

First Nations, Inuit and Métis Health Human Resources Inventory Advisory Committee Terms of Reference

Revised November 29, 2006

Name: First Nation, Inuit and Métis Health Human Resource Advisory Committee

Background:

In 2004, as a result of the special meeting of the First Ministers and Aboriginal leaders, the Federal Government made a commitment \$100M over five years for an Aboriginal Health Human Resource Initiative (AHHRI). This Initiative is to lay the foundation for long-term systemic change in the supply and demand for First Nations, Inuit and Métis health human resources. The AHHR Initiative has the following three main objectives:

1. Increase the number of Aboriginal people working in health careers.
2. Improve the retention of health care workers in Aboriginal communities.
3. Adapt current health care educational curricula to improve cultural competence in Aboriginal health care.

NAHO, in partnership with the Canadian Institutes for Health Information (CIHI) and the First Nations and Inuit Health Branch (FNIHB), initiated the development of a comprehensive framework on Aboriginal health human resources. This framework includes identifying:

- Core components that lead to First Nations, Inuit and Métis participation in health careers.
- Data elements and sources for a health human resource minimum data set.

The core components are intended to assist the identification of data elements and a planning method for projecting, deploying and monitoring First Nations, Inuit and Métis participation in health careers. The resulting information is intended to assist health professional and health education institutions and organizations with evidence for policy and practice initiatives toward increasing participation.

The minimum data set is the foundation for development of the database. NAHO is the data steward for this effort and adheres to the principles of Ownership, Control, Access and Possession (OCAP) as well as related principles that may be developed by Inuit and Métis.

Mandate:

- To guide NAHO in the development and implementation of the First Nations, Inuit and Métis health human resources minimum data set, the data collection methods and the protection of data within the agreed upon principles such as Ownership, Control, Access and Possession (OCAP).¹

Objectives:

- To ensure a unique collaborative effort is supported by partnerships with other First Nations, Inuit and Métis health professionals and organizations as well as non-Aboriginal health professional; federal/ provincial / territorial government; academic institutions and research agencies.
- To guide the development of a health human resource minimum data set that reflects information/data requirements important to First Nations, Inuit and Métis about participation in health careers.
- To guide the development of the best methods and frequency to collect data once the minimum data set is approved.
- To guide the development of policies and methods to ensure this work respects ethical standards, privacy and confidentiality requirements, the principles and applications of OCAP, and other applicable principles that may be developed by Inuit and/or Métis.

Members: One or more representative from each of the following organizations or areas of knowledge, inclusive of First Nations, Inuit and Métis:

- The National Aboriginal Health Organization (NAHO), as lead organization, has an internal Advisory Committee and will request a minimum one representative to a maximum of four.
- University/College education boards.
- Health professional organizations, both Aboriginal and non-Aboriginal.
- Canadian Institute for Health Information (CIHI).
- National Aboriginal Organizations(Assembly of First Nations, Métis National Council, Native Women's Association of Canada, Congress of Aboriginal People, Inuit Tapiriit Kanatami and Pauktuutit Inuit Women of Canada).
- Research / Policy.
- Traditional Knowledge.
- Elder/ Community Representatives.
- Federal Government, First Nations, Inuit Health Branch, Health Canada and Human Resources and Skills Development Canada.

Role of Advisory Committee:

- To assist in the identification the indicators and data elements for the minimum data set.
- To assist in the selection of priority health professions for the inventory.
- To assist in the development and implementation of the communication plan, including networking/liaison activities with our audiences.
- To liaison with project coordinator as required.
- To assist in the establishment of working committee's when necessary.
- To assist in the annual evaluation of projects effectiveness.
- To assist in securing representation of First Nations, Inuit and Métis. This includes health professionals, students and community health providers.
- To assist in the development of a critical path as a foundation document for work in upcoming years.

Accountability:

- All members of the Advisory Committee are accountable to the organization they represent and to NAHO's guiding principles on the ethical treatment of others, as well as issues of OCAP.
- To remember we are accountable to First Nations, Inuit and Métis for this work.

Meetings:

- It is expected that each member of the committee is available for two annual face-to-face meetings, in addition to conference calls as required for the planning of each phase of the minimum data set and data collection.

Resources:

- Travel and accommodation for meetings and other administrative costs of the FNIMHHRI advisory will be covered by specific inventory funds secured by NAHO.

Term:

- The term of the Advisory Committee is for the term of the project, which is estimated to be three years (2006-2009).
- Advisory members are expected to commit to a minimum one year's tenure on the Project Advisory Committee and facilitate the nomination and transfer of his/her role to the incumbents.
- Each year the terms of reference will be revisited and reaffirmed by the Advisory Committee.

Notwithstanding clause:

- All aspects of the TOR are subject to the data sharing agreements that NAHO negotiates with the data providers.

ⁱ As the principles of OCAP were developed by First nations, it is understood that Inuit and Métis are likely to develop their own principles which will also be reflected in this work.