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Presented by Signal49 RESEARCH

# The Future Skills Podcast

## Season 6: Bonus Episode

### Supporting Indigenous Community Health Workers: Lessons from Ontario and Alaska

In this bonus episode of the Future Skills Podcast, we explore the critical role Indigenous community health workers play in supporting health and well-being in rural, remote, and northern communities. Guest host Bethany Haalboom is joined by Janet Gordon and Madison Pierce of the Sioux Lookout First Nations Health Authority, along with Dr. Michelle Hensel of the Alaska Native Tribal Health Consortium, to discuss how community-based health workers help bridge gaps in care, provide culturally grounded support, and strengthen healthcare access where providers and services are often limited. Drawing on experiences from Northwestern Ontario and Alaska, the conversation highlights innovative approaches to training, recruitment, retention, and workforce development, while underscoring the importance of investing in Indigenous-led solutions to improve health outcomes and build community capacity.

#### Guests

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

Madison Pierce, Manager of the Community Health Workers Diabetes Program, Sioux Lookout First Nation Health Authority

Dr. Michelle Hensel, Medical Director, Community Health Aide Program, Alaska Native Tribal Health Consortium

#### Hosts

Jeremy Strachan, Manager, Education & Skills, Signal49 Research

Bethany Haalboom, Lead Research Associate, Indigenous and Northern Communities, Signal49 Research

#### Links

**Future Skills Centre Homepage:** https://fsc-ccf.ca/

**Future Skills Centre LinkedIn:** https://www.linkedin.com/company/fsc-ccf

**Future Skills Centre Bluesky:** https://bsky.app/profile/fsc-ccf.bsky.social

**Signal49 Research Homepage:** https://www.signal49.ca/

**Signal49 Research Facebook:** https://www.facebook.com/Signal49Research

**Signal49 Research X:** https://x.com/S49Research

**Sioux Lookout First Nation Health Authority:** https://www.slfnha.com/

**Sioux Lookout First Nation Health Authority Community Health Workers Diabetes Program:** https://chwconnect.ca/

**Community Health Aide Program Alaska**: https://www.akchap.org/community-health-aide/

**Alaska Native Tribal Health Consortium:** https://anthc.org/

**Indigenous Community Health Workers Across Canada** (Project Website) English | French

**Training to Retain: Strengthening the Role of Indigenous Community Health Workers in Canada** (Report) English | French

**Spotlight: Sioux Lookout First Nations Diabetes Program** English | French

# Transcript

**Jeremy**: Welcome to Season Six of the Future Skills Podcast, brought to you by the Future Skills Centre. I'm Jeremy Strachan, Manager of Education & Skills at Signal49 Research, and your host for the season. On the Future Skills Podcast, we explore what matters most to Canadians when it comes to skills, training, and the ever-changing world of work.

Since 2019, the Future Skills Centre has been driving Canada's workforce transformation by funding innovative training solutions, cutting-edge research, and inclusive partnerships to ensure everyone has the skills to thrive in a changing economy.

On a recent episode, we looked at the challenges faced by workers in Canada's care economy—one of the six priority sectors included in Canada's new workforce alliances. Here, we're going to take a closer look at a critical but often unrecognized part of the healthcare workforce: Indigenous community health workers. Bethany Haalboom is Lead Research Associate in Indigenous and Northern Communities at Signal49, and on this episode, she speaks with Janet Gordon, Vice President of Community Health at the Sioux Lookout First Nations Health Authority in Northwestern Ontario; her colleague Madison Pierce, who is the manager of the Community Health Worker Diabetes Program there, and Dr. Michelle Hensel, Medical Director of the Community Health Aid Program for the Alaska Native Tribal Health Consortium. Together, they're going to shine a light on what needs to happen to ensure everyone has access to the right care in these communities.

In partnership with the Future Skills Centre, Signal49 has been leading the project *Indigenous Community Health Workers Across Canada*, to better understand the critical role they play in both northern and southern communities—supporting patients, navigating health systems, and delivering culturally grounded care. This research also highlights some of the key challenges they face, from barriers to training and career progression to the realities of working in remote and under-resourced settings, where access to healthcare is often limited. In communities where patients may face long wait times, limited access to providers, or the need to travel for care, these workers bridge those gaps to ensure continuity of care closer to home. You can find links to the project and its reports in the show notes. My colleague Bethany Haalboom is leading this work, and I'm going to turn it over to her, Janet Gordon, Madison Pierce, and Dr. Michelle Hensel.

**Bethany Haalboom:** Thank you all so much for being here.

Now, to help set the stage for our conversation, I'd like to start with a bit of context on the programs you're each involved in. Janet, could you briefly describe your program and your role within it?

**Janet Gordon**: Our Sioux Lookout First Nations Health Authority supports a community health worker program. specifically with diabetes care. We've been working with communities probably for at least 10 years to develop this program. And our goal has been that the community health workers have a defined role around diabetes care and how they can be better integrated into the healthcare system within their community. So we have been supporting this and building on

what we have learned from other areas, but also building community health workers to have that presence and have that important role in their communities.

**Bethany:** Janet, you touched on how your program has evolved over time. I understand that some of that development has been informed by a model used by the Alaska Native Tribal Health Consortium. So Michelle, could you walk us through how that program works and what it looks like in practice?

**Michelle Hensel:** Hello. First of all, I just want to say thank you so much for inviting me to join in this conversation with you all. I am a family medicine physician by training, and I've been working here at the Alaska Native Tribal Health Consortium for the last 11 years. It's a nonprofit tribal health organization that's designed to meet the healthcare needs of Alaska Native and American Indian people living in Alaska. And we--well we are a consortium of the 12 regional corporations, so we do represent the state of Alaska's Indigenous population--and we run a community health aid training program here in Anchorage and have for decades now. Our community health aid program is a federal program that's been in existence for close to 60 years. We do have four training centres in the state. Our training centre is the largest training centre, and we train students from all over the state to become community health aides or community health aid practitioners, which is the final step of training. My role here is overseeing training, making sure that we are teaching to the federal curriculum that's been outlined for us and also ensuring that our students are receiving high quality, relevant education that they can bring back to the villages they serve.

**Bethany:** That's really helpful context, thank you. Janet, bringing it back to your work in Northwestern Ontario, could you share a bit more about the scale of your program—specifically the number of communities you're working with and how that support is structured?

**Janet**: We work with communities, but we have a presence with our community health program, 23 communities currently. And they're not our employees, they're existing community health workers. And we just, we work with the communities and those workers that have an interest in diabetes care and also communities that have identified diabetes as a priority in their communities. So, it's building up those workers to help with those interventions and those supports that need to be there in the community. And they're the consistent ones that are there. They live in a community. They can provide that continuity of care in their communities.

**Bethany**: Building on that, I think it would be helpful to pause and define what exactly we mean by 'community health workers,' since that role can vary across contexts. Madi, first I'd like to give you the opportunity to provide a land acknowledgement. And then could you describe what community health workers actually do in their day-to-day work lives and why they're such a critical part of care in the communities you serve?"

**Madison Pierce:** Thank you very much. The Sioux Lookout First Nations Health Authority acknowledges that is situated on the traditional territory of Lac Seul First Nation, signatory to Treaty 3, and Fort William First Nation, signatory to the Robinson-Superior Treaty of 1850.

So when we're talking about community health workers in the context of Northwestern Ontario, they are a vital part of the healthcare system and a part of the circle of care. Historically, they had a lot of responsibility in community and I think over time due to colonization and more

Western focused health systems, that responsibility has been like slowly stripped away and diminished and their value has inherently been distributed in a way that is not appreciated in this day and age by allied health professionals and primary care providers as well. So we're trying to resurge their value and build the workers up due to the "unregulatedness" of their positions, trying to build them up in ways that can integrate well into the current health landscape in Canada.

**Bethany**: That's a really important point about their role in the system. Janet, could you share some specific examples of the kinds of care or services they're providing in the community?

**Janet:** I just wanted to recognize my mother who's passed away since then a few years back, but she was what you would call in our communities a CHR, which is a community health representative. And she was the primary care provider in our communities. And she did probably the similar thing that is recognized in Alaska with the community health aides. She was able to do assessments. She was able to do other things like manage an emergency doing IV therapy and as well as other things like stitching and things like that. So I think for our community health workers over the years, their value and what they're able to perform within their role has not been recognized and has not been supported. What we have done with the community health workers around diabetes is that we've trained them to be able to do the assessment like doing blood pressure, looking at blood sugar testing, reviewing the medication that people are on, and also checking their feet to make sure that there's nothing happening there. And then lately we've been able to provide training for them to do phlebotomy and be able to do that because a lot of the work that they do is right in the home so that people are comfortable within their home. They don't have to travel somewhere to get care and they all speak the language. So it's a better fit for people that are trying to manage their diabetes and they get that care right at home.

**Bethany:** Thank you. That really illustrates the scope of their work. Michelle, could you describe how that compares to what community health aides are doing in Alaska?

**Michelle**: Our community health aides are really vital to the communities they serve. We have close to 400 health aides throughout the state, and then most of them are working in villages that are too small to support either a large clinic or an advanced provider. And they provide primary care, they do emergency care, they take call, Janet mentioned some of the things that her mom used to do, and that's what our health aides are doing every day. They're repairing lacerations. They can put in IVs for IV fluids. They do not give IV medications, but they do IV therapy with fluid resuscitation. They are really the backbone of the healthcare in their community, but also the state. When this program initially began in the late 50s, early 60s, we referred to health aides being, quote, the eyes and ears of the physician. And I think that's still true today. They were responsible for over 65,000 patient care visits in 2024. There's about 148 rural health clinics throughout the state. And as I mentioned, most of them are inaccessible by road. So they're vital to their communities. Most of them are from their communities. And as Janet mentioned, they know their patients well. I think that comes with challenges, taking care of family members and friends and relatives and all of the challenges that go along with that.

**Bethany:** Given how central these roles are, I'd like to shift to talking about workforce capacity. I'll let Madi field this next question, which is: Are there enough community health workers to

meet demand in your regions, and what are you seeing when it comes to recruitment and retention challenges?

**Madison:** With respect to community health workers in this region of Ontario, also recognizing that most of the communities that SLFNHA serves are remote as well, so I think when we think of community health workers and how their sort of scope is very broad in community, they wear a lot of hats and they have to play a lot of roles and dabble in various aspects of a health system to help people navigate, whether it's administration, whether it's direct medical care, whether it's navigation, translating, like the list goes on and on, right? So their skill set is just so highly multifaceted that they end up getting pulled in a tonne of directions. In my experience with this program and just seeing the health landscape in our region, it's just, it's always been difficult to recruit and retain community health workers because of all of these reasons. oftentimes they don't get to focus on that one specific job, which is a huge job for anybody. And they often are just in it by themselves. They don't have additional diabetes team to back them up or administration assistance or anything like that. And it's such a big feat to take on. A lot of the times it just results in poor job satisfaction and/or burnout a lot of the time as well. The funding is very inconsistent across even the health positions in the community. So that can also hinder people wanting to stay in their positions for a long time if they could be making better money and less stress somewhere else.

**Bethany:** That highlights how broad and demanding these roles are. Janet, can you help us understand the scale of need in your communities, particularly when it comes to chronic conditions like diabetes? How does that shape the workload for community health workers?

**Janet:** Thirty per cent of our communities have diabetes. It's high also in kids, with children and youth. And we have lots of people that end up with end stage diseases of diabetes, right? So losing limbs and going blind or whatever. So the money that communities get around diabetes care is not enough to be able to support all the people that are living with diabetes. So our program had been concentrating on the population that has, that are their diabetes is out of control to try and help them get that under control. It's not enough resources and for all of our communities. And we're only touching the tip of our iceberg in most cases, right? We don't have resources for prevention and promotion of well-being and even screening. We have a couple communities around 4,000 people. And of course, we have smaller communities as well. But when you have one person just trying to deal with that size of a community, it's not enough.

**Bethany:** Those challenges really highlight the pressure on the system. Michelle, what does that picture look like in Alaska when it comes to recruitment and retention?

**Michelle:** Here in Alaska, we do struggle with the shortage as well. We have close to 600 community health aid positions in the state and close to 400 of them are filled. So we do have a significant shortage. I think part of that too is because they're hired and they may not know exactly what the job entails. And it is a difficult job. As Madi mentioned, it's so broad. They're doing duties of an administrative clerk, maybe in arranging travel, scheduling. They're doing duties that traditionally a nurse would do in our healthcare model. And then they're also a provider and an emergency care provider. That's why I think burnout is an issue too. We do have our success stories, absolutely. We've had generations of health

aides now whose children have become health aides, whose grandchildren are in training, but we do struggle, recruitment and retention.

**Bethany**: You've all outlined some significant pressures, so I'd like to turn now to how your programs are responding to those challenges. What are some of the supports or approaches that you've found most effective in helping community health workers succeed in their roles?

**Madison:** Something that's been really impactful is providing a space for community workers to connect with each other and learn from each other. So for example, our program, every week we have weekly touch points. They're virtual over Zoom. Everyone can just come on. It's a time to catch up for us to announce any trainings coming up or learning opportunities, share resources. And then it's also just a place for people to ask questions. And then every year we try to host a networking forum. So the premise of this is to give community health workers time to relax and connect with each other rather than like training and recognizing that there is a lot of training and there's a lot of learning opportunities, but also to help people with self-care and give them a space to decompress a bit. We've now seen relationships form between health workers in communities that are really far away from each other and don't have access to each other. Watching those relationships form is just so powerful. And it's really like strengthening the bonds between communities. And I think that's the essence of what we're trying to do and what we'd like to see in an ideal health system. And I think another thing during those weekly touch points is oftentimes people will ask questions about how do I go about doing this or what has worked well? And then other health workers will reply and say, this is what's worked well for me, and this is what worked well for my community. This was super well received. And that like knowledge sharing between CHWs is just, again, so powerful. And I think it really helps with job satisfaction because it gives them that sense of belonging within this group and also really fosters support for them.

**Bethany**: Janet, what changes or impacts have you seen from those kinds of supports within your program?

**Janet**: I think what I have seen in the journey of being involved in this, in working with a community health worker program is I have seen it build confidence in the workers. The workers go to the diabetes conference, and sometimes they, you know in the past, they might, they probably didn't have an opportunity to do that. But they went as a group and they've gone for five years at least. Then this past one, one of them joined us in presenting at the conference. She was comfortable in talking about her role as a community health worker and some sharing though what she does there. So I've seen that growth and I think it could be something that could be applied across the board in the healthcare system at the community, not just within diabetes.

**Bethany**: That's a great example of how support can translate into confidence and growth. Michelle, what are some of the successes you've seen in the Alaska program?

**Michelle**: I think one of our big successes is how long we've existed really coming upon 60 years, which is a really big, big anniversary to celebrate. And that's for the community health aide program. And then we implemented a dental health aide program in 2004 and then a behavioural health aide program in 2009. So those are two other programs that are now really vital to our healthcare that grew out of our community health aide program. How do you define

success, right? That's, that can be a number of things. And I think that both Madi and Janet mentioned, like just having somebody who is passionate about the work that they're providing to their own people and making that a rich, lifelong profession and just all the good that can do within their community. We definitely have stories every year of like heroic things that our health aides have done to save lives. But also every day the work they're doing is making a difference. So I'm just really proud that we have close to 400 people in some pretty challenging environments doing really good work.

Some of the things that we're trying to do to address some of the challenges is within the curriculum, we have a community health wellness piece of that. In every session they get information on how to prevent burnout, what they can do to keep themselves healthy while being the healer in their community. One of the other things that I'm really proud of that it started just before I came here, when the students come in for training, I mentioned how that's a hardship, leaving their community, their parents, their children, people who they're helping to look after. And so we developed an online training component so that they could do some of those training sessions. They could do what normally would be in a classroom with online modules facilitated by an instructor that then cuts down on the time where they have to be here at the training centre away from home. And over the decade that I've been here, it's just a really robust, enriching education that they can get that I think is just as good as if they were here for all of the training. They do have to come in for the skills-based training in clinic emergency patients. But I think that is it's a--for the student that can work well with an online education format, I think that has been a real success for helping to keep our health aides in their home community longer. We do have a forum that's annual where they can come in for a week and get continuing education credits. And then also within that, there's just an opportunity for networking and then more of that wellness and how to keep yourself healthy while you're doing such a difficult job. But one of our challenges is that there's about 26 different programs that employ their own health aides. So we don't employ the health aides, we train them. We sometimes struggle with how to connect health aides to each other that work in different corporations. We do use social media as a way to connect them statewide, but we're always trying to think of new ways that we can help. One of the other things that we started just this year was we have a simulation lab, which is really good for training emergencies. And we started using that. We have a pretty high tech mannequin and simulation lab, and we're all getting training on that so we can hopefully ease the burden when students are in an actual emergency, but have a simulation environment which can hopefully provide high education for an emergency setting, which a lot of times they're dealing with alone or one or two people in a remote place.

**Bethany**: It sounds like there are some real challenges in having to leave the community and then receive training that can go on for many weeks away from home. But online training is a way to address that.

Thinking ahead, I'd like to shift toward what the future could look like. Madi and Janet, what would you like to see next for your program or for community health worker supports more broadly?

**Janet**: I think for us, the future of the program is really looking how we can expand services around diabetes care, not just what we're doing now, but really to be more, I think,

comprehensive and also to see if we can put more resources, not just us, not us, but funding, funders. So I think just the workload that our current workers have is huge and we're not able to support all the people that are living with diabetes. We would really like to support people that they can stay as well as they can be with the resources that would be available to them. Or prevent. Having that prevention and promotion of well-being is so important for our communities with this work that we're doing is that we have seen the impact of diabetes in the communities, which a lot of is tragic and it's preventable with the right supports and the right resources. A lot of times a lot of our communities are dealing with mental health, addiction issues has been really taken a lot of, has taken a toll on a lot of communities. I think that's we're trying to see how we can do better, not just us, but certainly funders need to do better, and communities are, I think, open to doing better, but they certainly need those resources and supports at the community level.

**Bethany**: Michelle, how does that align with what you're seeing in Alaska—what are your priorities or hopes for how the program evolves going forward?

**Michelle:** I think one of the things that would make a lot of sense if funding were available would be for most of the people that train our health aides or PAs or nurse practitioners. And with the clinical training is one to one. But when they do come in here, it's just a very different environment than the environment they're working with in their home village. So I think it would be wonderful if we could get that one-to-one clinical training in their village. That would just make so much more sense. If that were something we could realistically do, we have done that in kind of small amounts in the past, and it's worked really well. There are some challenges with travel and things like that, but I think that clinical training is so valuable when they're doing it in the environment that they're working in and then they're not away from home.

**Bethany:** As we start to wrap up, I'd love to open the floor for any final reflections. Is there anything we haven't touched on that you think is important for listeners to understand about the role of community health workers or how they can be better supported?

**Janet**: For me, with the communities that we're working with, I think having community health workers that are supported and that are trained, that are able to do those areas of care or to follow a treatment plan to support community members is so important and that would make that continuity of care so much better rather than relying on a doctor that might go in once a month because there's recruitment and retention issues around physicians and nurses. And right now, a lot of our communities see nurses that are very transient and might come from a nursing agency, might not have that full skillset that older nurses use that like 20 years ago that they might have had. And so I think that's something that the healthcare system needs to look at is really how do we build and how do we support communities to have that capacity and that expertise and that knowledge within their own resources, which is the community people. It goes for other communities across Canada, I think, with the crisis that we see in our overall healthcare system. But it certainly is more visible in our remote communities because we don't have the same infrastructure that, you know, that we would have even in Sioux Lookout or even in Thunder Bay where you have a hospital and other healthcare services that are available. So we need to really find a way in how we can build community health workers be part of that healthcare system.

**Bethany:** Janet, Madi, Michelle—thank you all for joining me today on the Future Skills Podcast to share your perspectives.

**Michelle:** Thank you, Bethany, Janet and Madi. I appreciate having this conversation and I think we have a lot that we can learn from each other in our programs.

**Janet:** Thank you for inviting me and to this conversation as it is very dear to me because I've been working on this for a while and that it's an important conversation that we need to have and to recognize the good work that community health workers are doing across this country and really looking at ways to better support them. And I really appreciate that you have reached out to us, to our little program that we're really proud of.

**Madison:** Yeah, I just want to extend gratitude to Bethany and the team for all the work that you guys have been doing with us and highlighting the strengths and the work that we've been doing, it means a lot.

**Jeremy:** As we've heard, community health workers are essential to delivering care in many Indigenous communities—but they're often working in complex, resource-constrained environments. Strengthening this workforce will require sustained investment, better support systems, and approaches that reflect the realities of the communities they serve.

I'd like to thank Janet Gordon and Madison Pierce of the Sioux Lookout First Nation Health Authority and Dr. Michelle Hensel of the Alaska Native Tribal Health Consortium.

You can hear all six seasons of the Future Skills Podcast on your favorite podcast app. Give us a follow if you haven't and stay tuned for the rest of the season. Your guest host was Bethany Haalboom of Signal49 Research, who also co-edited this episode. Production and sound design by yours truly, Jeremy Strachan. As always, thanks for listening.

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