

Training to Retain Indigenous Community Health Workers

Key Findings and Recommendations

Why this matters to leaders

Indigenous community health workers (CHWs) are essential to healthcare delivery in rural and remote Indigenous communities, where access to physicians and nurses is limited and health inequities are pronounced. CHWs provide continuity of care, culturally safe services, and deep community knowledge that rotating clinical staff cannot. However, workforce shortages and high turnover continue across certain parts of Canada—not because of a lack of interest or commitment, but because current training and support systems are not designed to retain them.

Research shows that leaders can stabilize the workforce and improve care outcomes by changing how they fund, deliver, and integrate training.

Structural barriers, not motivation, limit retention

Indigenous learners pursuing CHW roles face intersecting pressures: financial barriers, housing challenges, family and caregiving responsibilities, employment demands, and geographic isolation. Conventional post-secondary training models often require relocation, unpaid study, or rigid schedules. These designs exclude capable candidates and accelerate attrition.

Fragmented, short-term funding compounds these barriers by limiting who can train, what training includes, and whether programs are sustainable.

Paid training improves completion and retention

Financial support during training consistently drives retention. Evidence from British Columbia's Health Career Access Program shows that earn-while-you-learn models reduce financial strain and increase completion rates by allowing learners to train in or near their home communities.

Where funding remains limited, such as under the Aboriginal Diabetes Initiative, programs may need to target their efforts toward more severe care cases. This constraint reduces preventive care capacity.

Flexible, culturally safe training works

Effective programs reflect the realities of Indigenous learners. They offer flexible scheduling, adaptable assignments and practicums, and clear pathways for learners to remain enrolled during life disruptions without lowering standards.

Cultural grounding—through Indigenous knowledge, languages, Elders, and community leadership—builds relevance, trust, and learner persistence. Programs that balance Western clinical requirements with Indigenous ways of knowing are more effective and better aligned with community health priorities.

Remote and hybrid delivery essential to equitable access

Distance from training institutions remains a major barrier. COVID-era investments showed that remote and hybrid delivery is not a temporary fix but a permanent requirement for rural and remote training. Successful models combine connectivity with community-based learning hubs so learners can train together locally rather than in isolation or far from home.

Micro credentials offer fast, scalable impact

Micro credentials allow CHWs to build specific skills locally, respond to emerging community needs, and create entry points into longer training pathways. They are cost-effective, work within year-to-year funding environments, and are particularly valuable where CHWs are already performing duties beyond their formal training.



Connecting training to system design

Experience from the Sioux Lookout First Nations Health Authority shows that training alone cannot sustain the workforce. In Northwestern Ontario, CHWs remain more effective and less isolated when systems integrate them into healthcare teams alongside nurses, physicians, and navigators. Intermediary organizations, peer networks, and communities of practice reduce isolation, clarify roles, and support retention.

Actionable insights for decision-makers

To strengthen and retain the Indigenous CHW workforce, leaders can prioritize the following:

- **Scaling paid, earn-while-you-learn training models nationally**, adapted for Indigenous, rural, and remote contexts.
- **Moving from fragmented to multi-year funding** to support program continuity, expanded scopes of care, and retention planning.
- **Investing in community-based training infrastructure**, including digital connectivity, learning hubs, and emergency learner supports (e.g., housing, childcare).
- **Designing flexible, community-led training programs** that reflect learner realities without compromising standards.
- **Expanding micro-credentials** and aligning them with recognized post-secondary pathways.
- **Embedding CHWs within healthcare teams** through clear role recognition, relationship-building, and shared responsibility for integration.

For the full research, see our impact paper [*Training to Retain: Strengthening the Role of Indigenous Community Health Workers in Canada*](#) and spotlight [*Sioux Lookout First Nations Health Authority Spotlight: Rising to the Challenge With the Community Health Worker Diabetes Program*](#).

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