



AMA Policy Statement on Indigenous Health

Preamble

Articles within the [United Nations Declaration on the Rights of Indigenous Peoples](#)¹ speak to the fundamental importance of accessing culture, traditions and reaffirming cultural identity as the foundation for a people's autonomy and equity. The declaration also speaks to an Indigenous right to health in social justice terms through the need for equitable access to social resources and by elimination of any systemic barriers. These concepts are essential for improving health outcomes. They are also essential for the health care system as a whole to become a force for reconciliation. For example, the declaration states:

Article 7(1): "Indigenous individuals have the rights to life, physical and mental integrity, liberty and the security of person."

Article 8(1): "Indigenous peoples and individuals have the right not to be subjected to forced assimilation or destruction of their culture."

Article 20(1): "Indigenous peoples have the right to maintain and develop their political, economic and social systems or institutions ..."

Article 21(1): "Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, *inter alia*, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security."

Article 24(2): "Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health ..."

The Truth and Reconciliation Commission of Canada report² provides Calls to Action for redressing the tragic effects of residential school systems in Indigenous communities and peoples. The Alberta Medical Association (AMA) endorses this AMA Policy Statement which sets out our organization's support and commitment to respond to the Truth and Reconciliation report's Calls to Action relating to health matters. It also reflects our determination to provide leadership in improving access to and quality of care provided to Indigenous communities in Alberta.

The AMA adopts the following principles as the basis for this policy paper:

¹ UN General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples: resolution/adopted by the General Assembly*, 2 October 2007, A/RES/61/295, available at:

http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf [accessed 4 July 2017]

² Truth and Reconciliation Canada: *Calls to Action*. Winnipeg: Truth and Reconciliation Commission of Canada, 2015, available at: http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf [accessed July 4 2017]

1. The AMA is committed to addressing health care inequity.

The AMA recognizes that Indigenous people in Alberta experience barriers to health care due to resource and quality issues arising from inequity. The AMA recognizes health care inequity arises systemically from structural barriers and racism.

2. Health care should be delivered in a way that is appropriate and respectful of all people taking into consideration individual needs and context.

Health care should be developed and delivered in concordance with the distinct and diverse social and economic needs and cultural realities of Indigenous people in Alberta.

3. We acknowledge that social determinants of health influence the health of Indigenous peoples.

Colonization, both historic and ongoing, is the key determinant that influences the more proximal health determinants that cause the current disparity of Indigenous health. Due to the forces of colonization, Indigenous social determinants are often disparate from mainstream determinants. Approaches to Indigenous health must comprehend this context. These same forces of colonization adversely influence health service. The AMA is committed to improving the health of Indigenous people by advocating for equity of social resources.

4. The AMA will use a collaborative approach in achieving improvements to access and quality of Indigenous health.

The AMA as a health systems advocate will collaborate with existing health service stakeholders – which includes funders, policy makers as well as all levels of health service (local, provincial, federal) operational leads, Indigenous leadership and community leaders – to facilitate dialogue and relationship building towards leverage for change.

5. The AMA is committed to reconciliation, collaboration, meaningful empowered community engagement and knowledge exchange with Indigenous peoples.

Reconciliation in the area of health service means advocacy to achieve not only quality but also equity rooted in the social and cultural contexts of Indigenous peoples.

Alberta Medical Association Commitments to the TRC Calls to Action:

1. The AMA will promote, in conjunction with Alberta Health Services, Alberta Health, Primary Care Networks (PCNs), the College of Physicians and Surgeons of Alberta, universities and other stakeholders, that every physician, medical student and resident in Alberta complete professional development related to Indigenous health through the various levels of learning. This professional development will be

grounded in community perspectives and experiences, provide a critical spectrum of knowledge and skills and generate a community of practice. We will also support development of a course structure which incorporates a cross-cultural applicability to other vulnerable cultural communities.

Proposed strategies could include:

- The AMA will dedicate a section of its website to professional development related to Indigenous health and to Indigenous health issues.
 - The AMA will seek to establish a focused strategy for communication on Indigenous health, such as a regular column in *Alberta Doctors' Digest* on Indigenous health issues.
 - The AMA will advocate for innovative approaches to cultural education, such as a fellowship or chair on Indigenous health.
2. The AMA will take positive steps towards relationship building with the Indigenous community – i.e., First Nations & Inuit Health, Alberta Region, Health Co-Management Committee – and will advocate for safe learning environments.
- For AMA committees with mandates that directly affect Indigenous health, we will ensure that there is Indigenous representation and engage community representation where appropriate.
 - The AMA will facilitate community experiences in Indigenous communities for learners.
 - The AMA will advocate for more and better safe clinical environments to learn about Indigenous people throughout the medical training continuum. This will allow learners to gain experience in the provision of safe care to Indigenous populations.
 - The AMA will collaborate with other groups and with Indigenous leadership to build a pool of Indigenous applicants at various levels of training to gain interest and the skills needed to be successful in medical education.
 - The AMA will advocate for the creation of safe learning environments in medical training for Indigenous students.
3. The AMA will continue to support measures to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities.
- The AMA will advocate for integration of data on Indigenous health quality and access; we will seek consultation with Indigenous communities and research bodies such as the Health Quality Council of Alberta (HQCA), the Population Public and Indigenous Health Strategic Clinical Network (SCN), Health Canada, the Alberta First Nations Information Governance Centre, etc.
 - The AMA will discuss with the HQCA mechanisms for identifying and measuring gaps in health care access and quality between Indigenous and non-Indigenous communities. We will support and facilitate the role of Alberta physicians in assisting with this function.

- The AMA will advocate for increased capacity in Alberta to carry out impactful research measuring Indigenous health services outcomes.
4. The AMA will advocate with all levels of government, health care authorities and Indigenous leadership to meaningfully address current jurisdictional issues. The parallel levels of funding unique to Indigenous peoples often present barriers to care. Examples of this type of advocacy include:
 - The AMA will work with Health Canada, the Ministry of Children’s Services and Indigenous leadership to ensure that [Jordan’s Principle](#)³ is implemented and monitored effectively.
 - The AMA will support broadening of Jordan’s Principle to other jurisdictional issues and age groups.
 5. The AMA will facilitate innovative health service models to meet the needs specific to Indigenous populations within their local area.
 - The AMA supports every Albertan, including all Indigenous peoples, to have access to care within the framework of the Medical Home.
 - The AMA will advocate for PCNs to develop an Indigenous service delivery component. We will build upon successful PCN projects and work to scale success to all PCNs. We will work with Alberta Health and AHS to ensure sufficient funding and resources for PCN Indigenous community support.
 - The AMA will advocate for Indigenous leadership and perspectives within the PCN governance framework.
 - The AMA will facilitate the creation of a space for discussion and collaboration devoted to Indigenous health primary care innovation.
 - The Practice Management Program (PMP) will incorporate Indigenous health training and support.
 - The AMA will continue to support primary preventative programs, such as AMA Youth Run Clubs in Indigenous communities.
 - The AMA will encourage Indigenous projects in its Emerging Leaders in Health Promotion program.
 6. The AMA recognizes the value of traditional Indigenous healing practices in addressing the effects of racism and cultural oppression and will work to support its incorporation with Western medical practices when requested by Indigenous patients.
 - The AMA recognizes the contributions that Elders, knowledge keepers and cultural supports bring to relationship building to ensure a more sustainable approach to addressing Indigenous health.

³ “Are we doing enough?” [Jordan’s Principle]. Canadian Pediatric Society: https://www.cps.ca/uploads/advocacy/SR16_ENG.pdf [accessed July 4 2017]

7. The AMA will work with AHS, Alberta Health, Health Canada and Indigenous leaders and communities to increase access and outreach for safe health care provision by physicians including those members of the Indigenous specific Alternative Relationship Plans (ARPs) (Siksika ARP and Indigenous Wellness Program ARP).
 - Enter into discussions with AHS to increase support for physicians serving under-resourced Indigenous communities.
 - Advocate for the provision of social workers and mental health/addiction support in Indigenous communities through both ARP and other primary care delivery models.
 - Advocate for resources and professional development within Indigenous communities to address ongoing health priorities including addictions.
 - Seek means to include community members as workers in clinics.

In the words of Justice Murray Sinclair: “Achieving reconciliation is like climbing a mountain – we must proceed a step at a time. It will not always be easy. There will be storms, there will be obstacles, but we cannot allow ourselves to be daunted by the task because our goal is Just and it is also necessary.”⁴

This policy statement confirms the AMA’s determination to be leaders in addressing past and current injustices to Alberta’s Indigenous communities.

(Approved by the Board of Directors on July 13, 2017)

Revised February 2019

⁴ “Justice Murray Sinclair’s remarks on the Truth and Reconciliation report.” *Maclean’s*, December 15, 2015, available at: <http://www.macleans.ca/news/canada/justice-murray-sinclairs-remarks-on-the-truth-and-reconciliation-report/> [accessed July 5 2017]

APPENDIX A TO AMA POLICY STATEMENT ON INDIGENOUS HEALTH

EXTRACT TRUTH AND RECONCILIATION COMMISSION REPORT (TRC) CALLS TO ACTION ON HEALTH

TRC #18 – We call upon the federal, provincial, territorial and Indigenous governments to acknowledge that the current state of Indigenous health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Indigenous people as identified in international law, constitutional law and under the Treaties.

TRC #19 – We call upon the federal government, in consultation with Indigenous peoples, to establish measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities, to publish annual reports and assess long-term trends. Such efforts would focus on indicators as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

TRC #20 – In order to address the jurisdictional disputes concerning Indigenous people who do not reside on reserves, we call on the federal government to recognize, respect and address the distinct health needs of Metis, Inuit and off-reserve Indigenous peoples.

TRC #21 – We call on the federal government to provide sustainable funding for existing and new Indigenous healing centers to address the physical, mental, emotional and spiritual harms caused by residential schools and....; and **TRC #22** – We call on those who can affect change within the Canadian healthcare system to recognize the value of Indigenous healing practices and use them in the treatment of Indigenous patients in collaboration with Indigenous healers and Elders where requested by Indigenous patients.

TRC #23 – We call on all levels of government to: (i) increase the number of Indigenous professionals working in the healthcare field. (ii) Ensure the retention of Indigenous healthcare providers in Indigenous communities. (iii) Provide cultural competency training for all healthcare professionals; and

TRC #24 – We call on medical and nursing schools in Canada to require all student to take a course dealing with Indigenous health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Indigenous rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights and anti-racism.

TRC # 55 – We call on all levels of government to provide annual reports or any current data requested by the National Center for Reconciliation so that it can report on the progress towards reconciliation. The reports or data would include but not be limited to:(iv) Progress on closing the gaps between Indigenous and non-Indigenous communities in a number of health indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.