Kindergarten to Grade 12	<b>PSO</b>	Post Secondary Organization
<b>LPN</b>	Licensed Practical Nurse	<b>PSW</b>	Personal Support Worker
<b>LTC</b>	Long Term Care	<b>PT</b>	Physio Therapist
<b>MAG</b>	Medical Advisory Group (elder council)	<b>PTO</b>	Political Territory Organization
<b>MH</b>	Mental Health	<b>RN</b>	Registered Nurse
<b>MHFA</b>	Mental Health First Aid	<b>RSW</b>	Registered Social Worker
<b>MSW</b>	Masters Social Work	<b>RSSW</b>	Registered Social Service Worker
<b>NAAW</b>	National Addictions Awareness Week	<b>SAP</b>	Systems Applications and Products in Data Processing
<b>N/A</b>	Not Applicable	<b>SSW</b>	Social Service Worker
<b>NNADAP</b>	National Native Alcohol and Drug Abuse Program	<b>SW</b>	Social Worker
<b>NP</b>	Nurse Practitioner	<b>SLFNHA</b>	Sioux Lookout First Nations Health Authority
<b>NSTC</b>	North Shore Tribal Council	<b>TBHU</b>	Thunder Bay Health Unit
<b>OCAP</b>	Ownership, Control, Access and Possession	<b>WNHAC</b>	Waasegiizhig Nanaandawe'iyewigamig Health Access Centre
<b>OFIFC</b>	Ontario Federation of Indigenous Friendship Centres		



## OVERVIEW

# Chiefs of Ontario

---

**The Chiefs of Ontario (COO) supports all First Nations in Ontario as they assert their sovereignty, jurisdiction, and their chosen expression of nationhood.**

Guided by the Chiefs-in-Assembly, we uphold self-determination efforts of the Anishinabek, Mushkegowuk, Onkwehonwe, and Lenape Peoples in protecting and exercising their inherent and Treaty rights. Keeping in mind the wisdom of our Elders, and the future for our Youth, we continue to create the path forward in building our Nations as strong, healthy Peoples respectful of ourselves, each other, and all creation. The activities of the Chiefs of Ontario are mandated through and guided by:

- Resolutions passed by the Chiefs-in-Assembly of the 133 First Nations in Ontario;
- The Leadership Council (formerly known as the Political Confederacy) made up of the Grand Chiefs of Political Territorial Organizations (PTOs), Independent and unaffiliated First Nations; and
- The elected Regional Chief for the Chiefs of Ontario.



## Vision

First Nations in Ontario are united towards self-sufficiency and vibrancy while never forgetting who we are; this unity is facilitated through the Chiefs of Ontario. We envision a future where our inherent laws, lands, and traditions are recognized and respected by governments, industry, and the general public.

## Disclaimers

### a) **Liability:**

The information provided in this toolkit is for general information purposes only. While we have made every effort to ensure the accuracy and completeness of the information contained herein, COO makes no representations or warranties, express or implies, regarding the content's accuracy, reliability, or suitability. By accessing and using this toolkit, you acknowledge and agree that this toolkit is not a substitute for professional advice. It is essential to consult with qualified professionals or experts in the relevant field before making any decision or taking any actions based on the information provided in this toolkit. COO shall not be liable for any direct, indirect, incidental, special or consequential damages resulting from the use or inability to use the toolkit, even if we have been advised of the possibility of such damage. The content in this toolkit may change or be updated without notice.

### b) **Third Party Websites:**

This toolkit contains links to third-party websites and resources. These links are provided for your convenience and COO is not responsible for these external sites' content, accuracy, or availability. Including links does not imply endorsement or affiliation with the linked entities.

### c) **Copyright Notice:**

The designs and images in this toolkit are protected by copyright and other intellectual property laws. All rights are reserved. Users may not reproduce, distribute, or transmit designs or images without prior written permission from COO.

### d) **General Disclaimer:**

**No Warranties** – The work is provided as-is without any warranties, express or implied. The creator makes no representation or warranties regarding the accuracy, completeness, or suitability for a particular work purpose.

**No Legal Advice** – This work does not provide legal or professional advice. It is essential to consult with qualified professional or legal experts for specific legal or professional matters.

**No Liability** – The creator shall not be liable for any direct, indirect, incidental, special, or consequential damages arising from the use or inability to use the work. Users assume all risks associated with the use of the work.

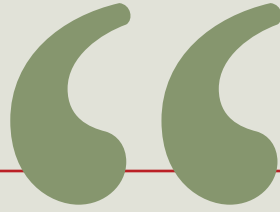
**No Endorsement** – Any references to specific products, services, organizations, or links to third-party websites within the work do not constitute an endorsement or affiliation with the creator.

**Governing Law** – This disclaimer is governed by and construed following the laws of Canada. Any disputes arising from or related to the use of the work shall be subject to the exclusive jurisdiction of the Canadian courts.

**If you do not agree with these terms and conditions, please refrain from using the work within this toolkit.**

# Reflections

---

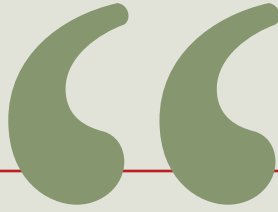


## Reflections from Donna Debassige, Knowledge Keeper

“Miigwech to COO’s Health Human Resources team for inviting me to sit as Knowledge Keeper during in-person sessions held in Toronto in 2024.

“It was beneficial to work with and hear from community front-line workers who attended the sessions. Public Health Sector Services can create important and fulfilling relationships with First Nations in many areas. The benefits in responding to COVID-19 was highlighting specific gaps and creating non-existent relationships with communities. Strengthening of relationships between public and indigenous health services will streamline how programs are delivered, and open doors for indigenous youth to pursue career opportunities in public health sector. Health Transformation initiatives also need to join hands with Public Health sector to ensure smooth transition and to open opportunities for collaboration.”





## Reflections from Association of Iroquois and Allied Indians (AIAl) Youth Representative, Hanna Sewell

“Exposure to different healthcare jobs is crucial for elementary, high school students and mature students especially for First Nations youth in Ontario, as it offers a wealth of experience and insight into the diverse professions within healthcare, social work, and mainstream trades with the healthcare sector. The Health Human Resources (HHR) strategy plays an essential role in breaking down the traditional focus on high-profile roles like doctors, nurses, and midwives, and instead highlights the many versatile and critical positions that help ensure effective patient care. By broadening their understanding of various career paths—such as ultrasound technicians, medical researchers, and healthcare administrators—students can see that every role is vital to maintaining a functioning healthcare system. This exposure can be especially empowering for First Nations youth, who may feel discouraged or disconnected from conventional academic pathways. Programs like HHR help steer students away from limiting perceptions and show them the full spectrum of career possibilities, making it clear that you don’t have to be in a ‘big title’ role to make a difference in your community. A career fair or similar initiative, which showcases the range of opportunities within healthcare, can instill passion and purpose in the younger generation, helping them see their potential for contributing to society in meaningful ways. In my own community, we’ve discussed putting together an event to highlight these different career paths and the critical role that each profession plays in a team-based approach to healthcare. It’s not just about nursing or medicine—there are so many ways to make a difference.



## BACKGROUND

# Health Human Resources Project

---

The Chiefs of Ontario received funding from Indigenous Services Canada for a health human resources project to review and engage with First Nations regarding the growing decline of individuals entering the Public Health Sector and the high turnover rates in the Sector. The following toolkit is a component of this project.

This information was last updated in March of 2025.

### Engagement Summary

This engagement summary provides an overview of the process that was undertaken as part of the development of the 2024 Health Human Resources (HHR) Toolkit. This toolkit development was a directive from the Chiefs in Assembly Resolution 18/18 ([Appendix A](#)). We appreciate all the participants who provided valuable information throughout the engagement process and the access to the previous studies and reports done in the field of Health Human Resources in Ontario and Canada to develop the COO HHR Toolkit 2024.

This issue was highlighted through the Truth and Reconciliation Commission of Canada (TRC) Calls to Action #18 - #24 and highlighting #22, #23 and #24:

**22.** We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders were requested by Aboriginal patients.

**23.** We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all healthcare professionals.

**24.** We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

This was also echoed in the MMIWG 2019 Calls to Action #3.1 – #3.7 and #7.1 - #7.9, and highlighting #3.2 and #3.6:

**3.2** We call upon all governments to provide adequate, stable, equitable, and ongoing funding for Indigenous-centered and community-based health and wellness services that are accessible and culturally appropriate and meet the health and wellness needs of Indigenous women, girls, and 2SLGBTQQIA people. The lack of health and wellness services within Indigenous communities continues to force Indigenous women, girls, and 2SLGBTQQIA people to relocate to access care. Governments must ensure that health and wellness services are available and accessible within Indigenous communities and wherever Indigenous women, girls, and 2SLGBTQQIA people reside.

**3.6** We call upon all governments to ensure substantive equality in the funding of services for Indigenous women, girls, and 2SLGBTQQIA people, as well as substantive equality for Indigenous-run health services. Further, governments must ensure that jurisdictional disputes do not result in the denial of rights and services. This includes mandated permanent funding of health services for Indigenous women, girls, and 2SLGBTQQIA people on a continual basis, regardless of jurisdictional lines, geographical location, and Status affiliation or lack thereof.

*The studies and reports which are included in the background data collection specific to Health can be seen in the appendix on page 19.*

Before applying for funding to develop the proposed HHR Strategy, the Mental Health & Addictions table, under the COO Health Sector, agreed that this project would be a cross-sectoral initiative with community consultation. The 2015 Chiefs of Ontario (COO) HHR Environmental Study had identified this approach as essential for future studies and strategies in this area.

The COO Secretariat and the selected project advisors determined that the newly established HHR Task Force would include representation from the following sectors

- Health
- Education
- Social
- Economic Development
- Youth

As a Task Force, the next step was to determine a specific focus within the broad field of Public Health. The HHR Task Force decided to center the Strategy on four key areas:

- Encouraging individuals to pursue careers in Public Health.
- Training pathways for those entering the field.
- Hiring practices within community-based Public Health organizations and Indigenous organizations serving urban populations.
- HR practices to support worker retention in these organizations and communities.

This report incorporates direct community feedback gathered through:

#### **Task Force guidance at the Chiefs of Ontario Sectoral level via Zoom and In-Person meetings**

- Monthly meetings with invited representation from the following sectors:
  - ↳ Health
  - ↳ Social
  - ↳ Education
  - ↳ Economic Development
  - ↳ Youth

#### **Online surveys:**

- Community Employee Surveys
  - ↳ Health Directors
  - ↳ Education Directors
  - ↳ Education Counsellors
  - ↳ Economic Development / ISETS
  - ↳ Aboriginal Health Access Centers

- Post-Secondary Students currently attending Public Health Sector Programs
- Indigenous Institution Counsellors, ASIP Counsellors, and First Nation Post-Secondary Counsellors
- General community in-person surveys at conferences and forums
- Public online information gathering sessions open to all community workers and affiliated organizations working within community (i.e. PTO's, Tribal Councils, AHAC's) to discuss specific questions each session related to the survey questions.

In-person information-gathering and strategy-guiding sessions were held to build on insights from other data collection methods. These sessions helped shape the development of the HHR Strategy and related resources, ensuring a smoother implementation once the strategy is completed and approved by the Chiefs in Assembly in Fall 2024.

Between June and August 2023, each of the five Task Force sectors distributed mass emails to all 133 First Nations, as well as affiliated Aboriginal Health Access Centres (AHACs), Tribal Councils, and PTOs, requesting participation in sector-specific surveys. The collected data aimed to inform the HHR Strategy, particularly in recruitment, hiring, and worker retention in the Health Sector.

Of the 133 surveys sent, 23 responses were received. Given the importance of gathering comprehensive community input, it was decided to keep the surveys open for additional submissions until March 29, 2024.

*See Appendix B for the group findings of the surveys.*

To engage more frontline workers and directors across the 133 First Nations in Ontario, we established a weekly Zoom meeting series from October 2023 to December 2024. Task Force members were responsible for emailing Zoom invitations to their community contacts, aiming to gather insights on training, hiring, and retention of

Public Health Sector workers serving both on- and off-reserve/territory populations. However, despite holding seven meetings, only Task Force members attended, and no additional data was collected. As a result, there is no appendix for these sessions.

From October 2023 to March 2024, it was agreed that feedback from current students enrolled in post-secondary programs within the public health sector, as well as from the student support workers assisting them, could offer valuable insights into what motivates individuals to pursue a career in this field. However, the initial distribution of the surveys was not as widespread as expected, as community workers and/or school staff did not effectively share the surveys with the eligible students.

1. Over 18 years of age;
2. Enrolled in a Public Health Sector Program;
  - ↳ Medical professional/Scientist
  - ↳ Health Care Provider (Physician, Nurse, Social Worker)
3. Member of one of the 133 First Nations covered under the Chiefs of Ontario

The Post-Secondary Student Support Workers either in the communities and/or in the Post-Secondary Schools.

Due to the low engagement with the mass emails sent to the departments mentioned above, it was decided to adopt a different approach to gathering information at the community level. The Project Lead would attend various Health, Education, Economic Development, and Social Sector conferences and forums across the province from November 2023 to March 2024. A total of 10 events were held during this period, where participants could complete surveys on-site from October 2023 to March 2024.

The main objectives were to introduce the program to local communities and gather feedback using the "General Health Human Resources Survey," which contained 10 key questions selected from previous surveys sent to Department Directors. To encourage participation, each conference and forum included a

---

participation draw, providing an attractive incentive for attendees to complete the survey.

For a list of conferences and forums attended and the surveys collected, *please see Appendix D*.

To gather more in-depth feedback from communities and affiliated organizations, the Project Lead and the Task Force organized an additional in-person meeting on the afternoon of March 18, 2024, in Toronto. This meeting took place prior to the First Nations Community Wellness Conference, which was held from March 19-21, 2024, at the Intercontinental Hotel in Toronto, ON. The meeting's purpose was to provide background on the Health Human Resources (HHR) Strategy if needed and to present some of the initial feedback from the surveys to the invited community stakeholders.

The meeting also aimed to present the findings so far and gather feedback on the direction of the strategy's development, how the strategy could be rolled out in communities, potential resources to help communities implement the strategy, and any gaps or additions that should be addressed in the current HHR Strategy and Resources.

For a detailed overview of the discussion that took place at the First Nations Community Wellness Conference in Toronto, *please see Appendix E*.

An in-person meeting was held on July 26, 2024, at the Westin Hotel in Mississauga, ON, to guide the rollout of the draft HHR Toolkit developed before the 2024 Fall Chiefs Assembly in Thunder Bay, ON, which took place from November 19-21, 2024. During this meeting, the attending Task Force members, community leaders, and technicians agreed to host additional in-person sessions across the Northern Regions of the province, along with an online option open to all regions.

It was decided to hold four additional sessions:

**Timmins, ON:**

Originally scheduled for August 7, 2024, but cancelled due to low interest (only 3 individuals signed up). Those who registered were offered the option to have their travel paid for to attend the other sessions or the online session.

**Sault Ste. Marie, ON:**

Held on August 14, 2024, with 6 attendees and 4 Task Force members.

**Zoom Session:**

Held on August 15, 2024, with 6 attendees and 2 Task Force members.

**Thunder Bay, ON:**

Held on August 20, 2024, with 7 attendees and 3 Task Force members.

For detailed information on the discussions that took place during these four community meetings, including the finalization of the HHR Strategy, specific resources, and the proposed rollout of the project to communities and affiliated organizations (both on and off territory), please refer to *Appendix F (i, ii, iii, iv)*.





## PART 1

# Recommendations & Templates

---

## Human Resources

### Recommendations

#### Improve Transparency in Job Postings

- When developing a job posting, unless employment requires a vulnerable sector (CPIC) check, update the language to reflect “acceptable CPIC” - not everyone knows how to obtain a pardon for specific historical convictions that would impede on their ability to work.
- Include maps to provide a clear understanding of jurisdictions, this will allow potential applicants to better understand the scope of travel involved with some positions and the means of travel expected (i.e. use of own vehicle, flying, etc.). This can also be discussed more in-depth during the interview process.
- Ensure to include the full job description that could be hyperlinked to the posting so that individuals will have a clearer understanding of what is expected for the role when applying.
- Other future advocacy items (including resolutions if decided to do so – including databases specific for First Nations & HHR PSE)

- First Nation LinkedIn (Job postings, websites, recruitment for professionals, grant/funding)
- HHR Worker/Coordinator (Workers in local areas and Coordinator at PTO levels to meet annually as a group i.e. Jordan’s Principle or other programs in place currently)

#### ↳ *How to get this funded and implemented?*

Currently there is no funding for positions such as the HHR Worker and Coordinator and could potentially be an area that the communities and/or PTO’s would like to advocating for additional funding for the potential new positions and/or roles to assist with specifically highlighting HHR in communities to try to address the lack of individuals going into the Public Health Sector fields and/or remaining in community to work. The idea was to have HHR Workers in more localized areas due to the differences in issues in each geographical areas and a Coordinator would assist the Workers regarding addressing the higher-level issues that affects all First Nations communities both on and off reserve pertaining to the Public Health Sector.

## Improve Interview Processes:

Recommendations to consider on improving the interview process is to create more in-depth screening tools for applicants, these enhanced questions can also track if your current job posting processes are effective:

- How did you hear about this position? (Social media, website, local newspaper)

## Recruitment & Future Planning:

Map out various avenues across your programs to gain insight into employment needs (i.e. Direct Support Worker/Personal Support Worker/Social Service Worker) and complete outreach work to show how these roles can work in various roles across many sectors.

- Ensure administrative and IT for Public Health Sector jobs are included as well.
- Work with Education to see who is graduating from what program to recruit community members first for vacancies within the community. Would need to add to the consent to disclose information for funding applications/acceptances.
- Identify what work/internship opportunities are available – what positions are coming up i.e. succession planning or new funding/positions within Human Resources and Department Managers/Coordinators
- Work with housing for equitable housing for returning students and/or those coming into community to work (i.e. renovating bigger houses for private room for single people to share costs)
- Need to include a community onboarding component to those that have been hired and are not from the area. Each community and region have its own etiquette and uniqueness that can be incorporated.
- Have an incentive program for non-employee working groups for their time (i.e. focus groups – youth representatives on committees, etc.)

- Creation of a peer-to-peer support group for those working in individual First Nation's Human Resources across the province to discuss issues and solutions that everyone can build on and support each other. It was suggested that the potential of the PTO's working regionally with First Nations to facilitate online meetings on a monthly or quarterly basis and the Chiefs Of Ontario could provide space for those wishing to meet in person on a yearly basis as an add on meeting at the Annual Chiefs Assembly.
- For future development regarding a proposed flow chart of how the Health Human Resource proposed structure would look like: HHR Coordinator, Workers, Community, PTO's, COO, etc. This would all include a job description for HHR Worker and Coordinator that would include a suggested schedule to visit schools or create a recruitment tour inviting schools and showcasing how to network with the post-secondary Institutions. The suggestion was this work could be at the PTO level due to region specific issues with access across the province as well as through COO under joint sector & broader sessions – i.e. Education or Health Forums or Annual Chiefs Assembly.

## Improvements to HR system

- Improved software to track changes in HR – reframing days off for tracking purposes and/ or changes to HR documents (wellness/cultural days, bereavement policy changes for First Nations cultural practices/family & community structures)
- Standardized Health Policies (possible work in the future development at PTO or COO level)
- Use of artificial intelligence to assist with policy development within your organization
  - ↳ With administration approval

---

## Education

### Recommendations

- Include early years programs (i.e. toy clinic – role playing as physicians with broken toys, find the natural helpers or roles kids gravitate to and cultivate or encourage them, bring traditional healing and knowledge holders in to work with the kids by showing them what potential is out there)
- Education Counselors (encourage parents to finish school, provide education on children's needs, assist with genetic disorders for their testing)
- Post-Majority supports for kids transitioning out of care and providing links to community
- When students switch/drop out or delay postsecondary education – assist them in finding their way back and/or work with Education on policies that may pressure students (i.e. have to go directly into the next level when graduating and moving up without any time off or risk losing future education funding OR if they switch programs that are not related they are denied funding, even if leveling up)
- Ensure all workers in Education have cultural/historical training as well as community onboarding
- Ensuring that there is culturally aware mental health support in all schools for kids to access
- Honor all students from First Nation when graduating – not just those residing on-territory

### Examples

[View Job - ADSB Indigenous Graduation Coach](#)

[View Job - First Nations, Metis, Inuit: Graduation Coach](#)

## Collaboration

### Recommendations with Colleges and/or Universities

- Engage in partnerships: Collaborate with colleges/universities and community partners to create sustainable, mutually beneficial relationships.
- Joint research projects: Work together on research initiatives to address community needs.
- Co-design programs: Collaboratively design programs that address specific community requirements.
- Apply for grants: Collaborate to secure funding for community-based projects.
- Address workforce development: Work with colleges/universities to meet workforce needs in the community.



---

## Community Outreach/ Communications

### Recommendations

Hosting information sessions regarding updated information and events and/or programs available in urban centres or online for membership – similar to what the Robinson-Huron-Treaty developed; and share this information across all sectors in the community and collaborate with outside networks such as Post-Secondary Institutes, Correctional facilities, Alternative Justice Programs, Child & Family Services, Band Representatives and more.

Have supports for students in area living off-territory able to access services as on-territory as well and look at how to assist students who reside further away from First Nation in province to access services in their area of residence (no geographical exclusions for Band Members accessing services on-territory and updated online access to information and hybrid and/or online programming)



### Templates & Examples

The key components that were requested to be included in the Template portion of the Toolkit from the various accessible websites and other initiatives that are First Nations based and/or Human Resources (Health) focused that the communities may wish to link to find the following information that was requested during the engagements:

#### [Grants Tracker](#)

[First Nations Health Directors Association \(FNHDA\):  
Technical Advice](#)[First Nations Health Directors Association](#)

[Healthcare: Industry Job Descriptions from Workable](#)

[Writing Job Descriptions \(PDF\)](#)

[SE Health - Indigenous Health Professional Retention  
and Recruitment Toolkit](#)

[First Nations Health Authority \(FNHA\):  
Health Careers Guidebook \(PDF\)](#)

[Publications: FNHMA](#)

[Developing Peer Support in the Community:  
A Toolkit \(PDF\)](#)

[How can you create a successful peer learning network?](#)

[Ontario Community Health Compensation Study. \(PDF\)](#)

[Equity, Diversity, Indigeneity, Inclusion and Accessibility  
\(EDIIA\) Committee: Institute of Medical Science](#)

[I-IDEAS \(Indigeneity, Inclusion, Diversity, Equity,  
Access and Social justice\): Children's Hospital of Eastern  
Ontario \(CHEO\)](#)



## PART 2

# Organizational Resources

---

Resource assets to support the program(s) or portfolio of projects, including funding applications, salary grids, Employment Assistance Programs and more.

**a.** Salary Grids

- ↳ [Canadian Public Health Sector Salary Grid 2023](#)  
[Ontario Community Health Compensation Study Executive Summary \(PDF\) - amho.ca](#)

**b.** First Nation Youth Employment Assistance Program from ISC

- ↳ [Youth Employment Strategy - canada.ca](#)

**c.** Highlight the new pathways into workforce as no more GED program for those without OSSD/GED

- ↳ [Adult Learning: The Canadian Adult Education Credential \(CAEC\) - ontario.ca](#)

**d.** How to register as a charity

- ↳ [Submit Your Application - canada.ca](#)

## Tools to Build Your Human Resource Templates

- Can utilize AI Software to develop HR Policy and Procedure and Terms of Reference
- Can utilize other purchased or free software online (i.e. Bamboo – paid for; Indeed – free)
- Contact your PTO to access their Policy & Procedure for a guideline for development
- COO's Hiring Policy from Employee Handbook (coming soon)
- COO's Post Secondary Education Sector Working Document Database (coming soon)
- Public Health Sector Post-Secondary Education Working Document Database (coming soon)
- Service Agreements - each community/organization has their own for services/joint initiatives with other communities/organizations

## APPENDIX A

# Links

---

- Calls for Justice, National Inquiry to Missing and Murdered Indigenous Women and Girls, 2019, [https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Calls\\_for\\_Justice.pdf](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Calls_for_Justice.pdf)
- Canada's Health Workforce: AN OVERVIEW, Canadian Academy of Health Sciences, 2023, <https://www.caahs-acss.ca/wp-content/uploads/2023/04/E-HW-Overview.pdf>
- First Nations Health Human Resources Tripartite Strategic Approach, First Nations Health Authority, 2013, [https://www.fnha.ca/Documents/First\\_Nations\\_Health\\_Human\\_Resources\\_Tripartite\\_Strategic\\_Approach.pdf](https://www.fnha.ca/Documents/First_Nations_Health_Human_Resources_Tripartite_Strategic_Approach.pdf)
- Truth and Reconciliation Commission of Canada: Calls to Action, Government of Canada, 2015, [https://publications.gc.ca/collections/collection\\_2015/trc/IR4-8-2015-eng.pdf](https://publications.gc.ca/collections/collection_2015/trc/IR4-8-2015-eng.pdf)



CHIEFS  
OF ONTARIO

