Faculty of Health Sciences

Indigenous Platform Proposal
January 22, 2015
# Table of Contents

Executive Summary ................................................................................................................... 1

About ......................................................................................................................................... 3

   Audience ................................................................................................................................ 3

   Authors ................................................................................................................................... 3

   Acronyms ............................................................................................................................... 3

   Definitions .............................................................................................................................. 3

Reasons and Strategic Alignment .............................................................................................. 5

Background & Current Situation ................................................................................................. 7

   Stakeholders ..........................................................................................................................12

Options and Recommendation ..................................................................................................15

   Guiding Principles .................................................................................................................15

   Process ..................................................................................................................................15

   Recommendations: ...............................................................................................................15

Expected Benefits and Outcomes .............................................................................................17

Expected Costs..........................................................................................................................18

Major Risks ................................................................................................................................18

Major Constraints ....................................................................................................................18

Major Assumptions ...................................................................................................................18

Implementation Plan .................................................................................................................19

   Timescale ............................................................................................................................. 19

   Implementation Objectives .................................................................................................19

   Project Deliverables .........................................................................................................19

   Implementation Approach .................................................................................................19

   Implementation Team .......................................................................................................19

   Planning Assumptions and Constraints ........................................................................19

Appendix A – University of Manitoba Strategic Plan ..............................................................20

Appendix B – Glossary of Terms .............................................................................................23

Appendix C– Team ....................................................................................................................29
Executive Summary

The recommendations contained in this proposal were prepared by the Faculty of Health Sciences Indigenous Health Subcommittee. The Subcommittee worked under a set of guiding principles that also guided the Subcommittee in their recommendations. The guiding principles include recognition of the dual-campus situation even though a central resource is proposed for the Bannatyne Campus.

Summary of recommendations
It is recognized that currently, the College of Medicine holds the bulk of the human and financial resources in Indigenous Health in all areas, including education, research and service delivery (both outreach and clinical). There are various opportunities to centralize some of the resources and functions at the level of the Faculty. Centralization of Indigenous Health at the Faculty level will provide access to limited resources for all of the Colleges.

The recommendations are specific to centralizing some current resources at the level of the Faculty of Health Sciences, with the intent that the Office or Division of Indigenous Health be viewed and accessed as a resource to all Colleges. The proposed recommendations on structure and actions will provide the infrastructure and resources required to achieve our goals for Indigenous Health in the Faculty of Health Sciences. A full time committed implementation team is viewed as a critical success factor in the implementation of this proposal as well as the requirements as spelled out in the strategic priorities at the University of Manitoba.

It is recommended that:
1. A FHS Central Office or Division of Indigenous Health be established
2. The Indigenous Health Unit will be charged with responsibilities that includes the process to transition the Section of First Nations, Metis and Inuit Health to the Office or Division of Indigenous Health; overseeing the development of a cultural safety framework and implementation plan for the Faculty of Health Sciences; foster the development of cultural safety curricula in Faculty of Health Science educational programs.
3. The Office or Division of Indigenous Health shall be comprised of an Associate Dean responsible for Indigenous Health, Administrative Support, Director Indigenous Health, Project and Outreach Coordinator, and five Indigenous health leads, one from each College, who will be the resource person in each College. The current Section of First Nations, Metis and Inuit Health will in its entirety report up to the Associate Dean responsible for Indigenous Health.

It is anticipated that this proposal will facilitate the building of a safe place of learning for all learners, staff and faculty with a specific focus on Indigenous students and instill positive behaviours of faculty and staff relevant to Indigenous people in Canada.

Next steps:
- Approval in principle of proposal January 2015
- Appointment of FHS Indigenous lead February 2015
• Appointment of implementation team March 2015
• Integration of CAHE/CAHR plan April 2015
• Final implementation plan May 2015
• Indigenous Health unit in place September 2015

Costs
Additional Resources required for Centralization of Indigenous Health

<table>
<thead>
<tr>
<th>Role</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Dean</td>
<td>?Current</td>
</tr>
<tr>
<td>Administrative Support</td>
<td></td>
</tr>
<tr>
<td>Director, Indigenous Health</td>
<td></td>
</tr>
<tr>
<td>Project and Outreach Coordinator</td>
<td></td>
</tr>
<tr>
<td>Dentistry Lead (0.2 EFT)</td>
<td>Nil</td>
</tr>
<tr>
<td>Medicine Lead (0.2 EFT)</td>
<td>Nil</td>
</tr>
<tr>
<td>Nursing Lead (0.2 EFT)</td>
<td>Nil</td>
</tr>
<tr>
<td>Pharmacy Lead (0.2 EFT)</td>
<td>Nil</td>
</tr>
<tr>
<td>Rehab Lead (0.2 EFT)</td>
<td>Nil</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
About

Audience

Deans’ Council - Faculty of Health Sciences

Authors

• Catherine Cook, College of Medicine (Lead)
• Terri Ashcroft, College of Nursing
• Grace Frankel, College of Pharmacy
• Ian Jones, College of Medicine
• Leanne Leclair, College of Rehabilitation Sciences
• Bob Schroth, College of Dentistry
• Deborah Young, Indigenous Achievement

Acronyms

ANCI   Aboriginal Nursing Cohort Initiative
CAHE   Centre for Aboriginal Health Education
FHS    Faculty of Health Sciences
MFN CAHR  Manitoba First Nations Centre for Aboriginal Health Research
NMU    J. A. Hildes Northern Medical Unit

Definitions

Indigenous Health

“Indigenous health” means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life.

(Adapted from the Aboriginal Health and Medical Research Council of New South Wales

Scholarship

Scholarship is the generation, integration, application, publication and dissemination for advancement of knowledge in any field including biomedical research, education, leadership in academic medicine, or professional service.

Scholarship can be identified in four areas to include:

a. the scholarship of discovery (generating new knowledge through investigations),

b. the scholarship of education (application of shared knowledge, development of innovative teaching and evaluation methods reported through external publication and presentation).

c. the scholarship of integration (giving meaning to isolated facts, providing perspective, connecting within and across disciplines, such as with multi-disciplinary or inter-professional approaches), and

d. the scholarship of application and translation (the use of knowledge to problems of consequence; interaction of theory and practice through discourse on clinical issues, policy papers, program development).

(Glassick, 2000; College of Medicine, UM 2014)

Scholarship in the field of Indigenous Health is emerging on all fronts – the scholarship of discovery is served through the generation of new knowledge based on Indigenous concepts and Indigenous knowledge. The new focus on Indigenous knowledge and Indigenous health concepts support greater learning through the scholarship of education. The relationships with community, community driven research and knowledge, the approaches to learning through inter-professional practice approaches and the application of this shared knowledge all support the scholarship of integration. Finally, the opportunity to share knowledge and apply positive interventions collaboration between the academic and clinical communities and the Indigenous communities brings enhanced ability for program development that will meet the needs of the Indigenous community through the scholarship of application and translation.

Outreach

Community Outreach – the donation of time or resources to benefit a community or its institutions such as non-profit, civic or community-based organizations in an effort to improve the quality of life for community residents

http://www.ecu.edu/cs-acad/athleticstudentdev/customcf/CommunityOutreachdefinitionandguidelines.pdf

Outreach is an activity of providing services to populations who might not otherwise have access to those services. - Wikipedia

Pipeline Programs

Programs to prepare and inspire talented high school and college students to pursue careers in medicine and in health-related research

For a full list of Definitions and a Glossary of Terms, please see Appendix B.
Reasons and Strategic Alignment

The COUNCIL OF DEANS tasked the Sub-Committee with a set of goals and objectives to consider and advise on issues relating to Indigenous Health for the Faculty of Health Sciences (FSH). The services provided should align to the strategic priorities of the University as proposed in ‘Taking our Place: University of Manitoba Strategic Plan 2015 – 2020’.

1. Inspiring Minds through innovative and quality teaching

   The University of Manitoba has embarked on curriculum renewal within the College of Medicine and Indigenous Health is now a longitudinal course throughout the full course of study. The Colleges of Nursing, Pharmacy, Dentistry and Rehabilitation Sciences all have some measure of teaching in Indigenous Health and would welcome opportunities for experiential learning opportunities in Indigenous Health. An integrated approach to Indigenous Health will provide inter-professional training opportunities for learners.

2. Driving Discovery through research excellence

   The Manitoba First Nations Center for Aboriginal Health Research has a lead role in supporting Indigenous communities in the development and implementation of research projects that are of relevance for Indigenous communities. Researchers within all of the Colleges have access to the resources and the research experts connected to the MFN CAHR. The recommendations in this proposal will provide a central focus that will enhance the research activities in Indigenous research for the FHS, and will enhance opportunities for collaborative community based research.

3. Creating Pathways to Indigenous achievement

   Building on the efforts of the University to date, the FHS will continue to advance Indigenous scholarship and community partnerships to enhance opportunities for Indigenous learners and researchers and will support the Indigenous community in addressing issues that impact the health and well-being of Indigenous Peoples.

4. Building Community that creates an outstanding learning and working environment

   Strong support for Indigenous knowledge, Indigenous students and the Indigenous community will support the University’s goal of becoming the University of choice for Indigenous students.

5. Forging Connections to faster high impact community engagement

   Community engagement is a priority for the Bannatyne campus and efforts have been made that have fostered strong relationships with the local community. This proposal
supports enhanced opportunities for outreach to community and proposes investing in partnerships that will support and enhance pipeline programs to the university.

Using the *Pathways to Achievement Framework – Indigenous Achievement* (Figure 1) to develop and facilitate the implementation of strategies relating to these goals and objectives, the recommendations from the Sub-Committee will address:

**Supporting Students:**
- First Nations, Metis and Inuit issues relating to health care and well-being in areas including cultural safety and cultural competency issues
- Addressing challenges to achieve Equity
- Connection with, and enhancement to, pipeline programs to the University programs supporting indigenous students.

**Building Partnerships and Supporting Communities:**
- Opportunities to harmonize general outreach activities.
- Connection with, and enhancement to, pipeline programs to the University programs supporting indigenous students.
- Supporting Indigenous self-determination and engagement

**Sharing Indigenous Knowledge and Research:**
- Addressing challenges to achieve Equity
- Considerations of terminology regarding Indigenous matters in FHS environment.

**Celebrating First Nations, Metis, and Inuit Success:**
- Supporting Indigenous self-determination and engagement

**Steering Committee:**
- Enhanced collaboration, resource management and process improvement.
- Respect of administrative expertise, professional identity/autonomy, research, scholarly work and other creative activities, teaching and service of the Faculty.
- Consideration of opportunities to identify administrative efficiency.

The full Strategic plan for the University is available on [http://umanitoba.ca/admin/president/media/PRE-00-018-StrategicPlan-WebPdf_FNL.pdf](http://umanitoba.ca/admin/president/media/PRE-00-018-StrategicPlan-WebPdf_FNL.pdf)

Appendix A contains an extract from the University Strategic Plan highlighting the goals and supporting action related to the Indigenous Platform.
Background & Current Situation

Preface
The office of the Executive Lead, Indigenous Achievement has established the Pathways to Indigenous Achievement and has finalized a Strategic Plan that addresses the four pillars of Supporting students, building partnerships and supporting communities, sharing Indigenous knowledge and research and finally, celebrating First Nations, Metis and Inuit successes.

The ‘Pathways to Indigenous Achievement’ focus specifically on building and expanding an Indigenous presence and visibility at the University of Manitoba with improved access, recruitment, retention and completion for First Nations, Metis and Inuit learners; all goals are relevant for Indigenous populations at the University of Manitoba. It is critical that the University partner with those key stakeholders to address challenges resulting from inequities in access to higher learning prior to entering University, and these efforts will support an expanded presence and successful achievement for Indigenous learners.

While a member of the University of Manitoba, either as learner or employee, Indigenous populations will celebrate academic enhancements and recognition, will speak to opportunities at the University as exceptional student experiences, will support efforts for Indigenous Achievement and will recognize the University as an entity that is respectful and supportive of students, faculty and staff.

The University of Manitoba has a decades long history of supporting strong transition and support programs such as the ACCESS/Aboriginal Focus Programs in the Division of Extended Education, the Aboriginal Business Education Program at the Asper School of Business, the Engineering ACCESS program at the Faculty of Engineering, the Aboriginal Nursing Cohort Initiative in the College of Nursing, and the Center for Aboriginal Health Education in the College of Medicine. In addition, Migizii Agamik – Bald Eagle Lodge – offers a range of academic and support services to undergraduate students. Our Libraries at Elizabeth Dafoe and Neil John McLean Libraries provide support and access to all students in gaining knowledge on Indigenous issues. The resources in the area of Indigenous Health are comprehensive, expansive and support the research and work of scholars with an interest or expertise in the field.

The Office of the Executive Lead has taken a strong leadership role at the University of Manitoba in profiling Indigenous Historical and Contemporary Issues, raising awareness of the continued inequities in educational attainment throughout the continuum of learning, and in establishing a Strategic Process for engagement and accountability by all Faculties in achieving the University’s goal of Indigenous Achievement. Annual events that integrate Indigenous accomplishments into the fabric of the university have been established, and a communication strategy will continue to raise awareness of strategic activities and accomplishments.

The Faculty of Health Sciences is comprised of the College of Dentistry, Medicine, Nursing, Pharmacy and Rehabilitation Sciences. The current resources, policies and processes that support Indigenous Health in each college varies and these resources and supports are summarized below.
College of Dentistry:

Resources and supports for Education and Teaching
- special entry category for Indigenous applicants to dentistry and dental hygiene
- undergraduate student clinical and non-clinical learning opportunities in the community (urban and rural)
- graduate pediatric dental residents take a mandatory course in Aboriginal health

Research
- research into early childhood caries and the oral health of Indigenous children

Service
- Centre for Community Oral Health provides clinical services in Manitoba

Community engagement, outreach, pipeline programs
- Healthy Smile Happy Child initiative promotes early childhood oral health across Manitoba using community development approach
- Centre for Community Oral Health has a health promotion dental hygienist
- dental hygiene students participate in the WISH clinic

Some graduate students participate in outreach activities in a First Nations community

College of Medicine:

The Section of First Nations, Metis and Inuit Health (the Section) is situated within the Department of Community Health Sciences within the College of Medicine. Building on the historical successes and mandates of the J. A. Hildes Northern Medical Unit (NMU), the Manitoba First Nations Center for Aboriginal Health Research (MFN CAHR) and the Center for Aboriginal Health Education (CAHE) as entities with expertise in Indigenous Health, the decision was made to form the Section as a focal point for expertise in Indigenous Health for the College of Medicine.

Commitments:
To Support Faculty-driven Indigenous Achievement Initiatives
To Celebrate and Share Indigenous Knowledge and Research
To Achieve a representative Indigenous student population in all areas of academic life in undergraduate and graduate programs
To Build a strong Indigenous U of M workforce and an inclusive and respectful workplace for all employees
To Develop strategies for performance accountability & data collection
Current Resources:
The Section is currently led by Dr. Marcia Anderson Decoteau as the Head (0.2 EFT). Dr. Anderson Decoteau has appointments in both Internal Medicine and Community Health Sciences. She currently provides public health practice as a Medical Officer of Health with the Winnipeg Regional Health Authority, internal medicine at the Grace General Hospital and administrative duties as the Head of the Section of First Nations, Metis and Inuit Health.

Current Situation – J. A. Hildes Northern Medical Unit (NMU):
The NMU is led by the Section Head, the Senior Director – Melanie MacKinnon (BN) at 1.0 EFT and the Medical Director, Dr. Michael Moffatt. All staff report through Ms. MacKinnon operationally.
The NMU has a dual mandate – clinical practice and clinical teaching.
The NMU provides health professional staff and resources for clinical practice in underserved areas of Manitoba, primarily in First Nations and Inuit communities. This is accomplished through the recruitment and retention of family physicians for primary care delivery in communities, recruitment and retention of specialists in multiple disciplines for in community consultation, and recruitment and retention of nurse specialists for in community specialist services in retinal screening, fetal assessment, foot care as well as a coordination of physiotherapy, occupational therapy and speech language pathology services in some isolated communities.
The NMU also functions as a clinical teaching unit for medical, nursing and rehabilitation sciences students through coordination of activities that includes summer student placements, medical and nursing student electives and residency training in community through the community specialist visits.

Current Resources – Manitoba First Nations – Center for Aboriginal Health Research (MFN-CAHR):
MFN CAHR is led by the Section Head, and the Director of MFN CAHR – Dr. Josee Lavoie (0.2 EFT).
The MFN CAHR evolved from the former Northern Health Research Unit (NHRU) that included a cohort of clinical researchers in multiple disciplines including community medicine, pediatrics, internal medicine and surgery. Working in synergy with the researchers in Community Health Sciences, and eventually establishing formal research relationships with First Nations, the NHRU emerged as the MFN CAHR.
Currently, in addition to its members engaging in their own research platforms, MFN CAHR is a resource to researchers in the College of Medicine, as well as to our partners in the community – the Assembly of Manitoba Chiefs, the Manitoba Metis Federation and the Manitoba Inuit Association.

**Current Center for Aboriginal Health Education (CAHE):**
CAHE is currently led by the Section Head and the Director of CAHE - Dr. Barry Lavallee (0.4 EFT). We are privileged to have on staff our Elder-in-Residence, Margaret Lavallee (0.8 EFT) who not only provides cultural support to our inter-disciplinary student members, but is also available for cultural guidance in establishing research priorities and advising on cultural or traditional curriculum content.

CAHE provides professional and cultural supports and academic resources for all self-declared Indigenous students in the health professional degree programs of Medicine, Dentistry, Nursing, Rehabilitation Sciences and Pharmacy.

**College of Nursing:**

**Resources & Supports for Education & Teaching**
The Aboriginal Nursing Cohort Initiative (ANC) committee, chaired by the Associate Dean Undergraduate Programs, oversees all activities related to supporting the success of Indigenous students in the Bachelor of Nursing Program. The committee’s functions are:

- Develop, implement, and evaluate the Aboriginal Nursing Cohort Initiative
- Foster recruitment, retention and graduation of Aboriginal nursing students
- Contribute to development of an educational environment supportive of a diverse student population.

**Supports for Indigenous Nursing Students:**
Migizii Agamik: Migizii Agamik is an important home base on the Fort Garry Campus. Students describe this 24 gathering space with computer lab, kitchen and tutoring resources as an important support to their academic success.

The Aboriginal Student Centre: The Aboriginal Student Centre (ASC) on Fort Garry Campus supports students through a strength-based atmosphere rooted in community ties, identity and Indigenous ways of learning.

Personal & Academic Counselor: The Personal & Academic Counsellor is dedicated to supporting Indigenous students in the College of Nursing. This individual, who has a Masters Degree in Social Work, provides personal counselling to address personal issues such as family issues, childcare concerns, adjustment to the city and university study.

Academic Coach: This faculty member provides group and individual academic assistance with specific content and academic skills. The academic coach provides leadership, mentorship, specialized training, accountability, and regular, individualized feedback and support to make the most of each student's academic potential and optimize scholastic performance.

Tutoring: Students are eligible for five hours of tutoring a week. Group and Individual tutoring sessions are provided in association with the Academic Learning Centre. These sessions are
funded by ANCI. Group tutoring in the required pre-nursing science courses is provided by the course instructor. Tutoring for nursing courses is provided by nursing faculty and upper level students.

NURS 1500 Preparing for Professional Nursing Education: This course is specifically designed for students taking part in the Aboriginal Nursing Cohort Initiative pre-nursing program. NURS 1500 prepares students for success in the Bachelor of Nursing program by building a strong foundation of academic skills and science content.

Bursaries: A total of 14 bursaries are available to ANCI students. Application is made through Financial Aid and Awards Office.

Family Welcome Evening: Incoming students and family members are invited to a Family Welcome Event each September. The purpose of this event is to inform family members about the program and emphasize the importance of family support for student success. This event is well attended and enthusiastically received.

Research
The Manitoba Centre for Nursing and Health Research supports research within the College of Nursing.

Service
WISH Clinic

Community Engagement, Outreach & Pipeline Programs
- Recruitment efforts coordinated with the University of Manitoba Aboriginal Student Recruitment Team
- Annual presentation are made at a number of locations including Frontier School Division and Southeast Collegiate
- CANU

College of Pharmacy:
Resources and supports for Education and Teaching
Pharmacy accepts students from the ACCESS/HCAP programs. Five spots per year are reserved for students in the special consideration category for admissions. In the pharmacy curriculum, there are currently no specific courses dedicated to cultural awareness/indigenous health, but there are clinical topics which include indigenous health issues.

Research
None.

Service
Select third and fourth year pharmacy students and occasionally faculty participate in the WISH clinic.
The Structured Practical Experiential Program (SPEP) in the first year of the Pharmacy program requires students to participate in community visits to health/social service sites. A large component is volunteerism which could be at a site which serves an indigenous population. In the later years of the SPEP program, students have the opportunity to select experiential placements in Northern Manitoba (The Pas, Churchill, Thompson) and rural Manitoba pharmacies who provide patient care to reservations.
Community engagement, outreach, pipeline programs
Some faculty participate in Mini-University and High-School career days/BioMed programs for student outreach and recruitment.

College of Rehabilitation Sciences (CoRS):
Resources and supports for Education and Teaching
As a former School within the Faculty of Medicine, CoRS (formerly the School of Medical Rehabilitation) benefited from the Indigenous Health resources within the Faculty of Medicine. Within the Faculty of Health Sciences, CoRS programs continue to partner with the NMU to provide student fieldwork placements. As well, Indigenous students from CoRS are referred to CAHE for supports and faculty draw on the elder at CAHE to offer educational sessions on Indigenous culture.

Research
Some faculty are engaged in Indigenous health research and partner with faculty associated with CAHR.

Service
Faculty and students have worked with various community agencies that provide services to Indigenous populations in downtown Winnipeg (e.g. Wish Clinic, Siloam Mission, Red Road Lodge, Aboriginal Health and Wellness Centre).

Community engagement, outreach, pipeline programs
CoRS is engaged in some of the following outreach activities to prospective Indigenous students:
- Frontier School Division Information Session
- Health Career Access Program Seminar
- Health Career Quest Summer Camp

Stakeholders
Our stakeholders in the FHS include all students, faculty members and staff in the FHS. The Indigenous Platform will develop close working relationships with the platforms of Faculty Development, Continuing Professional Development, Inter-Professional Education, Research and Student Affairs.
External to the University, our stakeholders include: Assembly of Manitoba Chiefs, Manitoba Metis Federation, Manitoba Inuit Association, Urban Circle, University of Winnipeg, Red River College, Regional Health Authorities across Manitoba, Indigenous communities, Aboriginal Health and Wellness Center, and primary care clinics in Winnipeg.

The Faculty is also involved in various outreach programs within the community. Examples of current outreach programs are:
- Hugh John Macdonald School
- Wellington School
- Freight house Community Centre
- Winnipeg School Division
- Community Agencies
Access to University education is limited for many Indigenous students as a result of limited access to secondary schooling that prepares students for entry to university. All too often, access to university is viewed as an impossible dream. Students may have re-located from rural or northern areas that did not have access to university preparation studies, may have attended many schools in a short period of time and may have fallen behind in their studies as a result. Financial resources may be limited for many Indigenous students so post secondary education may not be anticipated. A lack of role models for young Indigenous students can be an issue as well as a need for greater mentoring opportunities.

Pipeline programs – those programs that engage students at the junior and secondary levels of their education have been proven to be effective in reinforcing the positive aspects of staying in school and achieving a higher education. Some examples of pipeline programs or projects include:

- Pathways to Education
- CanU
- Biomedical Youth Program
- Northern BioArts Summer Camp
- Partnering with Access Programs to bring grade 11 students to UM
Pictures provided by the Department of Community Health Science, College of Medicine
Options and Recommendation

Guiding Principles
- Recognition that the Faculty of Health Sciences is a dual campus Faculty with satellite rural sites of distributed education.
- Centralize some of the current and existing resources to improve the access, quality and safety of current functions and services, specific to Indigenous Health.
- Respect for and recognition of, the skills that each stakeholder brings, including the Colleges of the Faculty of Health Sciences.
- Work collaboratively to enhance experiences in education, research, and clinical training and service delivery for faculty, staff and learners.
- Transparency and openness in strategic planning and direction setting, as well as in implementation and action.

Process
The FHS struck an Indigenous Health Sub-Committee to assess the direction for Indigenous Health. The Committee’s decisions were based on the themes emerging from the Internal Scan. Key themes for the internal scan included:
- The need to establish a core / central focus for Indigenous Health within the faculty that would support the efforts of the Colleges.
- The need for enhanced student supports.
- The need for an infrastructure that would support leadership in Indigenous Health in FHS and the Colleges.
- The need for opportunities for enhancement of scholarship in Indigenous Health.
- The need for leadership in the development and implementation of a framework and action plan in cultural safety.

Recommendations:
It is recognized that currently, the College of Medicine holds the bulk of the human and financial resources in Indigenous Health in all areas, including education, research and service delivery (both outreach and clinical). While some of the current outreach activities have been extended to all Colleges within the Faculty of Health Sciences, there are opportunities to centralize some of those resources at the level of the Faculty. Centralization of Indigenous Health at the Faculty level will provide access to these resources for all of the Colleges.

Recognizing that each College will retain some of their current functions in Indigenous Health, the ability to focus a pool of expertise at the Faculty Level will be of benefit to all Colleges as they engage in the core functions of the University – research, education and service delivery.

The following recommendations are made after thorough discussion and analysis of the need for optimization of resources in Indigenous (First Nations, Metis and Inuit) Services on behalf of the Faculty, students and clients we serve. Please note that some of the current positions exist and resources may be transferred to the Faculty, if the Deans are in approval. There will be some new resources recommended that may be accessible through re-alignment of current funds, or access to new funds.
The recommendations are specific to centralizing some current resources at the level of the Faculty of Health Sciences, with the intent that the Office or Division of Indigenous Health be viewed and accessed as a resource to all Colleges. The proposed recommendations on structure and actions will provide the infrastructure and resources required to achieve our goals for Indigenous Health in the Faculty of Health Sciences.

It is recommended that:

1. The Faculty of Health Sciences, Council of Deans establish an Office or Division of Indigenous Health at the Faculty level

2. The Office or Division of Indigenous Health shall be comprised of:
   a) Associate Dean responsible for Indigenous Health @ 0.5 EFT
   b) Admin Support @ 1.0 EFT
   c) Operations Director, Indigenous Health @ 1.0 EFT
   d) Project and Outreach Coordinator @ 1.0 EFT
   e) Five Indigenous health leads, one from each College, who will be the resource person in each College @ 0.2 EFT each. This group will form the core of the Office of Indigenous Health.
   f) Section of First Nations, Metis and Inuit Health (inclusive of the Northern Medical Unit, the Manitoba First Nations Center for Aboriginal Health Research and the Center for Aboriginal Health Education)

3. It is anticipated that the Indigenous Health Unit will be charged with the following responsibilities:
   a. Initiate a process to pursue the transition of the Section of First Nations, Metis and Inuit Health to the Office or Division of Indigenous Health, (inclusive of the Northern Medical Unit, the Manitoba First Nations Center for Aboriginal Health Research and the Center for Aboriginal Health Education) with careful consideration and thorough analysis of the structures and responsibilities, funding models and benefits for the Faculty and the College of Medicine (as all current resources are held at the College level, in the Department of Community Health Sciences)
   b. Oversee the development of a cultural safety framework and implementation plan for the Faculty of Health Sciences
   c. Foster the development of cultural safety curricula in Faculty of Health Science educational programs
   d. Promote and support research and evaluation opportunities for faculty and students regarding Indigenous Health and optimizing educational experiences of Indigenous students.
   e. Support the evaluation and harmonizing of outreach activities (as relevant) for the Faculty of Health Sciences, and identifying those outreach activities that should remain college specific.
   f. Identify opportunities for inter-professional collaboration and also work closely with the Inter-professional Collaboration Unit.
   g. Establish a Committee that will identify opportunities for formalizing linkages with pipeline programs and activities to enhance Indigenous health professional recruitment and success
4. Functions of the Unit:
   a. Services provided by the Unit should align to the strategic priorities of the University as proposed in “Taking our Place: University of Manitoba Strategic Plan 2015-2020” and be consistent with the Pathways to Indigenous Achievement. See Appendix A for the proposed actions that will support the goals related to Indigenous Health Services.
   b. The Unit will also be responsible for facilitating strategies and actions that support:
      ✦ Enhanced collaboration, resource management and process improvement.
      ✦ Respect of administrative expertise, professional identity/autonomy, research, scholarly work and other creative activities, teaching and service of the Faculty.
      ✦ Consideration of opportunities to identify administrative efficiency.
   c. The Unit, in consultation with the Associate Dean will develop a full functional service plan for the Unit.

---

**Expected Benefits and Outcomes**

✦ The building of a safe place of learning for all learners, staff and faculty with a specific focus on Indigenous students
✦ Positive behaviours of faculty and staff relevant to Indigenous people in Canada
✦ Recognition of factors that have resulted in poorer outcomes in health status for Indigenous Peoples
✦ Enhanced linkages with Colleges and other Faculties and with the Community
✦ A centralized resource for all aspects of Indigenous Health within the FHS
✦ An enhanced web presence

A new Office of Indigenous Health will

✦ Foster engagement in finding solutions through collaborative relationships and partnerships that will seek solutions for the poorer outcomes in health status for Indigenous people through education and clinical training
✦ Raise the profile of Indigenous Health
✦ Establish FHS as a leader in Indigenous education, health and services
✦ Enhance collaboration with platforms of faculty development and continuing professional development as well as IPE, student services and research
✦ Enhance partnerships with other educational institutions in Manitoba
✦ Ensure accreditation requirements for Indigenous support and curriculum for students are implemented
✦ Grow capacity for graduate students in Indigenous research
✦ **Promote and communicate Indigenous staff/student achievements**
**Expected Costs**

Additional Resources required for Centralization of Indigenous Health

<table>
<thead>
<tr>
<th>Role</th>
<th>EFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Dean</td>
<td></td>
</tr>
<tr>
<td>Administrative Support</td>
<td></td>
</tr>
<tr>
<td><strong>Director, Indigenous Health</strong></td>
<td></td>
</tr>
<tr>
<td>Project and Outreach Coordinator</td>
<td></td>
</tr>
<tr>
<td>Dentistry Lead (0.2 EFT)</td>
<td></td>
</tr>
<tr>
<td>Medicine Lead (0.2 EFT)</td>
<td></td>
</tr>
<tr>
<td>Nursing Lead (0.2 EFT)</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Lead (0.2 EFT)</td>
<td></td>
</tr>
<tr>
<td>Rehab Lead (0.2 EFT)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Major Risks**

- No funding available for dedicated capacity and resources
- Insufficient space to provide services to a greater number of students
- Transition of CAHE and CAHR to the Faculty could be problematic depending on their status in the University

**Major Constraints**

Indigenous students are sometimes reluctant to self-declare as such. This limits the FHS’ ability to reach out and support them. In a culturally safe environment the number of self-declared students will increase.

**Major Assumptions**

- That our current state correctly reflects existing Indigenous Health within the colleges.
- That the recommendation will enhance the strategic priorities of the University of Manitoba
- The Unit will embrace the dual campus situation and ensure that services will be equally provided / available at both sites. A partnership with Migizii Agamik – Bald Eagle Lodge – at the Fort Garry campus is required to assure services to FHS students at that campus.
Implementation Plan

Timescale

- Approval in principle of proposal: January 2015
- Appointment of FHS Indigenous AD: February 2015
- Appointment of implementation team: March 2015
- Integration of CAHE/CAHR plan: April 2015
- Final implementation plan: May 2015
- Indigenous Health unit in place: September 2015

Implementation Objectives

The implementation of the recommendations contained in this proposal should be supported by a strong communication and change plan to instill a culture of safety, equity and recognition of indigenous health in the FHS. This will not be achieved by enforced timelines but will have to be underpinned by the principles of change management.

Project Deliverables

Change/Communication Plan
Implementation Plan
Integrated and harmonized FHS Outreach Plan
Integrated and harmonized and Pipeline Engagement Plan

Implementation Approach

The establishment of the unit and governance and infrastructure to support Indigenous Health Services will set the foundation for further enhancement of the services.

Implementation Team

To be appointed in consultation with the lead for Indigenous Health Services

Planning Assumptions and Constraints

Planning Assumptions

- Strategies developed for this Unit will enhance the University’s strategic priorities but will not be limited by these priorities.
- Strong support from the Communications Unit within the FHS
- Services already supplied by Student Affairs, Migizii Agamik will not be included in the planning

Planning Constraints

Although the Unit in FHS can be established and the infrastructure can be provided, the implementation of the strategies will require a cultural shift that will need to be embraced by all faculty and staff to ensure success. It is therefore required that full-time staff be appointed to ensure the successful implementation of this proposal.
## Appendix A – University of Manitoba Strategic Plan

<table>
<thead>
<tr>
<th>Goal</th>
<th>Supporting Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimize enrolment with an appropriate mix of undergraduate, graduate, Indigenous, and international students for Manitoba’s research university.</td>
<td>Increase the number of Indigenous and graduate students as a percentage of the total student population.</td>
</tr>
<tr>
<td>Advance Indigenous research and scholarship</td>
<td>Work collaboratively and in partnership with key stakeholders to enhance the role of MFNCAHR as a multi-disciplinary research centre focusing on treaty, Metis and Aboriginal rights, including the right of self-determination for Indigenous peoples.</td>
</tr>
<tr>
<td>Build a culturally rich, safe and supportive learning and work environment in which an increasing number of Indigenous students, faculty and staff succeed</td>
<td>Develop a framework for cultural safety  Increase undergraduate and graduate Indigenous enrolment as a percentage of the total student population. Close the gap between Indigenous and non-Indigenous students in retention and graduation rates.</td>
</tr>
<tr>
<td>Increase student, staff, faculty and leadership diversity that reflects society, especially with respect to gender balance and Indigenous participation</td>
<td>Work toward appropriate student, staff and faculty gender balance in all academic programs. Increase the number of Indigenous students, staff and faculty. Increase the number of women and Indigenous people in leadership positions.</td>
</tr>
<tr>
<td>Create a learning and work environment that meets the needs of the University’s future, recognizes the Indigenous reality of Manitoba, integrates with surrounding communities, and supports environmental and resource sustainability.</td>
<td>Balance staff and faculty levels to meet academic and administrative requirements. Ensure Campus Master Plans and campus development provides access to facilities for those with disabilities, demonstrates leadership in social, economic and environmental sustainability, and supports a growing learning and research enterprise. Make Indigenous culture, language and symbols visible throughout our campuses</td>
</tr>
</tbody>
</table>
Supporting Students (Body):

<table>
<thead>
<tr>
<th>Goal</th>
<th>Supporting Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance student mobility.</td>
<td>Increase the number of articulation agreements and transfer-credit agreements, including with Indigenous educational organizations. Establish university-level policy and support for the recognition of prior learning, with specific attention to the prior learning of Indigenous peoples.</td>
</tr>
</tbody>
</table>

Building Partnerships and Supporting Communities (Heart):

| Foster K-12 Indigenous student participation in post-secondary education | Increase community outreach and engagement activities that build Indigenous student interest in and preparedness for post-secondary studies. Establish new and further develop existing pre-university programming and activities for Indigenous youth. Explore collaborative opportunities with the K-12 system. |
| Strengthen global connections with Indigenous peoples and programming around the world. | Increase the number of Indigenous faculty and students engaged internationally in Indigenous scholars networks. Expand service-learning and community-based research opportunities with global Indigenous communities. |
| Enhance engagement, and build and strengthen relationships with Indigenous communities in urban, rural and northern settings. | Establish strategic approaches and initiatives designed to further the growth of partnerships between the University of Manitoba and Indigenous communities. |
| Ensure the University of Manitoba is seen as an open resource for members of the community, offering space and opportunity to pursue education, recreation, arts and music and sporting interests | Increase the diversity of outreach programs throughout the spectrum of communities the University serves (prospective students, alumni, Indigenous people, youth, etc.) that can be accessed by faculty, staff and students. Promote the University of Manitoba as an opportunity for community members to develop their knowledge and skills, and pursue their interests. |
Sharing Indigenous Knowledge and Research (Mind):

<table>
<thead>
<tr>
<th>Goal</th>
<th>Supporting Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure every student graduates with a basic understanding of the importance and contributions of Indigenous peoples in Manitoba and Canada.</td>
<td>Identify options to ensure that Indigenous content is included in academic programs.</td>
</tr>
<tr>
<td>Foster a greater understanding of Indigenous knowledge, cultures and traditions among students, faculty and staff.</td>
<td>Widen opportunities for students, faculty and staff to learn about Indigenous worldviews (e.g., through courses/new curricula, service-learning, research projects, workshops, lectures, events, etc.).</td>
</tr>
<tr>
<td>Weave Indigenous knowledge, cultures and traditions into the fabric of our University (people, programming, spaces).</td>
<td>Increase the number of Indigenous faculty and staff as a percentage of the University’s employee population. Make First Nations, Metis and Inuit arts, cultures, and languages more visible throughout our campuses.</td>
</tr>
<tr>
<td>Foster the inclusion of Indigenous perspectives in research, scholarly works and creative activities</td>
<td>Establish a development grants program to seed community-based research in partnership with First Nations, Metis and Inuit communities.</td>
</tr>
<tr>
<td>Enhance the University’s research capacity on issues of importance to Indigenous peoples and populations</td>
<td>Lead the further development of the national centre for research on truth and reconciliation.</td>
</tr>
</tbody>
</table>

Celebrating First Nations, Metis, and Inuit Success (Spirit):

<table>
<thead>
<tr>
<th>Goal</th>
<th>Supporting Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celebrate achievements by Indigenous faculty, staff, students, alumni and community partners</td>
<td>Establish an Indigenous leader awards program to recognize and celebrate Indigenous achievement.</td>
</tr>
</tbody>
</table>
Appendix B – Glossary of Terms

CAHE
Membership at CAHE is open to all Aboriginal students (First Nations, Metis, Inuit, Non-status) who are currently registered in a health professional program at the University of Manitoba (Dental Hygiene, Dentistry, Medical Rehabilitation, Medicine, Nursing and Pharmacy). CAHE Membership gives you access to the programs, facilities and resources at the centre, including:
- Study and meeting space
- Cultural programs and Elder-in-Residence
- Academic supports
- Resource library

MFN CAHR
The Manitoba First Nations Centre for Aboriginal Health Research (MFN CAHR) is a research centre of excellence that initiates, conducts and supports world class research in the following areas:
- Population and public health
- Health services
- Clinical
- Biomedical-genetics
- Health information systems

Crosscutting themes include gender, life-course, research/biomedical ethics, community-based, knowledge translation, and training/capacity-building.
The MFN CAHR is a unit under the Section of First Nation, Metis and Inuit Health of the Department of Community Health Sciences in the College of Medicine at The University of Manitoba.

NMU
The J. A. Hildes Northern Medical Unit
- officially began providing health care on 1 July 1970 in the town of Churchill, Manitoba and the then Keewatin Region of the North West Territories (now the Kivillaq Area of Nunavut);
- for 40 years has had as its' central mission to be responsible for health care, medical and paramedical research, and education for the communities in the remote north;
- is recognized nationally and internationally as one of the most successful models of service delivery to remote northern populations;
- provides health care via family physicians, nurses, medical specialists, social workers, and clinic support staff;
- provides service to 3 hospital based and 12 nursing stations in Manitoba and 8 Nunavut Health Centres;
ANCI
Aboriginal Nursing Cohort Initiative
The Aboriginal Nursing Cohort Initiative provides students with First Nations, Métis and Inuit ancestry with academic and personal supports to facilitate success. We encourage First Nations, Métis and Inuit Peoples who are interested in becoming a nurse to apply because we provide:

**Academic Support:** Free tutoring is available for most courses to help you reach your full potential. The number of courses per term is reduced to help you adjust to life as a university student.

**Personal Support:** You meet regularly with a personal councillor and academic advisor. The number of students in these classes is limited so you get to know your classmates and teachers in a friendly environment.

**Financial Support:** We assist students in completing applications and obtaining funding through their First Nation Educational Authority, Métis funding programs or Canada Student Loans.

Glossary
For the purpose of this document:

**Aboriginal:** Aboriginal is a legal term from Canadian Constitution Act 1982 s.35 which includes First Nations (Indians), Inuit and Metis. However that term “hides the reality of the unique peoples” First Nations, Metis, Inuit, and their cultures, languages, geographies, histories and other distinct ways of knowing. (Wilf Falk, Head of Demographics Province of Manitoba, in his urging of analysts to go deeper into Census Canada’s release of 2006 data on ‘Aboriginal Peoples’ and to avoid that term). Aboriginal refers to the residents of Canada who are biologically related to a group through bloodlines either maternally or paternally. Thus, "aboriginal" encompasses those Peoples who may be Native, First Nation, Indian, Status, Non-status, Metis and Inuit.

**Collaboration:** In the context of research studies with First Nation, Metis and Inuit, research collaboration is an approach that involves community members/partners in all phases of the project. It seeks a collaborative approach that is equitable for stakeholders involved in the research process, from the inception of the research idea to the dissemination and publication of research findings. Collaborative research partnerships should embody a committed vision to working together through any challenges or problems that may arise. Such principles provide a solid foundation for partners to develop their relationship.

---


Collaborations are established by virtue of procedures that enable community participation in the research planning and design, implementation and evaluation of results. In collaborative research, researchers shall ensure that a representative cross-section of community perspectives and experiences are included in formulating solutions that incorporate advice and recommendations into decisions to the maximum extent possible.

**Culture:** The commonalities around which a group of Peoples have developed values, norms, family styles, social roles, and behaviours, in response to the political, economic, and social realities they face. It is a patterns of beliefs, symbols and values that develop over time among groups of Peoples. It is the symbolic order through which Peoples communicate and organize their social life. Culture helps Peoples adapt to their environment and it usually facilitates group survival. It provides both a glue that binds us together, and a boundary that identifies our differences from others.

Culture is a much broader term than ethnicity. It revolves around the fact that groups differ in their worldview, their perspectives on patterns of life, their concept of the essential nature of the human condition, and the way they structure behaviour. It is influenced by many factors including one’s social location, language, family and social relationships. Culture often runs so deep that one may be unconscious of its influence, and hence misinterpret it as an objective reality.4

**Cultural Competence:** This refers to a specific set of values, attitudes, knowledge and skills that sensitize and improve sharing of information and assistance between Peoples of different cultural orientations. Cultural competence is defined as a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.5

**Cultural Safety:** Cultural safety refers to what is felt or experienced by a patient when a health care provider communicates with the patient in a respectful, inclusive way, empowers the patient in decision-making and builds a health care relationship where the patient and provider work together as a team to ensure maximum effectiveness of care. Culturally safe encounters require that health care providers treat patients with the understanding that not all individuals in a group act the same way or have the same beliefs.

Includes cultural awareness, cultural sensitivity and cultural competence and involves the recognition of unequal power relations to address inequities in health care.6

---


Elder: Generally means someone who is considered exceptionally wise in the ways of their culture and spiritual teachings. They are recognized for their wisdom, their stability, their humour and their ability to know what is appropriate in a particular situation. The community looks to them for guidance and sound judgment. Some First Nations people who are recognized as Elders prefer the term, “Knowledge Keepers”.

First Nations: First Nations are the original Peoples of Canada. They are tribally and linguistically diverse Peoples who live throughout all geographic regions of Canada and are the majority of the Indigenous Peoples who have lived on the lands the country. Often, the term "First Nations Peoples" is an updated version of the term “Indian” used in the Constitution Acts and successive Indian Acts. First Nations Peoples were divided by the Indian Act, which determined who would be considered “registered” or “status” Indian or non-Indian.

Health Disparities: differences in health status that occur among population groups defined by specific characteristics. For policy purposes, the most useful characteristics are those consistently associated with the largest variations in health status. The most prominent factors in Canada are socio-economic status (SES), Aboriginal identity, gender, and geographic location.

Health Inequalities: "...is the generic term used to designate differences, variations, and disparities in the health achievements and risk factors of individuals and groups...that need not imply moral judgment...[and may result from] a personal choice that would not necessarily evoke moral concern". Some inequalities reflect random variations (i.e. unexplained causes), while others result from individual biological endowment, the consequences of personal choices, social organization, economic opportunity or access to health care. Public policy is concerned with health inequalities attributable to modifiable factors, especially those that are perceived as inequitable.

Health Inequities: "...refers to those inequalities in health that are deemed to be unfair or stemming from some form of injustice.... The crux of the distinction between equality and equity is that the identification of health inequities entails normative judgment premised upon (a) one’s theories of justice; (b) one’s theories of society; and (c) one’s reasoning underlying the genesis of health inequalities. Because identifying health inequities involves normative judgment, science alone cannot determine which inequalities are also inequitable, nor what proportion of an observed inequality is unjust or unfair.

---

8 Assembly of Manitoba Chiefs
9 Assembly of Manitoba Chiefs.
Note: “Health disparities are, first and foremost, those indicators of a relative disproportionate burden of disease on a particular population. Health inequities point to the underlying causes of the disparities, many if not most of which sit largely outside of the typically constituted domain of “health”.”

Indigenous: Indigenous populations are communities that live within, or are attached to, geographically distinct traditional habitats or ancestral territories, and who identify themselves as being part of a distinct cultural group, descended from groups present in the area before modern states were created and current borders defined. They generally maintain cultural and social identities, and social, economic, cultural and political institutions, separate from the mainstream or dominant society or culture. Indigenous: refers to those individuals and groups who share and maintain the traditional cultural and spiritual understandings and world views of their ancestors. That is, "Indigenous" depicts those Peoples who belong to the original understandings of the various groups. The term "Indigenous" typically relates to the mentality and spirituality of those determined to maintain their original ways; that is, their ways of thinking and being members of the specific Nations into which they were born and to which they belong.

In Canada, the Constitution terms Indigenous peoples as Aboriginal and includes First Nations, Metis, and Inuit peoples.

Side Bar: Indigenous communities, Peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing in those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as Peoples, in accordance with their own cultural patterns, social institutions and legal systems.

Inuit: Inuit is the Inuktitut word used by the people themselves to describe who they are, “the people”. Inuit are the Indigenous peoples of the arctic and circumpolar regions of the earth. In Canada, there are four major traditional territories for the Inuit that include Western North West Territories (Inuvialuit), Nunavut, Northern Quebec (Nunavik) and Labrador (Nunatsiaqat), however one quarter of the Inuit in Canada live outside of these traditional territories in southern locations, such as Winnipeg and Churchill. The Federal Government’s power under Section 91(24) of the Constitution Act of 1867 to make laws in respect to “Indians and Lands reserved for Indians” was interpreted to extend to Inuit. However, Inuit are not covered by the Indian Act.

---


**Partnership:** A partnership is an alliance that promotes mutual trust and communication that is based on mutually identified research goals and benefits. A partnership will ensure that the conduct of research adheres to core guiding principles which include the welfare of the collective as understood by all parties involved. Partnerships involving research with First Nation, Metis and Inuit include mutually agreed upon goals and objectives for the research process that involved terms with community researchers and others in the community who play a part in supporting the research partnership. Confidentiality and privacy of collective and personal information are upheld as are control and access to data, including data stewardship and analysis. Partnerships also involve agreed upon methods for disseminating the resulting information to stakeholders including communities, healthcare professionals, the academic world and funding bodies.  

**Relationship:** A research relationship is defined as how communities and researchers collaborate together in a co-learning environment whereby mutual interests and agendas are discussed and enacted in the entire research process. The history of First Nations, Metis and Inuit oppression in Canada, particularly by researchers, has shaped the concept of authenticity and the context in which trust becomes paramount.  

---


### Appendix C– Team

The table lists all the individuals that contributed to the development of this proposal.

<table>
<thead>
<tr>
<th>Name</th>
<th>College/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terri Aschcroft</td>
<td>College of Nursing</td>
</tr>
<tr>
<td>Catherine Cook</td>
<td>College of Medicine</td>
</tr>
<tr>
<td>Neal Davies</td>
<td>College of Pharmacy</td>
</tr>
<tr>
<td>Raman Dhaliwal</td>
<td>Faculty of Health Sciences</td>
</tr>
<tr>
<td>Christa Ferreira</td>
<td>Project Management Office, IT</td>
</tr>
<tr>
<td>Grace Frankel</td>
<td>College of Pharmacy</td>
</tr>
<tr>
<td>Ian Jones</td>
<td>College of Medicine, Physician Assistance</td>
</tr>
<tr>
<td>Leanne Leclair</td>
<td>College of Rehabilitation Sciences</td>
</tr>
<tr>
<td>Brenda Peterson</td>
<td>Project Coordinator, Office of the Vice-Provost</td>
</tr>
<tr>
<td>Bob Schroth</td>
<td>College of Dentistry</td>
</tr>
<tr>
<td>Deborah Young</td>
<td>Indigenous Achievement</td>
</tr>
</tbody>
</table>