

Glossary



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

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



APPENDIX C

Social Directors

Surveys have been sent out to the Social Directors along with the Tribal Council and PTO's for their input in delivering services to Ontario communities. Surveys weren't just sent out to the Social field but in the Health, Education, and Economic Development Sectors, requesting feedback to gain input to the potential gaps and strengths in the various areas affecting Health Human Resources (HHR) in the

Chiefs of Ontario-- Communities to develop a more in-depth and comprehensive HHR Strategy.

**Please note: Responses were received anonymously from several communities in the Northern, Central, and Southern Ontario regions. Specific data to each community is not available at this time.*

1. What **Community/PTO** area do you work in?

Feedback received from 9 different communities, ranging from Northern, Central, and Southern Ontario. *

2. Identify the Health Care Providers in your First Nation - **Nursing**

Occupation	Have in community	Need in community	Mobile services or Telemedicine	Services accessed outside community	Services not required in community
Mental Health Nurse	0	5	0	3	0

3. Identify the Health Care Providers in your First Nation - Community Health Programs

Occupation	Have in community	Need in community	Mobile services or Telemedicine	Services accessed outside community	Services not required in community
Brighter Futures Worker	5	1	0	1	1
Building Healthy Communities	4	4	0	0	1
Prenatal Worker/ HBHC	7	0	0	1	0
AHS/ECD Worker	5	1	0	0	1
FASD Educator/ Case Manager	2	2	0	4	0
Neurodevelopmental (i.e. ADHD, Autism) Education/Case Manager	2	3	0	3	0
Jordan's Principle Navigator	4	3	0	1	0
Community Support Worker	3	4	0	0	0
Community Wellness Worker	6	2	0	0	0

4. Identify the Health Care Providers in your First Nation - Mental Health & Substance Use

Occupation	Have in community	Need in community	Mobile services or Telemedicine	Services accessed outside community	Services not required in community
Addictions Worker	6	1	0	0	0
NNADAP Worker	6	2	0	0	0
Mental Health Worker	5	2	0	0	0
Social Worker	4	2	0	2	0
Outreach Worker	3	2	0	2	0
Psychologist	0	2	0	5	0
Crisis Response Team	1	2	1	2	0
IRS/IDS Worker	0	2	0	5	0

5. Did your First Nation experience an increase, decrease, or remained the same when it comes to the number of Health Care Providers in the past 5 years (2018-2023)?

Response	Total
Increase	1
Decrease	4
Same	4

6. If there was an increase in the number of Health Care Providers, please indicate why:

Response	Total
Funding increase	1
New programs	1
Work location incentives	2
Competitive wages	1
Recruiting efforts	0

7. If there was a decrease in the number of health care providers, please indicate why?

Response	Total
Funding cutbacks	0
Program cancellations	0
Work location	1
Level of pay	1
Reduced recruiting efforts	1
Other Comments (please specify)	Difficulty filling positions

8. Please identify the current status in recruiting Health Care providers to your First Nation.

Response	Total
Very Difficult	5
Difficult	2
Somewhat Difficult	1
Not Difficult at all	0

9. What Health Care providers have proven to be the most challenging to recruit?

- Smaller isolated communities do not have funding for their own providers and are dependent on supporting agencies and their recruiting practices.

- Physicians
- Nurses
- Registered Nurses
- Social Workers
- Registered Practical Nurses
- National Native Alcohol and Drug Abuse Program Workers
- Mental Health Workers
- Home and Community Care Workers
- Health Director
- Personal Support Workers

10. How do you advertise and/or recruit for Health Care providers in your community?

Response	Total
Own website	7
Local newspapers	2
Online job postings	7
Professional recruiter	0
Health Professional association website	1
Social media	5
On-campus recruitment	0
Job fairs	1
Other Comments (please specify)	Postings at local stores Indeed Online

11. What method of recruitment has proven to be the most effective:

Response	Total
Own website	5
Local newspaper	1
Online job postings	0
Professional recruiter	0
Health professional association website	0
Social media	1
On-campus recruitment	0
Job fairs	0
Other Comments (please specify)	Posts in public buildings Indeed Online

12. Please identify the current status with retention of Health Care providers to your First Nation?

Response	Total
Very Difficult	0
Difficult	4
Somewhat Difficult	4
Not Difficult at all	1

13. If you are experiencing retention difficulties in your First Nation, please indicate why.

Response	Total
Level of pay	8
Lack of benefits	6
Lack of career opportunities	3
Shift work	0
Work location	3
Level of workload/stress	2
Other Comments (please specify)	Lack of opportunity for Full Time employment

14. What are the most difficult health care providers to retain in your First Nation?

- Physicians
- Community Health Nurses
- Registered Nurses
- CARA – Recreation Facilitator, Child Welfare Prevention Services, Ontario Works Administrator, PSWs
- PSW

15. What health care providers are you experiencing the highest level of turnover?

- All health staff recently turned over with the exception of our medical transportation coordinator
- Personal support workers
- Mental health
- Registered nurses
- PSWs
- Not a large number of turnovers, just unable to fill positions that have been vacant since COVID

16. What is the average length of time that a Health Care Provider position remains vacant?

Response	Total
Less than 2 months	1
2-4 months	1
More than 4 months	6

17. Identify impacts on the service delivery due to lengthy job vacancies?

Response	Total
No impacts	0
Increased wait times	2
Decreased in rate at which service is provided	4
Cancelled services	4
Increased workload	7
Stress/Worker burnout	7
Other Comments (please specify)	Job duties usually fall to remaining staff



18. Do you anticipate a **change in your First Nation's Health Human Resources needs** in the next two years (2023-2025)?

Response	Growth	Reductions	Transformational (change in job description/titles)	No Changes Anticipated
Total	5	0	1	2

19. What **percentage of Health Care needs are being met** by the existing number of health care providers in your First Nation?

Percentage	0-20%	21-40%	41-60%	61-80%	81-100%
Total	1	1	2	4	1

20. Has your First Nation undertaken a **Community Health Survey** to document baseline health data for community members?

Response	Yes (0-5 years)	Yes (5+ years)	No	Need exists in Community
Total	0	5	2	2

21. Are **traditional aboriginal healing methods** integrated into health care in your First Nation.

Response	Yes	No	Partial	Need Exists in Community	No Need Exists in Community
Total	5	0	1	3	0

22. Are additional Health Human Resources needed in your First Nation to **integrate traditional healing methods** into community health services:

Response	Yes	No	Need not Identified by Community	Other
Total	6	1	1	Culture Coordinator

23. Is training needed in your First Nation on traditional health methods?

Response	Total
Yes	6
Community Awareness Training	2
No	1
Other Training	0

24. Are students from your First Nation enrolled in the provincial High Skills Majors program identified and aware of health career opportunities that may exist in your community?

Response	Total
Yes	1
No	0
Not Sure	8
Need Exists in Community	0

25. Are community members made aware of the Ontario Native Education Counselling Association (ONECA) First Nations health careers website?

Response	Total
Yes	0
No	3
In School	0
Not Sure	6

26. Does your facility have the capacity to provide care for all eligible patients requiring care in the services community? If not, what is required to build up the facility?

Response	Total
Yes	0
No	3
Examples	More space Additional treatment rooms for visiting providers

27. If adequate funding is available, are all roles filled?

If not, how long have they been vacant? (Role, Filled, Not Filled, How long vacant): Physician, RNP, NP, etc.

- No
- Filled Part Time
- Mental Health vacancies (6+ months)
- PSW – High turnover
- Postings for casual workers is ALWAYS open

28. What **facilities** are within your community?

Facilities	Currently have in community	Current need in community	Future need in community	Successful working agreement for services outside community	Not required in community
Health Centre	8	1	0	0	0
Social Services	5	1	1	0	0
Child and Youth Building	4	3	1	0	0
Elders/Seniors Complex/Services	4	2	0	2	0
Family Services	6	2	0	0	0
Women's Shelter	4	2	0	2	0
Men's Shelter	0	5	0	2	0
Homeless Shelter	0	6	0	1	0
Treatment Centre - Substance Use	2	5	0	1	0
Treatment Centre - Mental Health/ Trauma	2	5	0	1	0
Cultural Centre	1	6	0	1	0
EMS	1	3	0	3	0
Fire Department	3	3	0	2	0
Crisis Response	2	4	0	1	0
Other Comments (please specify)	<p style="text-align: center;">Recovery Home</p> <p style="text-align: center;">Long Term Care – Aging population and no real supports to keep community members in their homes as they age</p>				

29. Is there a **need for facility expansion** to increase and/or house current positions within the community?

Response	Total
Yes	6
No	2
Yes - # Displaced Workers	1-10 workers

30. What services are brought in community via **Telehealth/eHealth**?

- Specialist – 2
- Doctor appointments and such
- Psychiatry
- N/A
- None at this time

31. Are there any **external providers** who provide health services for community? If yes, who and what general services do they provide? (i.e. AHAC - Physicians)

- AHAC Provided Services – 5
- Non-AHAC Visiting Practitioners (i.e. Physicians, NP's, Dentists, Psychologist, Optometry, Children's Services, etc.)

32. Did your organization experience an increase, decrease, or remain the same **number of employees or contract workers in the past five years (2018-2023)**?

Response	Total
Increase	4
Decrease	0
Same	0

33. If there was an **increase** in the number of employees or contract workers, please indicate why:

Response	Total
Funding Increase	3
New Programs	3
Work Location Incentives	0
Competitive Wages	2
Recruitment Efforts	3



34. If there was an **decrease** in the number of employees or contract workers, please indicate why:

Response	Total
Funding Cutbacks	1
Program Cancellations	0
Work Location	0
Level of Pay	0
Reduced Recruitment Efforts	1

35. Please identify the **current status in recruiting** employees or contract workers to your organization.

Response	Total
Very Difficult	1
Difficult	2
Somewhat Difficult	1
Not Difficult at all	0

36. Which employees or contract workers have proven to be the **most challenging to recruit?**

- All are very hard positions due to location and pay
- Roles with non-competitive wages
- Roles at the lower pay rates
- Mental Health Counsellors
- Medical Administrative Assistants
- Child & Youth Workers
- Teachers

37. What **method of recruitment** has proven to be most effective?

Response	Total
Own website	0
Local newspaper	0
Online job postings	2
Professional recruiter	0
Health professional association website	0
Social media	1
On-campus recruitment	0
Job fairs	1



38. Please identify the **current status with retention** of employees and contract workers for your organization:

Response	Total
Very Difficult	0
Difficult	2
Somewhat Difficult	2
Not Difficult at all	0

39. If you are experiencing **retention difficulties** in your organization, please indicate what has been stated as to the difficulty:

Response	Total
Level of pay	1
Lack of benefits	0
Lack of career opportunities	1
Shift work	0
Work location	1
Level of workload/stress	0
Other Comments (please specify)	Competition amongst other health service providers (i.e. hospitals, OHTs, etc.)

40. What are the **most difficult positions** to retain?

- Non-competitive wages: Mental Health Staff
- Lower wage roles: Medical Admin and child & youth workers
- Psychiatry
- Psychologist
- RPN
- RN
- Teachers

41. Which positions are you experiencing the **highest level of turnover**?

- Medical Administration
- Mental health & addictions
- RN
- PSW
- Teachers (2-4 months)

42. What is the **average length of time** that an employee or contract worker position remains vacant?

- Less than 2 months
- 2-4 months

43. Identify impacts on your services due to lengthy job vacancies:

Response	Total
No impacts	0
Increased wait times	3
Decrease in rate at which service is provided	3
Cancelled service	1
Increased workload	3
Stress/worker burnout	4
Other Comments (please specify)	Restrictions on introducing new services

44. Do you anticipate a change in your HHR needs in the next two years (2023-2025)?

Response	Total
Growth	4
Reductions	0
Transformational (change in job descriptions/titles)	0
No Change anticipated	0

45. What percentage of health care needs are being met by the existing number of employees and contract workers in your organization?

Percentage	Total
0-20%	0
21-40%	0
41-60%	2
61-80%	2
81-100%	0

46. Are there specific HHR needed in your organization?

Response	Total
Yes	3
No	1

47. If yes, please identify by highest priority:

- Additional Primary care providers and mental health staff
- We need to hire more physicians but don't have the funding
- Support services for mental health and addictions



48. Do you feel that there is an on-going need to have a regional worker(s) to support students looking to go into health services and/or on-going support with communities for HHR

Response	Yes, for students	Yes, in community	Yes, for both	Not for students	Not in community	No to both
Total	0	1	3	0	0	0

49. If yes to Q#48, what area in particular?

- Support is needed to get youth interested in health related careers and to support them while they are in post-secondary programs to be successful.
- Larger health service organizations should be funded to ensure we have a sustainable HHR plan. They are on the ground and know the need.
- Career and capacity development

50. Any additional comments or suggestions?

- Wages need to be competitive
- No

51. In which geographical location are you located?

Location	Total
Northwestern Ontario (<i>Kenora, Rainy River, Thunder Bay, West of James Bay</i>)	90
Northeastern Ontario (<i>Algoma District, Cochrane, Manitoulin, Nipissing District, Parry Sound District, Sudbury, Timiskaming</i>)	131
Central Ontario (<i>Durham, Halton Region, Muskoka District, Peel Region, Simcoe County, Toronto, York</i>)	69
Southwestern Ontario (<i>Brant County, Bruce County, Chatham, Kent, Dubberin County, Elgin County, Essex County, Grey County, Oxford County, Pelee Township, Perth County, Waterloo, Wellington County</i>)	81
Eastern Ontario (<i>Fontenac County, Haliburton County, Hastings, Kawartha Lakes, Lanark, Leeds & Grenville, Lennox & Addington, Stormont Dundas & Glengarry</i>)	31

52. Currently, are there any **information sessions held in your community regarding building interest for individuals considering going into health careers?**

Response	Yes	No	Unknown
Total	70	146	187

53. If yes to above, who hosts them and how often?

- 22 responded – First Nation Community // Health Centre/Station
- 10 responded - Post Secondary
- 7 responded – First Nation Community // Education & Career Fairs
- 7 responded - Tribal Councils // Aboriginal Health Access Centre (AHAC)
- 4 responded - High School
- 4 responded - Hospitals //Health Authorities // Health Units – Non-First Nation’s // Primary Health Care Teams
- 4 responded - Don’t know // N/A // Not Sure // Unsure
- 3 responded - PTO’s
- 2 responded - Not often
- 2 responded - London Health Sciences Centre
- 2 responded - Mohawks of Akwesasne
- 2 responded - Health Director
- 2 responded - Northern Ontario School of Medicine (monthly)
- 2 responded – First Nations Community // Economic Development & Training
- 2 responded - Indigenous Friendship Centre (IFC’s) // Ontario Federation of Indigenous Friendship Centres (OFIFC)
- Annually
- Wellness Conference – first time
- Not to date but trying to host a youth health career camp this summer pending funding
- Nope – Local employment needs to do a lot more
- Local education centres
- We need very badly
- We try to host and recruit. Hard to find people with the credentials and willingness to reside or travel to our community
- Youth programming
- COO – varied times
- Health promoters Public health physician

54. What best practices are you aware of that currently exist to support increased participation in health careers? (Please check all that apply?)

Response	Total	Other
Career information sessions	193	<ul style="list-style-type: none"> ● 8 responded - Don't know // Unsure // Not aware // Unknown // N/A ● 2 responded – College/University mini med days ● Elderly care facility soon opening which may provide more opportunities for students to advance. ● Lack of best practices awareness and indigenous recruitment officers ● There are employment centres that focus on trades more ● Perhaps a perspective would be to implement community, Elders and historical traditional practices within the health field. ● More home based training ● Our health team will send workers for post-secondary education ● Mentorship programs. Career match ● Everyone knows SLFNA (Sioux Lookout) hires but youth don't know what that means. ● Community development info sessions ● Offer placement opportunities without political influences ● Mentorship program ● Incentives to take positions in remote communities ● Finding academic supports to retain students while supporting them where they are ● We need awareness started at the elementary level. This should be standard part of school education ● Summer student funding grants in health ● Valuing traditional healing practices and knowledge as well
Scholarships	139	
Internships	89	
Recruitment at secondary schools	138	
Awareness at elementary levels	81	
Training to work programs where clients do pre-health training to obtain minimum level entry requirements to enter condensed programs and then participate in an on-the-job placement	153	
High School co-op education opportunities	143	



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