



# Training to Retain

Strengthening the Role of Indigenous Community Health Workers in Canada



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## Key findings

- Rural and remote Indigenous learners pursuing careers as community health workers face intersecting barriers—financial pressure, infrastructure gaps, and employment and family responsibilities.
- Indigenous community health worker training is funded through fragmented and inconsistent sources, resulting in uneven access to training across communities.
- Limited, short-term funding constrains the scope of training which, in some cases, means prioritizing the most serious healthcare needs over prevention and education, which are also important.
- Paid community-based training models, such as British Columbia's Health Career Access Program, reduce financial barriers and support retention of Indigenous community health workers.
- Flexible program design—including adaptable schedules, assignments, and practicums—helps sustain learners through program completion in community-based settings.
- Remote and hybrid delivery models are often essential for learners in remote communities and were expanded through COVID-19-driven investments in digital infrastructure.
- Micro-credentials provide flexible, targeted training that allows Indigenous community health workers to build skills locally while creating pathways to further education.



## A vital community health workforce

Indigenous community health workers play a critical role in rural and remote Indigenous communities, where access to healthcare is limited and health inequities are more pronounced.<sup>1</sup> In these settings, community health workers help to fill service gaps by providing continuity of care that would otherwise be unavailable, particularly where physicians and nurses are absent or cycle in and out of communities on rotational schedules.<sup>2</sup> Their role also becomes more important when other informal caregivers, including family members, are no longer present in the community.<sup>3</sup>

While community health workers don't replace doctors or nurses, they serve a distinct and essential function by supporting access to care within communities and mitigating some of the barriers associated with geographic isolation. Indigenous community health workers can provide culturally safe care that is rooted in trust, shared language, and lived experience.<sup>4</sup> Their familiarity with local contexts—including colonial histories, relationships to the land, self-determination, geography, and cultural continuity—positions these health workers in ways that are responsive to Indigenous determinants of health.<sup>5</sup> Research documents health services as more effective when providers share social and cultural contexts with those they serve.<sup>6</sup>



- 1 Minore et al., "(PDF) Realistic Expectations"; Loppie and Wien, *Understanding Indigenous Health Inequalities through a Social Determinants Model*; Golnick et al., "Innovative Primary Care Delivery in Rural Alaska."
- 2 Minore et al., "(PDF) Realistic Expectations"; Minore, Boone, and Arthur, "Considering the Paraprofessional: One Option for Overcoming Rural Health Human Resource Deficits."
- 3 Habjan, Prince, and Kelley, "Caregiving for Elders in First Nations Communities."
- 4 Minore et al., "Realistic Expectations."
- 5 Greenwood, Leeuw, and Lindsay, *Determinants of Indigenous Peoples' Health, Second Edition*.
- 6 Heaney and Israel, *Social Networks and Social Support in Health Behaviour and Health Education: Theory, Research, and Practice*; Minore et al., "Realistic Expectations."

The settings in which Indigenous community health workers operate and the services they deliver vary widely, reflecting community needs and priorities. Frontline responsibilities can include health promotion, pharmaceutical support, assistance with daily living, diabetes care, and birth work, among others. The diversity of roles underscores the challenge of developing consistent training pathways while highlighting the importance of flexible, community-responsive approaches to education and skill development.

Despite their critical role, Indigenous community health workers are often insufficiently supported. There is limited research documenting training barriers and opportunities. Except for B.C., there is no standardized community health worker curriculum or training across Canada, and training is often undertaken on the job.<sup>7</sup> Even though B.C. has a provincial curriculum, it is not specific to Indigenous community health workers. Existing research—in Canada and internationally—focuses more on community health worker effectiveness in relation to health outcomes than on workforce training needs.<sup>8</sup>

There are not enough community health workers in Indigenous communities in Canada to meet healthcare needs,<sup>9</sup> which demonstrates both worker shortages and transience, though this can vary by region. This Indigenous community health worker shortage reflects the Truth and Reconciliation Commission of Canada's call for the retention of Indigenous healthcare providers in Indigenous communities (Call to Action #23ii) and for closing the gaps in health outcomes between Indigenous and non-Indigenous communities in Canada (Call to Action #19).<sup>10</sup>

This research responds to the Truth and Reconciliation Commission's 94 Calls to Action by examining how Indigenous community health workers can be better supported, retained, and equipped to serve their communities, with a particular focus on training that is relevant to rural and remote Indigenous contexts.

The analysis addresses two core research questions:

- What training barriers and opportunities do Indigenous community health workers face in Canada?
- What lessons can be drawn from selected programs in Canada and internationally regarding strategies to address the training needs of Indigenous community health workers?

Together, these questions are intended to generate transferable insights that can strengthen the roles of Indigenous community health workers and contribute to improved health outcomes in rural and remote Indigenous communities.

The sections that follow examine key training barriers and promising strategies identified through interviews and program examples, with particular attention paid to funding models, community-based delivery approaches, remote and hybrid learning, and the role of micro-credentials in supporting Indigenous community health worker pathways.

7 Torres, Uncovering the Role of Community Health Worker/Lay Health Worker Programs in Addressing Health Equity for Immigrant and Refugee Women in Canada: An Instrumental and Embedded Qualitative Case Study.

8 Maher and Cometto, "Research on Community-Based Health Workers Is Needed to Achieve the Sustainable Development Goals"; Scott et al., "What Do We Know about Community-Based Health Worker Programs?"

9 Habjan, Prince, and Kelley, "Caregiving for Elders in First Nations Communities."

10 Truth and Reconciliation Commission of Canada, *Truth and Reconciliation Commission of Canada: Calls to Action*.

## The project

This impact paper is one component of the broader Indigenous Community Health Workers Research Project, which aims to increase awareness and understanding of the role of Indigenous community health workers and of the training and occupational challenges and opportunities that exist within Canada. The project also includes a quantitative analysis of Indigenous community health worker demographics—examining where they work, their occupational settings, and their educational attainment—presented through a companion [online experience](#).

The paper’s focus is on barriers to training and promising approaches relevant to Indigenous community health workers, particularly in rural and remote contexts. Drawing on interviews and informal discussions with individuals and experts involved in training, education, and health system leadership, the analysis examines how Indigenous community health worker training programs are structured, supported, and delivered, and where gaps remain. This analysis is largely exploratory, given the limited research available on this topic.

The programs referenced throughout the paper are presented as illustrative examples, reflecting the diversity of Indigenous community health worker training approaches across regions and organizational contexts. These programs are not intended to represent the full national training landscape but to highlight transferable insights from the representatives who agreed to be interviewed for this project.

Additional methodological detail, including participants’ characteristics and organizational profiles, is provided in Appendix A. Appendix B presents an overview of the Indigenous community health worker training program landscape across Canada. A companion Spotlight on the Sioux Lookout First Nations Health Authority is available separately, offering deeper insight into occupational and workforce challenges facing Indigenous community health workers.

## Training that prioritizes learners and communities

Indigenous learners pursuing community health worker training face multiple barriers to participation in post-secondary education, including separation from family, language and cultural disconnects, and curricula that are not always aligned with Indigenous ways of learning.<sup>11</sup> Poverty and housing insecurity—particularly in First Nations and Inuit communities—further constrain access to education and training.<sup>12</sup> Participants consistently emphasized that these lived experiences shape how community health worker programs must be designed and delivered.

### Addressing financial barriers at provincial and program levels

British Columbia features prominently in this analysis because it is currently the only province with a provincial earn-while-you-learn training pathway, known as the Health Career Access Program, that explicitly includes the roles of community health workers and is designed to be adaptable to rural, remote, and Indigenous communities.

<sup>11</sup> Deonandan, Janoudi, and Uzun, *Closing the Aboriginal Education Gap*; Richmond and Smith, “Sense of Belonging in the Urban School Environments of Aboriginal Youth”; Battiste, *Decolonizing Education: Nourishing the Human Spirit*.

<sup>12</sup> Cameron (Anishinaabekwe) et al., “Creating a ‘Sense of Belonging’ for Indigenous Students.”

Within this framework, the province has identified financial barriers as a central constraint on access to healthcare training. It has also integrated community health workers into a broader workforce strategy focused on Indigenous-specific recruitment pathways and has expanded training opportunities outside major centres and learner supports that facilitate entry and retention in the healthcare workforce.<sup>13</sup>

One participant working in Northern British Columbia emphasized that the ability for Indigenous learners to live and work in their home communities is central to meeting local healthcare needs. Research has shown, for example, that medical students training in more-rural or remote areas are more likely to return to these locations to set up practices.<sup>14</sup> Indigenous healthcare providers working in their own communities can develop relationships and provide the types of connections and cultural safety that community members need.<sup>15</sup> Healthcare efforts are also most effective when a health provider is socially and culturally similar to those they serve.<sup>16</sup> The Health Career Access Program responds directly to this reality by removing upfront education costs and paying participants to train closer to home. As an “earn-while-you-learn” model, the Health Career Access Program covers post-secondary education costs and provides a weekly stipend for students following one of two main pathways: health assistant or mental health and addictions worker. In practice, health authorities recruit candidates into entry-level roles and then sponsor them through post-secondary programs to become qualified/registered healthcare assistants, with a required return-of-service period after graduation. Graduates can then move into care roles across long-term care, assisted living, home health, or other settings, and are required to register with B.C.’s Care Aide & Community Health Worker Registry for publicly funded employment.<sup>17</sup>

## In their own words

There are individuals that are interested in coming into the healthcare field, but they don’t necessarily want to leave their home and community in order to get the education and training. So we’ve been trying to remove the barriers that are impacting interest to come into the field [...] by creating these earn-and-learn programs that are in their backyard, hopefully making it as easy as possible for them [...] to get on that pathway to becoming some type of healthcare professional that will support the needs in their community.

**Kailey Miller**, Executive Director, Indigenous Health, Northern Health



A participant involved in training community health workers on Vancouver Island similarly noted that earn-and-learn models have helped reduce staffing gaps over time, suggesting that paid training pathways may support workforce stabilization across different regional contexts.<sup>18</sup>

13 British Columbia Provincial Government, *B.C.’s Health Human Resource Strategy: Putting People First*.

14 Rezapour et al., “Supporting Future and Current Rural Physicians.”

15 John and Castleden, “Because You Love Us as Much as We Love You.”

16 Heaney and Israel, *Social Networks and Social Support in Health Behaviour and Health Education: Theory, Research, and Practice*.

17 Government of British Columbia, “Health Career Access Program.”

18 Virtual interview, conducted October 3, 2025.

## In their own words

We have significantly reduced the vacancies [in community health worker] positions by launching the Earn and Learn Program. The investment that we're making is making a difference in terms of the stability and quality of the care that is needed.

**Kailey Miller**, Executive Director, Indigenous Health, Northern Health

While funding was highlighted as an effective strategy for addressing educational barriers in British Columbia, some participants in other parts of Canada identified limited and fragmented funding for Indigenous community health worker training as a systemic challenge. Six participants noted that training programs often rely on multiple funding sources—including from Indigenous Services Canada and provincial ministries of health—resulting in constrained and uneven support.

In Ontario, the Sioux Lookout First Nations Health Authority's Community Health Worker Diabetes Program is funded by the Ontario Ministry of Health, while the community health workers are funded by the Aboriginal Diabetes Initiative and hired by their communities. While the former program is a long-standing one that supports community-directed diabetes prevention and care and the latter offers flexibility in aligning programming with local priorities, limited funding levels require programs to make difficult trade-offs. At Sioux Lookout, constrained resources led to training being focused on advanced diabetes care rather than on broader prevention efforts that additional funding could have supported. Training is deliberately targeted toward diabetes cases that were not well controlled rather than on a broader range of preventive or health promotion roles.

## In their own words

I think initially when we did it, ... we looked at the community health situation around diabetes and prioritized it. We can't address everything...And so what is it that we want the community health workers to do? What would be good to train them in? So, overall, we talked about diet, we had learning opportunities around just diabetes itself and then specific training around some of the activities that they do and recording and submitting their reports. So that was really specific and targeted...

**Janet Gordon**, Vice President of Community Health, Sioux Lookout First Nations Health Authority

Sioux Lookout First Nations Health Authority participants also noted that a population-based funding model is used for the Aboriginal Diabetes Initiative but that it does not consistently reflect the community-level disease burden or standards of care, meaning funding levels may not align with the number of individuals requiring support or the types of services needed. As a result, constrained funding further limits the scope of training and services community health worker programs can provide.<sup>19</sup>

## Programs embrace community contexts and learners' lived experiences

Beyond financial barriers, community-based Indigenous learners face intersecting challenges related to socio-economic conditions, infrastructure gaps, employment and family responsibilities, and remote geographies. These lived experiences and contexts alongside everyday community obligations can make participation in training difficult to sustain. Evidence from Alaska's Indigenous Community Health Aide Program similarly highlights the importance of accommodating caregiving, household, and subsistence responsibilities alongside training.<sup>20</sup>

<sup>19</sup> Virtual interview, conducted October 23, 2025.

<sup>20</sup> Landon et al., "Factors Influencing the Retention and Attrition of Community Health Aides/Practitioners in Alaska."

Canadian program leaders emphasized the importance of grounding training design around these lived realities and community contexts and relationships. The dean of the School of Health Sciences and Human Services at Camosun College emphasized that training programs must be rooted in strong, ongoing relationships with individual communities. Rather than prescribing training based on external determinations, the program's approach was described as responsive to community-identified health needs, with delivery tailored through direct engagement. This relational approach was presented as a key enabler of flexibility across program structure and delivery.<sup>21</sup> It also indicates respect for self-determination in its engagement with communities through identifying their training and service delivery priorities.

### Creating adaptive and supportive program structures

Some participants spoke about the flexibility required given the circumstances many learners face in their communities. A program coordinator/associate professor and a participant involved with the Indigenous Birth Support Worker Certificate at First Nations University of Canada described how housing instability, family responsibilities, and unexpected life events adversely affect student participation. In response, programs were designed to remain supportive when learners needed to miss classes or delay assignments while still meeting external accreditation and practicum requirements.<sup>22</sup>

### In their own words

So we can be flexible with assignments, we can be flexible with making sure that the students are getting extra information if they need it. With the program, they do need to attend so many classes because that is what Doula Canada requires and their practicum placement is very strict around that too. But we can be flexible in how we support or augment what they may have missed. For example, I think it was last winter, ... one of our student's house burnt down. And so, they were displaced with their family, and they were thinking about quitting the program and we were like, no, we will do whatever we need to do to make this work and make this happen.

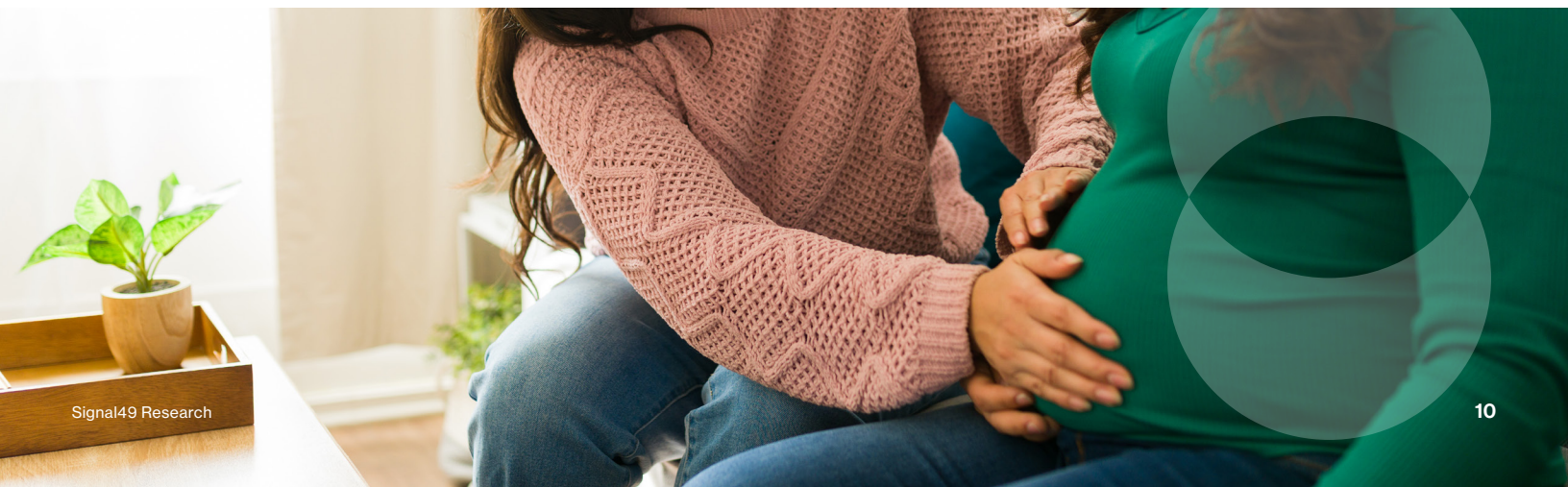
**Carrie LaVallie**, Program Coordinator and Associate Professor for Indigenous Health Studies, First Nations University of Canada

Flexibility has been documented as essential for increasing the chances of course completion among Indigenous students undertaking distance education.<sup>23</sup> The program coordinator/associate professor emphasized that flexibility doesn't mean lowering standards but rather adapting how missed material could be completed. Where attendance or practicum requirements were fixed by external bodies, programs focused on augmenting learning through additional supports and individualized follow-up to help students remain enrolled and complete their training rather than withdrawing.

21 Virtual interview, conducted October 3, 2025.

22 Virtual interview, conducted January 8, 2026.

23 Cochrane and Maposa, "How to Ensure Academic Success of Indigenous Students Who 'Learn Where They Live.'"



Another participant involved in the Indigenous Birth Support Worker Certificate Program highlighted how flexibility is also built into practicum delivery. Students are given options to select practicum periods that align with family and community responsibilities, with program staff working closely with hospital partners to coordinate placements.<sup>24</sup> This approach enables learners to complete required clinical hours while minimizing prolonged absences from their communities and families.

Participants emphasized that the presence of instructors who can understand and empathize with learners' lived realities is critical to supporting students through program completion. They described the value of instructors with shared or closely aligned lived experience who are able to recognize the social, housing, and infrastructure challenges learners may be navigating in their communities, including circumstances that differ significantly from those many non-Indigenous Canadians face. A program lead for the First Nations, Inuit, and Métis Program at SE Health, a non-profit providing home and community healthcare, highlighted that this understanding enables instructors to provide holistic support while remaining flexible and responsive to students' needs.

Another program leader involved in delivering community health worker training in British Columbia described how one program addresses the need for supportive instructors by hiring them in partnership with the host community. In a remote fly-in community such as Bella Bella, this approach is used to ensure each instructor is locally grounded and an appropriate fit for the community context, strengthening the trust and alignment between the learners, the instructors, and the program.<sup>25</sup>

A strong relationship with instructors and faculty has been shown to be an important predictor of good recruitment and retention rates of Indigenous students in other health education programs.<sup>26</sup> This includes the instructor's attributes such as the ability to connect with the culture, to make personal interactions with students, and to be available to communicate with students when needed.<sup>27</sup>

### In their own words

We have a good relationship with the hospital in terms of how we're formulating our students to *get in there, get their hours in*, and then they're in their community for the two weeks.

**Participant**, Indigenous Birth Support Worker Certificate Program, First Nations University of Canada

We delivered a program in Bella Bella [...] and there's [...] a college there that partnered with us to deliver the program, and so we hired the [instructor] together. We [worked] with the local community to make sure that the person was a good fit.

**Carly Hall**, Dean of Health Sciences and Human Services, Camosun College

### Training content tailored to cultural needs

Participants also emphasized the importance of using culturally grounded training approaches as key elements of adapting to the community contexts and the learners' lived experiences. Participants emphasized that this process often involves balancing Western clinical training with Indigenous knowledge systems, drawing on a Two-Eyed Seeing approach that values both perspectives while recognizing their different purposes. A program manager involved in delivering diabetes-focused community health worker training noted that while biomedical frameworks remain important, community health workers frequently express interest in learning about traditional medicines and healing practices alongside clinical content.<sup>28</sup>

24 Virtual interview, conducted January 8, 2026.

25 Virtual interview, conducted October 3, 2025.

26 Rearden, "Recruitment and Retention of Alaska Natives into Nursing."

27 Cochrane and Maposa, "How to Ensure Academic Success of Indigenous Students Who 'Learn Where They Live.'"

28 Virtual interview, conducted November 25, 2025.

Participants described this integration as an ongoing learning process rather than a fixed model. Because program staff do not always have the expertise to teach traditional knowledge directly, programs rely on Elders, knowledge keepers, and other community-based resources to guide culturally grounded content. This collaborative approach has been characterized as being a “journey” of listening, adaptation, and relationship-building as programs work to meaningfully weave culture into training.

### In their own words

Getting [community health worker] input was huge to try to tailor our training to have both perspectives, like more of a Two-Eyed Seeing approach rather than the just this Western diabetes Canada focus to training [...] [Getting] feedback from the community health workers, hearing their experiences and then combining that with our traditional program [...] utilizing the Elders and knowledge keepers [...] has been a journey.

**Madison Pierce**, Manager, Community Health Worker Diabetes Program, Sioux Lookout First Nations Health Authority

A program leader involved in delivering community health worker training in British Columbia noted that the health care assistant curriculum is provincially standardized and highly prescriptive, requiring core content to be delivered as written. As a result, opportunities to incorporate Indigenous cultural content were described as occurring alongside—rather than within—the foundational curriculum.<sup>29</sup> To address this, programs supplement required coursework with additional courses developed in partnership with communities, including Indigenous cultural supports.

This approach is a way to balance compliance with provincial requirements while creating space for training that reflects cultural contexts.<sup>30</sup>

### In their own words

[We] have the foundational healthcare assistant curriculum that has to be delivered exactly as it's written and then we augment with other courses around that. [For example, we] have indigenous cultural supports [and] for those we really work with the community to find out what they need [and we] tailor those pieces to the community.

**Carly Hall**, Dean of Health Sciences and Human Services, Camosun College

Cultural safety and culturally relevant healthcare are critical to Indigenous community health worker practice. This means that healthcare needs to be grounded in respectful engagement that shifts the balance of power to create an environment free of racism and discrimination, where people feel safe when receiving care.<sup>31</sup> The Assembly of First Nations emphasizes that it is essential to strengthen First Nations' capacity to deliver their own training programs in a culturally safe manner.<sup>32</sup>

First Nations University of Canada's Indigenous Birth Support Worker Certificate Program aims to exemplify this. The university has intentionally grounded its curriculum in Indigenous knowledge through a guidance circle involving Elders and community members and has incorporated a culture camp into the graduation process. The program's coordinator/associate professor noted that while these efforts are viewed internally as essential to supporting Indigenous birth workers, the program has also faced criticism from outside observers, with it being characterized as either too traditional or too Westernized in its approach.<sup>33</sup>

29 Ministry of Post-Secondary Education and Future Skills of, *Health Care Assistant Program Provincial Curriculum 2023*.

30 Virtual interview, conducted October 3, 2025.

31 First Nations Health Authority, *Anti-Racism, Cultural Safety & Humility Framework*.

32 Assembly of First Nations, *First Nations Policy Recommendations for the Development of a Wholistic Long-Term and Continuing Care Framework: The Reform of the First Nations and Inuit Home and Community Care Assisted Living Programs*.

33 Virtual interview, conducted January 8, 2025.

The same participant emphasized that sustaining the program required a strong commitment to its core objective of returning birthing to Indigenous communities. This clarity of purpose was described as critical in helping both students and staff navigate criticism, trauma, and the broader colonial context within which the program operates—experiences those planning other programs should be prepared to encounter.<sup>34</sup>

### In their own words

Our philosophy was always “eye on the prize,” bringing birth back into the community and, so, just holding space, walking with that trauma, walking with that colonial history.

**Carrie LaVallie**, Program Coordinator and Associate Professor for Indigenous Health Studies, First Nations University of Canada



### Remote geographies that benefit from remote delivery

Rural and remote geographies were consistently identified as significant barriers to accessing training, given the distances between many Indigenous communities and the urban centres where post-secondary institutions are typically located. This echoes a call from The Assembly of First Nations to support First Nations access to health education, such as ensuring reliable highspeed internet and expanding remote learning options.<sup>35</sup> Participants involved in the Indigenous Birth Support Worker Certificate Program at First Nations University in Saskatchewan noted that job and family responsibilities, combined with travel demands, make in-person attendance unrealistic for many prospective learners. In response, enhanced technological infrastructure was described as critical to enabling remote and hybrid delivery models, with the expansion of online learning during the COVID-19 pandemic accelerating these efforts.

Participants also emphasized that effective remote delivery requires more than connectivity alone. Physical infrastructure is needed to support technology use and creates shared learning environments within communities. As part of the Indigenous Birth Support Worker Training Program, small group learning spaces were developed within local healthcare facilities to function as community-based education hubs. These spaces were designed to allow learners to access training locally, to participate as a group rather than as individuals, and to engage with course material without leaving their communities.<sup>36</sup>

<sup>34</sup> Virtual interview, conducted January 8, 2025.

<sup>35</sup> Assembly of First Nations, *First Nations Policy Recommendations for the Development of a Wholistic Long-Term and Continuing Care Framework: The Reform of the First Nations and Inuit Home and Community Care Assisted Living Programs*.

<sup>36</sup> Virtual interview, conducted January 8, 2025.

Access to micro-credentials was the most frequently cited example of remote or flexible learning mentioned by more than half of participants as a desired, planned, or implemented approach. Micro-credentials are short, targeted learning modules that can allow community health workers to develop specific skills without leaving their communities or committing to long-term programs.<sup>37</sup> Microcredentials can support lifelong learning by offering frequent, flexible, and lowbarrier opportunities.<sup>38</sup> Some programs, including First Nations University of Canada's Indigenous Birth Support Worker Certificate Program, have developed micro-credentials in response to learner-identified needs, while others sought partnerships with post-secondary institutions to make such options available.

Participants involved in community health worker programs at the Sioux Lookout First Nations Health Authority emphasized that providing focused, affordable, and timely skill development, or micro-credentials, can help address situations where community health workers are required to take on roles beyond their existing training.<sup>39</sup> These participants also highlighted the value of micro-credentials as potential entry points into further post-secondary education, noting that they can provide recognized credits that contribute toward credentials such as nursing or personal support work.

A senior director of the First Nations, Inuit, and Métis Program at SE Health further emphasized that micro-credentialing aligns well with learner- and community-centred approaches to training. They noted that sustaining learner engagement through the development of micro-credentials can also be more feasible where programs are funded on a year-to-year basis, underscoring the importance of stable funding to support continuity of learning.<sup>40</sup>

### In their own words

[With] micro credentialing [...] the community decides what roles or the team decides what roles are best in that community, and you can certainly train somebody up [...] It's not that expensive and doesn't take that much time to get somebody up and running.

**Dr. Sumeet Sodhi**, Indigenous Health Partners Program,  
Department of Family and Community Medicine,  
University of Toronto

37 Habjan, Prince, and Kelley, "Caregiving for Elders in First Nations Communities."

38 Kennedy, "Preferences for Micro-Credentials Offered by Canadian Colleges and Universities."

39 Virtual interview, conducted November 13, 2025.

40 Virtual interview, conducted November 7, 2025.



# Actionable insights to support Indigenous community health workers

Strengthening the role of Indigenous community health workers requires coordinated action across governments and training institutions to address barriers identified in this research. The findings point to the importance of stable and targeted investments in learner and program supports, flexible, community-driven training models, and delivery approaches that enable Indigenous learners—particularly those in rural and remote communities—to train and work close to home in a context that is responsive to their culture, colonial legacies, and geography.

The following actionable insights outline practical steps to expand access, strengthen retention, and support culturally grounded training systems that align with community health needs.

## For governments (federal, provincial, territorial)

Governments play a central role in shaping the policy, funding, and systemic conditions that enable Indigenous community health worker training to succeed. The British Columbia government is particularly noteworthy within Canada for the financial support it provides at the provincial level to community health worker training through its Health Career Access Program/Earn and Learn Model. This model contributes to Indigenous community health worker retention in the province's northern regions.

The actions outlined below reflect areas where federal, provincial, and territorial governments can directly reduce the structural barriers identified in this research, particularly those related to affordability, continuity of funding, and access to training in rural and remote communities.

- Scale and adapt British Columbia's Health Career Access Program across provinces and territories, with a focus on rural, remote, and Indigenous communities.
- Strengthen earn-while-you-learn models by expanding learner supports, including:
  - living-expense assistance beyond stipends (e.g., housing, childcare, transportation);
  - tuition-free pathways for additional credentials that support career progression (e.g., from healthcare assistant to licensed practical nurse to registered nurse).

Beyond what can be adapted and scaled from the B.C. model, our research suggests that governments could also consider the following:

- Investing in consistent, multi-year funding for Indigenous community health worker training programs to support program continuity, learner retention, and expanded scopes of care beyond narrow or episodic service delivery;
- Targeting funding to enable community-based training infrastructure, including:
  - technology upgrades to support remote and hybrid delivery;
  - development of local learning hubs within communities.
- Establishing emergency learner support mechanisms to enable continuity in training during crises, including short-term financial assistance and access to essential equipment or services.

## Training programs

The following actionable insights for training programs are grounded in the experiences of the program leaders, educators, and partners interviewed for this research as well as in the broader evidence reviewed. These insights are intended to address the structural and contextual barriers identified throughout the paper, rather than to prescribe a single model or approach. Taken together, these actions highlight where targeted investments, program design choices, and coordination across governments and training institutions can meaningfully reduce the barriers Indigenous community health workers face, while strengthening their roles—particularly in rural and remote communities.

Training programs looking to create smoother career pathways for community health workers can consider the following actions:

- Co-design training programs with communities to ensure curriculum, delivery, and scheduling reflect local priorities, learner realities, and community health needs.
- Engage Elders, community leaders, and organizations early and continuously, and involve community members as cultural advisors or guest instructors to support culturally grounded and context-specific learning.
- Integrate Indigenous cultural knowledge, languages, and teachings throughout training, while recognizing where external expertise and collaborating with community knowledge holders is required.
- Design program structures that support learner flexibility, including:
  - adaptable assignment deadlines and attendance expectations;
  - block schedules or condensing in-person components of courses to an extended but limited time frame to reduce student travel time;
  - modular or rolling entry points that allow learners to pause and re-enter training without penalty.
- Strengthen learner support systems, including:
  - dedicated student success coordinators familiar with community contexts;
  - emergency supports such as equipment loans, micro-grants for travel or childcare, and access to mental health and cultural supports.
- Deliver training as close to home as possible by:
  - bringing instructors into communities;
  - collaborating with communities to develop small-scale learning spaces within health centres or community buildings;
  - strengthening relationships with local hospitals, clinics, and health centres to offer flexible, locally tailored placements.
- Training programs could use micro-credentials to meet community health workers' immediate skill needs, particularly where community health workers are already performing duties beyond their formal training.
- Training programs that are not post-secondary affiliated could partner with post-secondary institutions to ensure micro-credentials provide recognized credits that can contribute toward further diplomas or degrees.
- Training programs could follow up with community health workers at regular intervals (e.g., 3, 6, and 12 months) to identify skill gaps, burnout risks, and additional training needs post-graduation or post-training.
- While not presented in this impact paper, evaluation, tracking, and data collection to support the following could help those developing or evaluating training programs understand where specific gaps may be:
  - retention and job satisfaction among Indigenous community health workers;
  - community- and regional-level supply-demand gaps;
  - impacts of training investments on healthcare access and quality in Indigenous communities.

## Appendix A

# Methodology

### About the research

This project is aimed at strengthening the roles of Indigenous community health workers in Canada through determining how training programs are meeting their needs and what transferable learnings could enhance their retention and capacity. Addressing these challenges and identifying promising practices is vital to improving healthcare delivery in rural and remote Indigenous communities, addressing Reconciliation, and fostering self-determination. The Truth and Reconciliation Commission of Canada calls for closing the gaps in health outcomes between Indigenous and non-Indigenous communities in Canada and assessing the availability of health services for Indigenous communities (Call to Action #19). The Commission also calls for the retention of Indigenous healthcare providers in Indigenous communities (Call to Action #23ii). This project is a response to that Call by addressing the following questions:

1. What are the training barriers and opportunities for Indigenous community health workers in Canada?
2. What can be learned from a subset of these programs in Canada and abroad in terms of the strategies they've used to address the training needs of Indigenous community health workers?

This research employed a mixed-methods approach that included both qualitative and quantitative components to understand training barriers and strategies to meet the needs of Indigenous community health workers and the communities they serve.

This study is guided by a Research Advisory Board composed of experts from Indigenous health authorities, Indigenous and non-Indigenous post-secondary institutions, provincial health authorities, and healthcare education service providers. Members were selected for their direct involvement in Indigenous community health worker training and education, in Indigenous community healthcare, or for their lived experience. The Research Advisory Board provided contributions towards research design, recruitment, and reporting. Members also supported outreach and dissemination, helping connect findings with decision-makers. Their contributions were recognized with an honorarium.

### Detailed methods

#### Literature review

A literature review comprised the first part of this research. We began by identifying what literature was available on the topic. Then we developed an initial understanding of the challenges Indigenous community health workers face in their roles, the barriers to access to community health worker training, and what the training landscape in Canada looks like. The review then focused on identifying gaps in the literature. The questions the literature review aimed to address were as follows:

- *What specific healthcare roles do Indigenous community health workers fill in rural and remote communities in Canada?*
- *Are there enough Indigenous community health workers to meet the demand for their services in rural and remote communities in Canada?*
- *What kinds of challenges do Indigenous community health workers face in their roles?*
- *What Indigenous-led community health worker training programs are available in Canada?*

Sources were identified through academic database searches and an environmental scan, including program websites, organizational reports, and grey literature. In total, 60 sources were reviewed, including peer-reviewed articles, policy reports, technical reports, and websites. Sources were prioritized based on the following criteria:

- articles or reports published between 2015 and 2026;
- Indigenous-led or authored;
- credibility of the source material (e.g., the methodology used, journal ranking, number of citations, author reputation/expertise in the field).

While the aim was to select more recently published articles or reports, in some cases this was not possible due to the lack of recent research on the topic or where seminal publications were sought.

The literature was organized by the themes relevant to the research questions, then summarized as an annotated bibliography. The literature was also used to identify and develop an overview of all Indigenous community health worker training programs in Canada. The annotated bibliography was converted into a written summary structured by the online experience and impact paper outline that comprised the research questions and high-level themes. The annotated bibliography, literature review, and summary helped with creating the interview guide, the contextual background, and in informing some of the quantitative and qualitative analyses.

### Quantitative analysis

For the quantitative analysis that formed the [online experience](#), we conducted descriptive analyses of Statistics Canada's Census of Population (2021) to examine the representation and distribution of Indigenous peoples working as community health workers and related health occupations across Canada. The key research questions for the statistical analyses were:

- Where are Indigenous community health workers located across Canada?
- In which settings are Indigenous community health workers employed?
- How does formal educational attainment vary among Indigenous community health workers across geographies?

The analysis focused on Indigenous individuals working in healthcare occupations. We assessed changes in representation across geography (north vs. south), health region peer group, reserve status, and occupation classifications at the 5-digit NOC level. The goal was to present a demographic snapshot of Indigenous community health workers in Canada. We looked at geographic concentrations of workers, variation in work settings (as a proxy for variation in roles), and educational attainment patterns. The findings from the analysis were shared with the Research Advisory Board members for their feedback.

### Qualitative methods

#### Interviews

To explore Indigenous community health worker training barriers and efforts to address those, we undertook 12 in-depth interviews and seven informal meetings with participants working in Indigenous community healthcare and education at provincial and local levels. Interviewees were initially recruited through Ontario and British Columbia training programs, where most of Canada's Indigenous community health worker training programs appear to be based. Recruitment was expanded across Canada to include more Indigenous-led programs. In addition, efforts were made to recruit from Indigenous and provincial health authorities, the federal government (policy-makers), professional associations, community health worker registries, and Indigenous-led healthcare councils.

A description of the in-depth interview participants (N=12) and the organizations they are affiliated with is provided below:

In-depth interview participants:

- Six training program leaders and staff;
- Three post-secondary education program administrators and staff (one Indigenous-led post-secondary institution);
- Two health authority leaders (one Indigenous-led health authority);
- One physician partner.

**Table 1**

Demographic breakdown of the formal, in-depth interview participant sample

Demographics	N=12
Indigenous identity	Four First Nations participants

Source: Signal49 Research.

#### Organizations and programs

Interview participants were affiliated with different organizations and programs, whose strategies were used as illustrative examples of promising practices for addressing training barriers.

**Table 2**

Affiliated organization characteristics

Characteristics	Participant affiliated organizations (N=5)
Organization base	One Canada-wide, one in Ontario (including partner organization), one in Saskatchewan, two in British Columbia
Service area	One Canada-wide, one in Northwestern Ontario, one in urban and rural Saskatchewan, one in urban and rural British Columbia, one in northern British Columbia
Governance	Two Indigenous-led, three non-Indigenous-led
Scope	One national, three provincial, one regional

Source: Signal49 Research.

# Program profiles

## SE Health – First Nations, Inuit, and Métis Program

SE Health's First Nations, Inuit, and Métis Program is a dedicated initiative aimed at advancing Reconciliation and culturally safe care by working alongside First Nations, Inuit, and Métis communities to improve access and address barriers to care that are explicitly grounded in Indigenous determinants of health and community strengths.

Education capacity is a core mechanism: This program provides virtual professional learning that healthcare providers can complete on their own time, including e-learning developed by Indigenous healthcare staff for those working in First Nations, Inuit, and Métis communities. It also supports certified continuing education and vocational training in partnership with SE Career College of Health, emphasizing culturally safe delivery of and practical onboarding to online learning. The program is framed as strengthening the knowledge base and supports available to community-based providers, rather than teaching them how to deliver direct clinical care.

## First Nations University – Indigenous Birth Support Worker Certificate Program

Prince Albert, Saskatchewan

First Nations University of Canada's Indigenous Birth Support Worker Certificate is a university-credit program focused on preparing learners to provide culturally safe, holistic birth support for Indigenous birthers and families. The Northern Campus framing emphasizes training in local/place-based Indigenous childbirth practices (pre- and post-natal) and working with primary care services to help integrate land-based birthing approaches alongside Western health practices. It is funded by Indigenous Services Canada.

The program is community-led, built through community consultations with health directors, mothers, Elders, and other stakeholders, and evolves based on community feedback. Delivery approaches are intended to reduce access barriers (e.g., via remote learning and community hubs) and to provide a practicum model that works with hospital/community partners and learners' family/work obligations.

## Camosun College – Health Care Assistant Certificate

Victoria, British Columbia

Camosun's Health Care Assistant Certificate is built on the provincially developed healthcare assistant curriculum and prepares students for front-line caregiving roles in community and facility settings. The Indigenous-focused healthcare assistant certificate follows the provincial curriculum while adding an explicit focus on Indigenous community and culture. Indigenous healthcare assistant programming is delivered in-community in partnership with communities (including in remote contexts).

## Indigenous health/Northern Health

Northern British Columbia

Northern Health's Indigenous health unit is a regional team that works toward a health system that is culturally safe, respectful, and informed by Indigenous peoples' ways of being and knowing. They support Indigenous peoples' access to high-quality services across Northern British Columbia.

Indigenous health has three main areas of focus: (1) service delivery integration (including the Indigenous care team, advisors, and partnerships/collaborators); (2) learning and quality (including cultural safety and anti-Indigenous racism education, Indigenous patient experience, and Indigenous health data/evaluation/research support); and (3) internal service transformation (including strategic projects and recruitment/retention supports). Northern Health's work also includes place-based collaboration through Indigenous health action tables, which bring together Indigenous communities/organizations, First Nation health authorities, Northern Health, and other sectors to identify local priorities and develop practical solutions.

## Sioux Lookout First Nations Health Authority

Sioux Lookout, Ont.

The Sioux Lookout First Nations Health Authority works in partnership with First Nations, tribal councils, the Government of Canada and various health organizations to serve 33 First Nations communities in the Sioux Lookout region of Northern Ontario. Many but not all of these communities are involved in the Community Health Workers Diabetes Program. The program began as a pilot project in 2014 in partnership with the University of Toronto and Dignitas International, with the purpose of delivering evidence-based diabetes care in a team environment. It has since evolved into a program that supports community health workers who specialize in diabetes care. It is funded by the Aboriginal Diabetes Initiative but communities do the hiring. The program is based on a mentorship and training support design modelled after best practices identified in international community health worker programs.

Recruitment was conducted through email and telephone outreach to Indigenous community health worker training programs, Indigenous and provincial health authorities, federal government departments, Indigenous and non-Indigenous post-secondary institutions, provincial registries, and professional associations. Initial invitations were sent to potential interviewees in Ontario and British Columbia in July 2025, followed by a broader recruitment effort directed at all provinces from September to December 2025. In total, outreach efforts were made to 37 institutions. Members of the Research Advisory Board supported recruitment through their networks, and snowball sampling was used to reach additional participants using a referral method. Not all potential participants responded to the recruitment efforts, which meant that not all provincial jurisdictions in Canada are represented in the results. Alberta, for example, which is the only province to have regulated community health workers as of February 2, 2026, was not featured in the results.

All formal, in-depth interview participants provided either written or oral consent to take part in the research interviews. Interviews were conducted via Microsoft Teams and took approximately one hour to complete. All interviews were recorded. Transcriptions were corrected for accuracy, cleaned for flow and readability, and sent back to participants for member checking. Each participant also received a summary of their interview for review. One participant made minor corrections to their interview transcript.

Interviews were conducted between October 3, 2025, and January 8, 2026. Interview participants received honoraria in line with Signal49 Research's honorarium policy.

The interviews covered the following topics:

- roles and responsibilities
- training and education program context
- skill development and career pathways
- retention and recruitment
- policy support
- program futures
- success stories

We obtained written consent to use direct quotations from the interviews. Written consent was also obtained for quotes attributed to named individuals.

As part of our ethical protocols, all transcripts were de-identified to protect participant privacy. Participants chose how they wanted to be identified and their level of anonymity for the inclusion of quotations in this paper. While organizations and programs are named in our publications, individual participants from those organizations remained anonymous unless they provided consent to be identified.

For the interview analysis, we used NVivo software to analyze 12 transcripts. Organization and initial analysis began with the transcript cleaning process that also facilitated familiarity with the interview data. Interview themes or codes were then created in NVivo's qualitative analysis software using a deductive coding approach based on the research and interview questions, the literature review, and an inductive coding approach (themes that emerged from the interview transcripts or were grounded in the data). The codes were further refined as interviews were completed and transcripts were imported into NVivo and coded. The second stage of the analysis involved the development of broader themes by combining codes.

We identified the dominant themes based on the number of participants who spoke about them (frequency across interviews) and the share of the topic coverage within an interview. Other criteria to identify the dominant themes included emotive emphasis. While commonalities were important, exceptions or counter cases that directly challenged the dominant themes were also identified. With this research, we also needed to identify strategies that addressed common challenges but that may have been exceptional or distinctive practices used to address those challenges. Using this approach, we also searched for differences in the interview data that emerged at the organizational scale. Where applicable, the report presents both distinctions and commonalities across training barriers and strategies by province and program. This was an iterative process, with the development and refinement of the themes entailing moving back and forth across the data and the impact paper's structure.

The process also involved an interpretive dimension, where the interview data were not clear, that required an understanding of the broader interview and the relational context to identify the meanings and intentions and thereby develop the themes. To enhance the reliability and accuracy of our findings, we used member checking to validate the emerging themes.

## Appendix B

# The Indigenous community health worker training landscape in Canada

**Table 3**  
Indigenous-led community health worker training programs in Canada

Institution	Program name	Website	Location	Duration	Delivery format	Accreditation / Certification	Program summary
Anishinabek Educational Institute/St. Clair College	Native Community Worker: Traditional Healing Methods Diploma	<a href="https://aeipost.secondary.ca/programs/native-community-worker-traditional-aboriginal-healing-methods-diploma-program/">https://aeipost.secondary.ca/programs/native-community-worker-traditional-aboriginal-healing-methods-diploma-program/</a>	Nipissing and Munsee, ON	Two years	In person	Diploma from Anishinabek Educational Institute	This full-time diploma program integrates traditional healing methods with mental, emotional, physical, and spiritual wellness, preparing students through coursework and field placements to work in mental health, social services, and community health roles within Indigenous communities. Graduates gain skills in counselling, cultural studies, and community development to support healing and wellness on and off reserves.
Anishnawbe Health Toronto	Community Health Worker Training Program	<a href="https://aht.ca/program/community-health-worker-training/">https://aht.ca/program/community-health-worker-training/</a>	Toronto, ON	12 months - 3 x 4 month terms for certificate with second year diploma program placement.	Full time: Online and in-person courses plus field placement	Certificate through partnership with George Brown College; eligibility for second year of Community Worker Diploma	This program offers culturally-based training in community health work, combining on-the-job training and coursework in traditional health, community development, communication, and advocacy, leading to college certification and eligibility for advanced diploma studies.
Aurora College	Community Health Representative Program	<a href="https://www.auroracollege.nt.ca/program/community-health-representative/">https://www.auroracollege.nt.ca/program/community-health-representative/</a>	Northwest Territories	Varies	In person	Certificate from Aurora College	This program provides foundational training in community health education, health promotion, injury prevention, and community development, preparing graduates to assess community and client health needs and work collaboratively to enhance health and well-being in their communities.
Camosun College	Health Care Assistant, Certificate	<a href="https://camosun.ca/programs-courses/find-program/health-care-assistant-indigenous-certificate">https://camosun.ca/programs-courses/find-program/health-care-assistant-indigenous-certificate</a>	Victoria, BC	Length varies by community; offered on demand	In person, in community	Certificate: eligible to become registered with the BC Care Aide and Community Health Worker Registry	For people of Indigenous ancestry, the Health Care Assistant - Indigenous (HCA-I) program is designed to provide opportunities to develop knowledge, skills, and values necessary to provide care to families and individuals in First Nations and Indigenous communities.
Indigenous Education & Training Institute	Community Health Representative Diploma Program	<a href="https://nativetc.com/website/education/diploma-programs/community-health-representative/">https://nativetc.com/website/education/diploma-programs/community-health-representative/</a>	North Bay, ON	One year	Online	Diploma from Indigenous Education & Training Institute	This program trains participants to manage community health services, liaise between patients and providers, and promote health education, emphasizing holistic, culturally relevant care and community health advocacy over a 52-week period.

(... continued)

**Table 3 (cont'd)**

<b>Institution</b>	<b>Program name</b>	<b>Website</b>	<b>Location</b>	<b>Duration</b>	<b>Delivery format</b>	<b>Accreditation / Certification</b>	<b>Program summary</b>
Native Education College	Health Care Assistant program	<a href="https://necvancouver.org/nec/programs/hcap/">https://necvancouver.org/nec/programs/hcap/</a>	Vancouver, BC	32 weeks	On campus, full time	Certificate: eligible to become registered with the BC Care Aide and Community Health Worker Registry	The Health Care Assistant (HCA) program employs an Indigenous wellness and holistic approach to prepare learners to become competent caregivers who deliver evidence-based, culturally sensitive care to Elders, Indigenous families, and individuals with healthcare needs. This program allows individuals to work as front-line healthcare providers in various community and institutional settings. The program will equip individuals with the knowledge and skills they need to function independently as healthcare workers and team members in multiple settings under the direction and supervision of regulated healthcare professionals. Weave Indigenous values and cultural considerations into practice in order to provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client.
Nicola Valley Institute of Technology	Health Care Assistant Program	<a href="https://www.nvit.ca/programs/health/health-care-assistant/">https://www.nvit.ca/programs/health/health-care-assistant/</a>	Merritt, BC	30 weeks	In person, in community	Certificate from Nicola Valley Institute of Technology	The Health Care Assistant Program is designed to provide students with opportunities to develop the knowledge, skills, and attitudes necessary to function effectively as frontline caregivers and respected members of the healthcare team. Under the direction and supervision of a health professional, graduates provide person-centred care aimed at promoting and maintaining the physical, emotional, cognitive, and social well-being of clients.
Northern Lights College	Indigenous Human Service Worker Certificate	<a href="https://www.nlc.bc.ca/programs/indigenous-human-service-worker-certificate/">https://www.nlc.bc.ca/programs/indigenous-human-service-worker-certificate/</a>	Fort St. John, BC	One year	In person	Certificate from Northern Lights College	This program prepares graduates for employment as human services workers, with a focus on serving Indigenous people on- or off-reserve. Students will acquire culturally appropriate knowledge, skills, and values while working with individuals, groups, and communities. Indigenous Human Service Worker (IHSW) Certificate graduates will earn course credits that can be applied to NLC's Early Childhood Education and Care Diploma, Education Assistant Diploma, and Social Service Worker Diploma. Conversely, graduates from these diploma programs may apply relevant course credits to completion of the IHSW Certificate.
Okanagan College	Indigenous Community Support Worker Certificate	<a href="https://www.okanagan.bc.ca/indigenous-community-support-worker-certificate">https://www.okanagan.bc.ca/indigenous-community-support-worker-certificate</a>	Kelowna, BC	375 hours	Online with a 70-hour practicum at an approved organization	Certificate from Okanagan College	This 375-hour certificate program prepares learners to support Indigenous individuals and families with a holistic, person- and family-centered approach, combining core community worker training with skills specific to Indigenous communities, including a 70-hour practicum for practical experience in community-based organizations. Graduates are ready for entry-level roles working under supervision.

(... continued)

**Table 3 (cont'd)**

<b>Institution</b>	<b>Program name</b>	<b>Website</b>	<b>Location</b>	<b>Duration</b>	<b>Delivery format</b>	<b>Accreditation / Certification</b>	<b>Program summary</b>
Red Crow Community College	Niitsitapi Health Care Aide (HCA) Certificate Program	<a href="https://www.redcrowcollege.com/program/hca">https://www.redcrowcollege.com/program/hca</a>	Standoff, AB (Blood Tribe/Kainai)	One year	Work-integrated learning (theory + clinical skills + placements)	HCA certificate (licensed to deliver AB provincial curriculum)	First Nations-developed program incorporating Blackfoot language, culture and traditions; delivers Alberta Health Care Aide provincial curriculum and includes multiple clinical placements.
Saskatchewan Indian Institute of Technologies (SIIT)	Indigenous Continuing Care Assistant (Certificate)	<a href="https://siit.ca/programs/indigenous-continuing-care-assistant/">https://siit.ca/programs/indigenous-continuing-care-assistant/</a>	Saskatchewan (multiple delivery locations)	One year	Full time (delivery varies by location)	Certificate	One-year certificate preparing learners to provide holistic care for seniors and clients in continuing care, acute, and home care settings; SIIT notes preference for Status First Nations applicants, while it is open to others.
SE Career College of Health (SE Health)	Health Care Assistant (HCA) Diploma – Blended Delivery	<a href="https://careercollege.sehc.com/health-care-assistant/">https://careercollege.sehc.com/health-care-assistant/</a>	Kingston, ON, (community-based delivery across Canada)		Blended (in-person sessions + at-home modules + weekly virtual gatherings)	Diploma (SE Career College of Health)	Indigenous-focused HCA diploma designed for delivery in/near First Nations communities to reduce time away from home; prepares graduates for work in home support, assisted living, residential/complex care, and other settings.
SE Health Career College & SE Health First Nations, Inuit, and Métis (FNIM) Program	Personal Support Worker (PSW) / Health Care Aide (HCA) Certificate Training Program	<a href="https://fnim.sehc.com/indigenous-education-programs-and-services/personal-support-worker-psw-health-care-aide-hca-certificate-training-program/">https://fnim.sehc.com/indigenous-education-programs-and-services/personal-support-worker-psw-health-care-aide-hca-certificate-training-program/</a>	Kingston, ON, (delivered in First Nation communities across Canada)	34 weeks	Blended (2 x 2-week in-person sessions + virtual + e-learning + practicum)	PSW/HCA certificate (SE Health Career College)	Indigenous-focused PSW/HCA training delivered in a blended format with in-person sessions, virtual instruction, self-directed modules, and practicums (LTC + home community hours).
SE Health First Nations, Inuit, and Métis Program	Community Health Representative Certification Program	<a href="https://fnim.sehc.com/">https://fnim.sehc.com/</a>	Kingston, ON, but operates across Canada	One year	Blended (online & in person)	Certificate from SE Career College in Kingston	This 52-week certification program equips current community health representatives working in Indigenous communities with enhanced core knowledge and practical skills through a blend of face-to-face instruction, self-directed e-learning, and weekly virtual sessions, culminating in a certificate of completion from SE Career College.
University nuhelot'ine thaiyots'i nistameyimâkanak Blue Quills	Health Care Aide Program	<a href="https://www.bluequills.ca/Programs/Science/HealthCareAide">https://www.bluequills.ca/Programs/Science/HealthCareAide</a>	St. Paul, AB	Eight months	Online + hands-on classroom + clinical experience (ceremonial practices integrated)	Certificate (follows AB provincial curriculum; prepares for provincial HCA exam/licensure)	Health Care Aide certificate integrating Indigenous ceremonies and holistic care alongside Alberta provincial curriculum; includes practical clinical experience in home care, long-term care, acute and community settings.

(... continued)

**Table 3 (cont'd)**

<b>Institution</b>	<b>Program name</b>	<b>Website</b>	<b>Location</b>	<b>Duration</b>	<b>Delivery format</b>	<b>Accreditation / Certification</b>	<b>Program summary</b>
University of Northern British Columbia	Aboriginal/ Indigenous Health and Healing Certificate	<a href="https://www.educationplannerbc.ca/institutions/university-of-northern-british-columbia/C19CDC4-DE88-42AB-84FE-685E227D72C0/programs/UNBC-aboriginal-indigenous-health-and-healing-certificate#">https://www.educationplannerbc.ca/institutions/university-of-northern-british-columbia/C19CDC4-DE88-42AB-84FE-685E227D72C0/programs/UNBC-aboriginal-indigenous-health-and-healing-certificate#</a>	Prince George, BC	One year	In person	Certificate from UNBC	The Aboriginal / Indigenous Health and Healing Certificate offers a multidisciplinary program in Aboriginal / Indigenous health and healing through a concentrated program of courses on Aboriginal health and health sciences subjects. The program is designed for those working with Aboriginal communities in a health-related field or desiring to pursue a degree in the health sciences with a concentration on Aboriginal health.
Vancouver Island University	Community Health Promotion in Aboriginal Communities	<a href="https://www.viu.ca/programs/courses/community-health-promotion-aboriginal-communities">https://www.viu.ca/programs/courses/community-health-promotion-aboriginal-communities</a>	Vancouver Island, BC	12 credits duration not provided	Online and in person according to 2017 document in Zotero.	This information was not publicly available.	This certificate program offers foundational courses in administration, leadership, communication, and emerging health issues from an Indigenous perspective, preparing students to work in health promotion roles within Aboriginal communities. It includes a practicum where students apply learned theory and skills in real healthcare settings under supervision, emphasizing hands-on community health promotion experience.
Vancouver Island University	Health Care Assistant Certificate	<a href="https://www.viu.ca/programs/health/health-care-assistant">https://www.viu.ca/programs/health/health-care-assistant</a>	Cowichan / Nanaimo / tiwšɛmawtxw (Powell River), BC	24 weeks	In-person (labs + clinical) with Indigenous ways of knowing embedded	Certificate	Health Care Assistant certificate program that explicitly integrates Indigenous ways of knowing to support culturally safe care; includes hands-on labs and clinical courses.
Yellowhead Tribal College	Indigenous Health Support Worker Diploma	<a href="https://ytced.ab.ca/programs-courses/programs/Indigenous_Community_Health_Worker_Program/">https://ytced.ab.ca/programs-courses/programs/Indigenous_Community_Health_Worker_Program/</a>	Edmonton, AB	Two years	While some programs are hybrid, it is unclear if this program is included in this model.	Diploma from Yellowhead Tribal College	This diploma equips graduates with an understanding of Indigenous health challenges and social determinants, focusing on culturally safe healthcare services to meet the needs of Indigenous communities in Alberta.

Source: Signal49 Research.

**Table 4**  
Specialized Indigenous-led community health worker training programs in Canada

Institution	Specialized programs	Website	Location	Duration	Delivery format	Accreditation / certification	Specialization	Program summary
Anishinabek Educational Institute/St. Clair College	Mental Health and Addictions Worker Program	<a href="https://aeipostsecondary.ca/programs/mental-health-and-addictions-worker-program/">https://aeipostsecondary.ca/programs/mental-health-and-addictions-worker-program/</a>	Nipissing and Munsee, ON	Four Semesters-no specific duration provided	On campus and in community	This information was not publicly available.	Mental health and addictions	This program provides comprehensive training across various environments, such as addiction treatment centres, mental health facilities, hospitals, and correctional institutions. Through a blend of classroom learning, fieldwork, and group activities, you'll be guided by experienced instructors. Key topics include psychology, crisis intervention, recovery techniques, and pharmacology, preparing you to excel in diverse health and social service settings. With strong industry collaborations, you'll gain valuable hands-on experience through placements and experiential learning opportunities. Field Placement is designed to provide students with an opportunity to gain meaningful work experience in the community. Additionally, students will apply their knowledge gained in the classroom directly to the field.
First Nations Technical Institute in partnership with Aunties on the Road	Indigenous Doula Training	<a href="https://auntiesontheroad.ca/">https://auntiesontheroad.ca/</a>	Tyendinaga Mohawk Territory, ON	Five-day intensive training	In person in Tyendinaga Mohawk Territory	Certificate	Birth worker	The Aunties on the Road Birthworker Certificate Program – formally offered as an Indigenous full spectrum doula training – is a community-based, culturally grounded program led by the Aunties on the Road Indigenous Full Spectrum Doula Collective. Designed for Indigenous learners, the program centres traditional Auntie roles, Indigenous reproductive teachings, and birth justice. Training covers the full reproductive spectrum, including pregnancy, birth, postpartum care, loss, abortion, and lactation, alongside advocacy and trauma-informed practice. Delivered through community-hosted, intensive sessions, the program builds local capacity by equipping participants to provide culturally safe, holistic support to Indigenous families and communities.
First Nations University of Canada	Indigenous Birth Support Worker Certificate	<a href="https://www.fnuniv.ca/academic/undergraduate-programs/indigenous-health/indigenous-birth-support-worker-certificate-ibwc-northern-campus/">https://www.fnuniv.ca/academic/undergraduate-programs/indigenous-health/indigenous-birth-support-worker-certificate-ibwc-northern-campus/</a>	Prince Albert, SK	18 credits	Online / In person / remote	Certificate from First Nations University of Canada	Birth worker	This 18-credit program, primarily offered at the Northern Campus in Prince Albert, prepares students to provide culturally safe birth and breastfeeding support, land-based birthing practices, and parenting support within Indigenous communities. Students must complete the Doula certificate and an in-community practicum, gaining skills in community education, cultural birthing customs, family and social dynamics, and health practices. Graduates support licensed midwives and family physicians in revitalizing Indigenous pre- and post-birthing practices in First Nations communities. Admission invites community health representatives and community family support workers to expand their scope of practice, with requirements including an updated criminal record check (not necessarily clean).

(... continued)

**Table 4 (cont'd)**

Specialized Indigenous-led community health worker training programs in Canada

<b>Institution</b>	<b>Specialized programs</b>	<b>Website</b>	<b>Location</b>	<b>Duration</b>	<b>Delivery format</b>	<b>Accreditation / certification</b>	<b>Specialization</b>	<b>Program summary</b>
Kenjgewin Teg	Indigenous Wellness & Addictions Prevention	<a href="#">Indigenous Wellness &amp; Addictions Prevention • Kenjgewin Teg</a>	M'Chigeeng, ON	One or two years	Hybrid	Diploma from Candadore College	Wellness and addictions	Due to low enrolment this program was cancelled for fall 2025
Oshki-Wenjack Education Institute	Indigenous Birthworker (pregnancy to post-partum options)	<a href="https://www.oshki.ca/study/dcd">https://www.oshki.ca/study/dcd</a>	Thunder Bay, ON	165 hours to complete all four microcredits	Online and in community	Micro certificates from Oshki-Wenjack Education Institute	Birth worker	The Indigenous Birthworker microcredentials at Oshki-Pimache-O-Win: The Wenjack Education Institute are community-driven, stackable programs designed to strengthen Indigenous-led, culturally grounded perinatal care. The series includes focused microcredentials in pregnancy, labour, postpartum, and lactation support, each delivered through online, self-paced learning combined with community-based activities. Rooted in Indigenous philosophies and traditional teachings, the programs emphasize advocacy, emotional and practical support, and Anishinaabemowin (Ojibwe) language use. Together, these microcredentials prepare learners to provide holistic, culturally safe support to Indigenous parents, babies, and families.
Oshki-Wenjack Education Institute	Indigenous Personal Support Worker	<a href="https://www.oshki.ca/programs/personal-support-worker-certificate-program">https://www.oshki.ca/programs/personal-support-worker-certificate-program</a>	Thunder Bay, ON	One year (two semesters)	Online	Ontario College certificate	Personal support worker	Personal support workers (PSWs) help people with daily tasks such as personal care, home management, and social activities. You'll work with other health professionals to help your clients do what they may not be able to do on their own. Oshki-Wenjack offers this certificate program through a blended delivery model of online courses, in-person lab training skills, and in-person clinical placements in Thunder Bay. You'll get the skills you need for a successful PSW career.
Sioux Lookout First Nation Health Authority (SLFNHA)	Community Healthworkers Diabetes Program	<a href="https://www.slnha.com/health-services/community-health-worker-diabetes-project/">https://www.slnha.com/health-services/community-health-worker-diabetes-project/</a>	Sioux Lookout, ON	Varies	In person and in partnership with different institutions	NA	Diabetes	SLFNHA is primarily a mentorship program for community health workers (CHWs) working in communities served by SLFNHA. The program is targeted towards supporting CHWs in helping to manage diabetes cases in communities.

(... continued)

**Table 4 (cont'd)**

Specialized Indigenous-led community health worker training programs in Canada

<b>Institution</b>	<b>Specialized programs</b>	<b>Website</b>	<b>Location</b>	<b>Duration</b>	<b>Delivery format</b>	<b>Accreditation / certification</b>	<b>Specialization</b>	<b>Program summary</b>
University of British Columbia	Indigenous Public Health Education	<a href="https://health.indigenous.ubc.ca/home-page/programs/iph/">https://health.indigenous.ubc.ca/home-page/programs/iph/</a>	Vancouver, BC	Two to four years for GC with prerequisites	On campus	Graduate Certificate in Indigenous Public Health or Certificate in Indigenous Public Health (non-Credit)	Public health	Students will receive foundational training in the core disciplines of public health, examined through an approach that: Engages the unique challenges and opportunities of working in Indigenous contexts; Recognizes the historic and ongoing health disparities and inequities faced by Indigenous populations; Builds applied and theoretical knowledge affirming Indigenous rights to self-determination in relation to health services, research, and program development; Addresses multiple, intersecting Calls to Action from the Truth and Reconciliation commission

Source: Signal49 Research.

## Appendix C

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