

Population, Public and Indigenous Health SCN
Indigenous Health

Indigenous Health Transformational Roadmap 2018-2020



Alberta Health
Services
Population, Public
& Indigenous
Health SCN™

Inspiring solutions.
Together.

October 2, 2018

Population, Public & Indigenous Health SCN™
Indigenous Health Transformational Roadmap

Executive Summary

The Population, Public and Indigenous Health Strategic Clinical Network™ is committed to work in partnership with Indigenous peoples, organizations and dedicated partners to close the gap in health outcomes with First Nations, Métis and Inuit peoples.

The transformational roadmap is the first step on a long road forward for our Strategic Clinical Network™. Now our work and journey together truly begins. The **Indigenous Health Transformational Roadmap** (TRM) marks this journey forward and supports us to inform, through partnership and engagement, a way forward. It proposes three strategic directions for collective action across AHS and, with our partners, to enable the provision of quality services for better health outcomes with Indigenous populations in Alberta, and ultimately, for all Albertans.

The **Strategic Directions** outlined in the TRM are:

- **Strategic Direction 1:** Truth and Reconciliation
- **Strategic Direction 2:** Transform Health Services & Systems
- **Strategic Direction 3:** Address Indigenous Determinants of Health

The development and implementation of the TRM involves the following **Guiding Principles**:

- **Guiding Principle 1:** Build sustainable action to improve health
- **Guiding Principle 2:** Embrace traditional knowledge and practices
- **Guiding Principle 3:** Distinguish and realize Indigenous peoples' health care rights
- **Guiding Principle 4:** Know the distinct health care needs of all Indigenous peoples
- **Guiding Principle 5:** Empower self-determination, autonomy and self-governance
- **Guiding Principle 6:** Exercise reconciliation leadership in all actions

The most important **enablers** to achieve success on the strategic goals outlined in the TRM are:

- **Enabler 1:** Engagement to create action within 'Ethical Space'
- **Enabler 2:** Funding and resources to invest and sustain improvement

Population, Public & Indigenous Health SCN™
Indigenous Health Transformational Roadmap

As the first step for our strategic clinical network, we are excited to move forward to co-design the priority actions outlined in the Transformational Roadmap and demonstrate meaningful results. Now our work and journey together truly begins.

Respectfully,



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Senior Medical Director
Indigenous Health
Population, Public & Indigenous
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Peter MacKinnon
Senior Program Officer, PPIH
Senior Provincial Director
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.....
When it comes to the health of Indigenous peoples in
Alberta...we have some work to do. And we know it.
.....

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Population, Public & Indigenous Health SCN™
Indigenous Health Transformational Roadmap



September 17, 2018

The Transformational Roadmap on Indigenous health was built on the generous sharing of knowledge, wisdom and guidance provided by the members of the Indigenous Health Core committee and prepared by the Population, Public and Indigenous Health Strategic Clinical Network™ (PPIH SCN™).

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Introduction

The Population, Public and Indigenous Health Strategic Clinical Network (PPIH SCN) is committed to work in partnership with Indigenous peoples, organizations and dedicated partners to close the gap in health outcomes for First Nations, Métis and Inuit in Alberta.

Purpose

The ***Indigenous Health Transformational Roadmap*** (TRM) is intended to inform, through partnership and engagement, a way forward to work together in a strength-based approach that focuses on needs, gaps and outcomes in health and wellness for Indigenous peoples in Alberta by identifying strategic directions and taking purposeful actions. Key performance measures to track the progress of the Roadmap have been identified in the annual PPIH SCN's Operations Plan. The Roadmap is accompanied by a companion document that provides a common foundation of the knowledge needed to begin taking meaningful and culturally safe actions titled as the ***Indigenous Health Primer***.

Background

Any action in Indigenous health begins with knowing: the historical impact of legislation and policies on the health and wellbeing of Indigenous peoples in Canada, the current state of Indigenous health, and the health care rights of Indigenous peoples as laid out in international law, constitutional law, and under the Treaties. Readers unfamiliar with Indigenous health are encouraged to access and review the ***Indigenous Health Primer*** to fully appreciate the complexity of this undertaking across Canada and specifically in the Alberta context.

Indigenous health spans every geographic area and occupation within AHS. It is also where one would find the highest burden of health inequities in not just Alberta, but in Canada, on almost every metric.

Being born as an Indigenous person should be a welcome contribution to the diverse and vibrant demography in addition to holding an honourable and respected place in the historic contributions of Alberta.

In Alberta, if you are First Nations, you can expect to live 11 years less, be at least 4 times more likely to contract HIV, be higher risk of receiving a diabetes diagnosis at a younger age, and be 3 times as likely to have your leg amputated due to secondary complications than non-First Nations people. Similar experiences and health conditions are reported for Métis peoples in Alberta. In a recent community health assessment of Métis Settlements in Alberta, focus group participants reported that “unhealthy states have been normalized and certain conditions, such as diabetes and obesity, are accepted as part of life”. For Inuit people, they face similar health-related challenges to First Nations and Métis peoples, including high rates of chronic and contagious diseases and shorter life expectancy.

First Nations, Métis and Inuit populations comprise six per cent of Alberta’s population and experience significant gaps in health outcomes compared to non-Indigenous populations.¹ For First Nations, we know that:

- Mortality rates: **2X higher**
 - Infant mortality rates: **2X higher**
 - Mortality due to unintended injury: **2.5X higher**
 - Female mortality due to assault: **7X higher**
- Opioid dispensation rates: **2X higher**
- Emergency visits: **2X higher**
- Rate for emergency department visits for opioids/narcotics: **5X higher**
- Suicide rate: **3X higher**
- COPD prevalence: **3X higher**

We must do better...

¹The Alberta First Nation’s Information Governance Centre (AFNIGC) is an organization mandated by Assembly of Treaty Chiefs resolution. The AFNIGC produces First Nation health trend reports. <http://www.afnigc.ca/main/index.php?id=resources&content=FNHTA>

Transformational Roadmaps within Strategic Clinical Networks

Strategic Clinical Networks™ (SCNs) are province-wide teams that bring together the experiences and expertise of health-care professionals, researchers, government, communities, and patients and their families in order to improve our health-care system and, ultimately, the health of all Albertans. SCNs are mechanisms through which AHS empowers and supports physicians and clinical leaders both within AHS and within communities across Alberta to develop and implement health-improvement strategies that are evidence-informed, clinician-led, and team-delivered. This document is the combined efforts of the Population, Public and Indigenous Health Strategic Clinical Network™ and is specific to Indigenous health.

Transformational roadmaps (TRMs) are the key strategic directional documents for all SCNs. These roadmaps contain the vision, mission, strategic directions, priority actions, and specific project ideas along with the enablers and principles needed to accomplish the SCN's mission. The SCN™ roadmaps are aligned with the AHS Health Plan and Business Plan.

The TRMs are the product of significant teamwork. We (the Population, Public and Indigenous Health Strategic Clinical Network™) have endeavored to understand the current state of health outcomes and services, through engagement with First Nation, Métis and Inuit populations within Alberta, to identify and promote promising practices, and to chart out the key strategies that will move services forward over the next three years. TRMs serve as a guideline for the work of the SCN™, identifying which projects may transform care within AHS, inform research priorities, and improve health across the province.

The Population Public and Indigenous Health Strategic Clinical Network™ was officially launched on May 9, 2016 and designed to include two core committees as a foundation of the network:

- Indigenous Health
- Population and Public Health

Indigenous Health Core committee members were selected following an expression of interest (EOI) approach designed to solicit a broad representation of Indigenous and non-Indigenous peoples, communities and organizations. Engagement and participation of Indigenous peoples and communities was critical to support a health equity approach, empower discussions that were inclusive of Indigenous people's knowledge and create space for well-informed decision making to set priorities.

Improved access and use of health services, as well as opportunities to positively influence Indigenous determinants of health, are dependent upon the building of partnerships between Alberta Health Services (AHS), Alberta Health (AH), Indigenous Services Canada - First Nations and Inuit Health Branch (ISC), as well as Indigenous peoples, agencies, and communities.

To adequately address Indigenous issues in health care, the ‘calls to action’ from the Truth and Reconciliation Commission (TRC) and the United Nations Declaration on the Rights of Indigenous People (UNDRIP) outline the necessary changes in policies, programs and services that need to be developed, implemented and evaluated (see ***Indigenous Health Primer*** for details). All efforts in Indigenous health care innovation and improvement need to be undertaken with the goal to enhance the provision of culturally safe health care, an outcome that is determined only by Indigenous peoples.

In order to achieve success, it was essential to invest in building relationships that give voice to Indigenous peoples and honour and respect the collective knowledge that Indigenous people and communities have to share with us. Through the leadership of the Population, Public and Indigenous Health portfolio, and the creation of the Strategic Clinical Network™, Alberta Health Services has created a way forward to engage with Indigenous peoples and communities to improve the health of Alberta’s Indigenous people through province wide collaboration and partnerships.

“Only a small part of each human being and each community can be seen – we must look at the vital layers deep under the surface – they make up our wellness – cultural, social, spiritual, mental, emotional and physical, both individually and as a whole”

Renee Rebryna, *Indigenous Health Core member*

Vision and Mission

The Population, Public and Indigenous Health Strategic Clinical Network is aligned fully with the vision of Alberta Health Services:

Healthy Albertans.
Healthy Communities.
Together.

The members of the core committee in Indigenous health who worked to create this transformational roadmap created a **mission statement** for the work:

Improve the health and wellness of Indigenous peoples by:

- Engaging Indigenous peoples as equal partners in their own health, wellness, and care at the individual, family, and community level
- Exploring, identifying, and embedding equitable, wholistic and culturally safe health practices
- Acknowledging and addressing health inequities rooted in the determinants of health

Guiding Principles

In this section we highlight the important principles that were developed and used to guide how we will establish and carry out the work outlined in the TRM. A principle is “a *fundamental truth or proposition that serves as the foundation for a system of belief or behavior or for a chain of reasoning*” (Oxford Dictionary, 2018). The following principles reflect AHS’ values and foundational strategies as well as the cultural understandings that our core committee members determined were essential to guide the TRM. The identified strategic directions aim to improve health and wellness with Indigenous peoples and communities across Alberta.

Guiding Principles

1. Build sustainable actions to improve health
2. Embrace traditional Indigenous knowledge and practices
3. Distinguish and realize Indigenous peoples' health care rights
4. Know the distinct health needs of all Indigenous peoples
5. Empower self-determination, autonomy and self-governance
6. Exercise reconciliation-leadership in all actions

Guiding Principle 1: Build sustainable actions to improve health

Sustainable health and health care is the appropriate balance between the cultural, social, economic, and political environments. These elements can be designed to meet the health and health care needs of individuals and the population from pre-birth to death. It leads to optimal health and health care outcomes without compromising the outcomes and ability of future generations to meet their own health and health care needs. The appropriate balance for sustainability in an Indigenous context requires a stability of multi-jurisdictional and multi-sectoral action that transcends and intersects across partners to enable and advance self-determination and health equity for Indigenous peoples and communities.

Guiding Principle 2: Embrace traditional Indigenous knowledge and practices

In Canada, many First Nations, Métis and Inuit people highly value traditional knowledge that teach medicine practices, healthy eating, and traditional ways of using natural resources. The philosophical foundation of traditional knowledge revolves around a wholistic model that recognizes the intimate interconnectedness between the person, the food they eat, their environment, health and healing, and the impact of lifestyle choices.

Traditional knowledge, as defined by the Assembly of First Nations (AFN), is the *"collective knowledge of traditions used by Indigenous groups to sustain and adapt themselves to their environment over time. Traditional knowledge is unique to Indigenous communities and is rooted in the rich culture of its peoples. The knowledge may be passed down in many ways, including: storytelling, ceremonies, dances, traditions, arts and crafts, ideologies, hunting/trapping, food gathering, spirituality, teachings, innovations and medicines.*

Indigenous knowledge comprises the complex set of technologies developed and sustained by Indigenous civilizations. Often oral and symbolic, it is transmitted through

the structure of Indigenous languages and passed on to the next generation through modeling, practice, and animation, rather than through the written word”.

Guiding Principle 3: Distinguish and realize Indigenous peoples’ health care rights

Many Indigenous people consider Inherent Rights to Health and Health Care as granted by the Creator. First Nations are born with Inherent Rights and inherit them from generation to generation based on traditions, customs, practices and connections to the land. Inherent Rights include a traditional health system where Medicine Women and Men make available;

- Ceremonies and practices for healing and prevention; and
- Medicines from minerals, animals, plants and water, traditional lands and resources.

These are recognized and affirmed by the *Constitution of Canada* (1982), common law, and international law. The oral assurances and visual projections of medical aid and the provision of medical care during the Treaty negotiations were important to First Nations and form the basis for our understanding of the *Treaty Right to Health*. At the time Treaty was made, all medicine chests contained the contemporary medicines of the period, as well as all the instruments used to compound, measure and dispense the drugs. Medical doctors often accompanied Treaty parties and dispensed medicine and provided medical care to demonstrate the health care available.

The Treaty Commissioner representing the Crown committed the following: “What you have will remain intact and what we have to offer you is on top of what you already have” (Federation of Sovereign Indigenous Nations, 2018). The First Nations had medicine bags (“mewut”) that contained medicine - the traditional health and health care system – therefore, the medicine chest is understood to include provision for contemporary health coverage and benefits. This includes the full scope of Alberta Health Services’ delivery.

Treaty 6 Medicine Chest Clause:
“What you have will remain intact and what we have to offer you is on top of what you already have”

It has been the long time position of First Nations that all health care and medicines are pre-paid and are to be provided to Treaty First Nations as promised in the Numbered Treaties. To this date, First Nations hold the Canadian government fully responsible for the cost of health care due to the legal obligations of Treaty. It is a Treaty Right that extends to all Numbered Treaties. AHS recognizes Treaty and inherent rights as the

foundation of the relationship between First Nations, Métis and Inuit peoples and the Crown. Our work does not abrogate or derogate these rights and/or AHS' responsibilities to all Albertans.

Guiding Principle 4: Know the distinct health needs of all Indigenous peoples

From an Indigenous perspective, wholistic health care is an integrative approach that seeks to balance the mind, body, spirit and emotions with community and environment. Healthcare specialists need to bring non-Indigenous medicine full circle to the way it was traditionally practiced.

Indigenous health and wellness is based on a wholistic model of health, and is often overlooked in the prevention and treatment of chronic conditions and in the promotion of health and wellness. An integral focus of Indigenous healing and wellness is through the balance and inter-relationships of the physical, mental, emotional, and spiritual aspects of a being.

The AHS *Patient First Strategy* (2015) is about strengthening AHS' culture and practices to fully embrace patient-and family centered care (PFCC). This model of care sees patients and families as integral members of the health-care team, and encourages their active participation in all aspects of care, including as partners in planning, implementation and evaluation of existing and future care and services. The strategy enables us to advance health care in Alberta by empowering and facilitating Albertans to be at the center of their health care team, improving their own health and wellness. Health equity requires that all people have the opportunities they need to reach their full health potential and are not disadvantaged due to social, economic, and environmental circumstances. Health equity is the absence of socially produced, unfair, and unjust inequalities in health between groups with different levels of social advantage/disadvantage. Assessing health equity requires comparing health and its social determinants between more and less advantaged social groups.



People are like trees – we are shaped by what is around us – strong roots, nourishment, a safe and healthy environment and connection to others. They all contribute to our collective strength.

Guiding Principle 5: Empower self-determination, autonomy and self-governance

Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.

Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions, while retaining their right to participate fully, if they so choose, in the political, economic, social and cultural life of Canada.

Guiding Principle 6: Exercise reconciliation leadership in all actions

Everyone has developed implicit biases that are activated involuntarily and without an individual's awareness or intentional control. These reside deep in the subconscious and are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness. Implicit biases are therefore not accessible through introspection. The implicit associations we harbour in our subconscious cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance. These associations develop over the course of a lifetime beginning at a very early age through exposure to direct and indirect messages.

Non-Indigenous leaders and health care providers have an important role to play to support reconciliation by understanding and addressing their overt and implicit biases towards Indigenous peoples. Tangible actions include:

- Understand and count their privileges;
- Explore their implicit bias through tools and techniques designed to illuminate their presence;
- Help others acknowledge the playing field is not level;
- Know how to approach Indigenous peoples to work together in a respectful way;
- Listen respectfully to the Truth;
- Learn about Indigenous perspective and values.

Enablers

According to the Oxford Dictionary (2018), enablers are “a person or thing that makes something possible”. Of the many enablers that are needed to create innovation and improvement in the quality of any undertaking, the following were determined to be the most important enablers to achieve success on the strategic goals outlined in the TRM.

Enabler 1: Engagement to create action within ‘Ethical Space’

Effective community engagement is a sustained process that provides Indigenous people with the opportunity to actively participate in decision making over programs and policies which impact their lives, from the earliest stage including identifying challenges and priorities for action. Indigenous participation continues during the development of policies—and the programs and projects designed to implement them—and the evaluation of outcomes. Engagement is undertaken with an understanding of the historical, cultural and social complexity of specific local or regional Indigenous contexts and with a genuine attempt to share power in relationships that foster mutual trust.

An important conceptual framework to engender positive community engagement is the notion of Ethical space. Ethical space requires that participants understand that “Western” or “Euro-Canadian” ways of being and operating are not value neutral; rather, they contain systems, values, and rules. Similarly, Indigenous cultures are constituted by systems, values, and rules. These, in turn, impact the intentions and assumptions of those engaged in the process. Ethical space is generated when both parties acknowledge these differences, as a first step, and navigate ways to work together through humility, honesty and commitment. Ultimately, dialogue within an ethical space leads to an agreement to interact across the cultural divide.

A number of considerations will aid in the development of positive engagements grounded in a shared commitment to operating within an Ethical Space. These are:

1. Discussions must be rooted in the recognition of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the TRC Calls to Action, and inherent and Treaty rights
2. Engagement must be conducted in good faith. This includes:
 - a. Commitment to building the relationship
 - b. Sitting through discomfort
 - c. Understanding that building trust takes time
 - d. As far as possible, enter into engagements with open mandates

- e. Relationships require maintenance and renewal that should be built into the process.
3. Engagement must recognize and respect Indigenous worldviews, knowledge, and expertise. Indigenous peoples are **experts in their own lives**.
4. Engagement processes must be flexible and reflect the specific needs, capacity supports, timelines and protocols of the Indigenous community being engaged.

These important contributions were captured in the Engagement Graphic Recording (Appendix A). Core committee members graciously contributed their experience, wisdom and knowledge of engagement that would contribute to positive efforts to improve health outcomes with Indigenous peoples.

Enabler 2: Funding and resources to invest and sustain improvement

Innovation is a process whereby economic and social value is extracted from knowledge or intellectual property through the generation, development, and implementation of ideas to produce new or improved strategies, capacities, products, services, or processes (Advisory Panel on Healthcare Innovation, 2015). The primary purpose of innovation is to drive change and redefine healthcare's economic or social potential. The purpose of the SCNs is to drive innovation through collaboration to improve health outcomes.

In this context, the PPIH SCN is positioned to leverage funding from a range of public and private sources to invest in Indigenous health. These may be purely information sharing, network development, collaboration, relationship building, or direct involvement in innovation work. The SCN does not have a funding source to draw upon directly, rather has a structure and human resources available to coordinate and create opportunities that often go missed.



“Indigenous health means balance, justice, equity, reverence, respect, connectivity, humility, trust, fragility, strength, interdependence and knowing we are a part of something much greater than self.”

Tara Preston, Indigenous Health Core member

Strategic Directions

To adequately address the challenges in health care with and for Indigenous peoples, the calls to action from the Truth and Reconciliation Commission (TRC) and the United Nations Declaration on the Rights of Indigenous People (UNDRIP) articles outline the necessary changes in policies, programs and services that need to be developed, implemented and evaluated. All efforts in Indigenous health care innovation and improvement need to be undertaken with the goal to enhance provision of culturally safe health care, an outcome that can only be described and evaluated by Indigenous people who use our health services.



There are natural linkages with the *Indigenous Health Program* in order to work towards these strategic directions. It is essential to prioritize building relationships that honour and respect the collective knowledge of Indigenous people and communities. This is a necessary connection to the front-line AHS Operations to positively impact health outcomes.

In the process of developing these strategic goals, the core committee highlighted the importance of the Truth and Reconciliation Commission of Canada's Calls to Action to be a foundation for the work of the SCN™. The 94 calls to action are an appeal to mobilize all levels of government, as well as organizations and individuals, to make concrete changes in society. They are meant as concrete, specific steps to redress the legacy of residential schools and to advance the process of reconciliation across Canada.

Efforts to improve health outcomes need to be long-term, community-based approaches that honour community priorities and are based on meaningful engagement

Indigenous Health Core Committee



The Indigenous Health Core Committee (IHCC) members agreed to start with the TRC and UNDRIP to pinpoint the following strategic directions and priority actions as the core building blocks for the transformational roadmap:

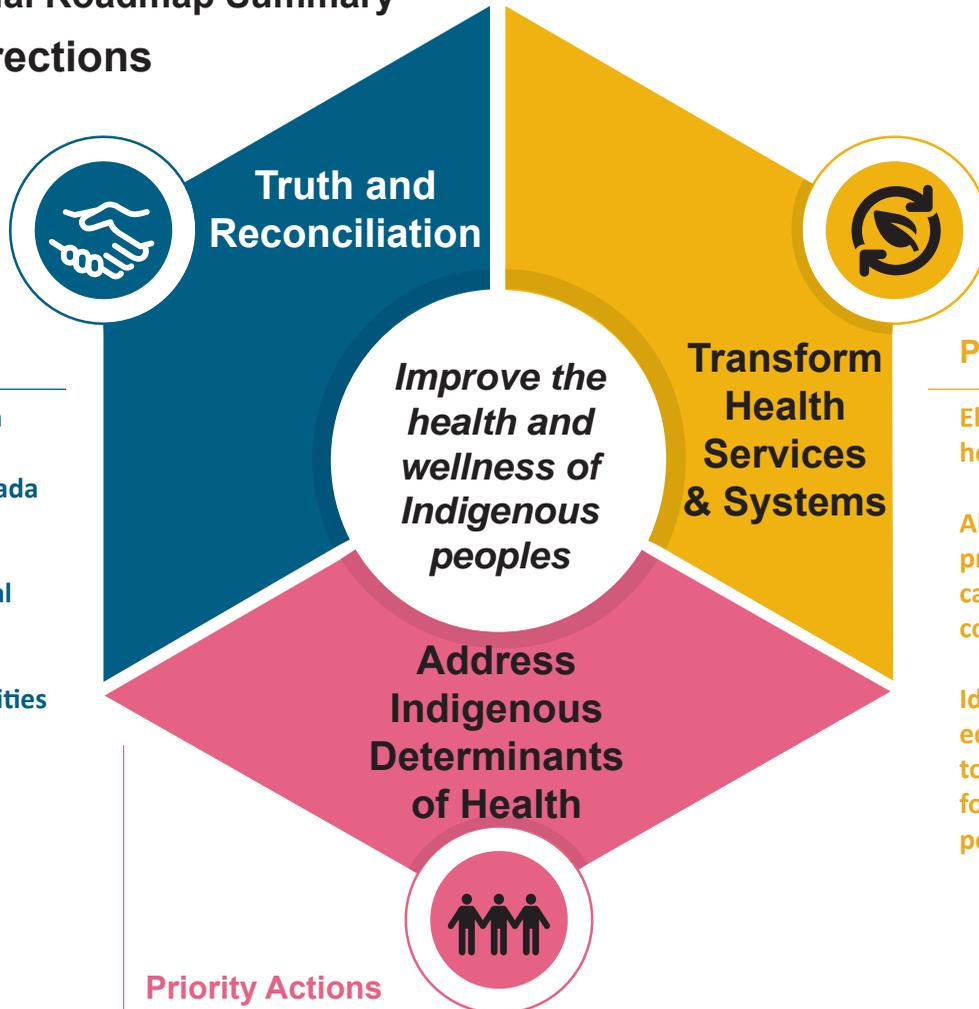
| Strategic Directions | Priority Actions |
|---|---|
| <p>1. Align with the Truth and Reconciliation Commission of Canada</p> | <p>1.1. Implement the Truth and Reconciliation Commission of Canada’s Calls to Action through respectful engagement with Indigenous peoples. These include, but are not limited to, the health-specific Calls to Action (#18-24)</p> <p>1.2. Address jurisdictional barriers in processes and systems that impede health services, wherever such barriers are found: i.e., between the federal and provincial governments, among the various zones of Alberta Health Services, or within Indigenous communities</p> |
| <p>2. Transform Health Services and Systems</p> | <p>2.1. Eliminate racism in the health-care system</p> <p>2.2. Align and support primary health care in Indigenous communities</p> <p>2.3. Identify and enhance equitable access to health services for all Indigenous peoples</p> |
| <p>3. Address the Determinants of Indigenous Peoples’ Health</p> | <p>3.1. Support Indigenous communities to build on local capacity to identify and measure health</p> <p>3.2. Support Indigenous communities to impact the determinants of their health towards reducing health inequities</p> |

The strategic directions are interrelated, with each overlapping and building on one another. Therefore, although these strategic directions are described below independently, the Indigenous Health Core Committee acknowledges that all three are connected and as work unfolds in each priority action area, the results of one action will benefit and contribute to all.

Population, Public, and Indigenous Health Strategic Clinical Network

Transformational Roadmap Summary

Strategic Directions



Priority Actions

Implement the Truth and Reconciliation Commissions of Canada Calls to Action

Address jurisdictional barriers that impede health within Indigenous communities

Priority Actions

Eliminate racism in the health-care system

Align and support primary health-care in Indigenous communities

Identify & enhance equitable access to health services for all Indigenous peoples

Priority Actions

Support Indigenous communities to build on local capacity to identify and measure health

Support Indigenous communities to impact the determinants of their health towards reducing health inequalities

Enablers



Engagement to create action within 'Ethical Space'



Funding and resources to invest and sustain improvement



Guiding Principles

Build sustainable actions to improve health

Embrace traditional Indigenous knowledge and practises

Distinguish and realize Indigenous peoples health care rights

Know the distinct health needs of all Indigenous peoples

Empower self-determination, autonomy and self governance

Exercise reconciliation-leadership in all actions

Strategic Direction #1: Align with Truth and Reconciliation

Priority Actions

- 1.1. To implement the Truth and Reconciliation Commission of Canada’s Calls to Action through respectful engagement with Indigenous peoples
- 1.2. To address jurisdictional barriers in processes and systems that impede health services, wherever such barriers are found: i.e., between the federal and provincial governments, among the various zones of Alberta Health Services, or within Indigenous communities

Rationale

According to the Truth and Reconciliation Commission of Canada, “*reconciliation is about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country. For this to happen, there has to be awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behavior*” (TRC, 2015, p. 6-7).

The Indigenous Health Core committee is committed to focus initially on the following calls to action that are specific to health and have identified specific project areas under each of these TRC calls to action:

| TRC Call to Actions | Specific Project Areas |
|---|---|
| <p>Call to Action #18:</p> <p>We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal 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 Aboriginal people as identified in international law, constitutional law, and under the Treaties.</p> | <ul style="list-style-type: none"> • Establish an organization-wide commitment statement on the TRC calls to action, UN Declaration, Treaties and acknowledgement of Indigenous health-care rights • Recognize and shape into policy the health care rights of Indigenous peoples |
| <p>Call to Action #19:</p> <p>We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between</p> | <ul style="list-style-type: none"> • Develop a comprehensive and overarching <i>Indigenous Health Strategy</i> to be implemented in the 2020-2023 Business Plan • In partnership with Indigenous peoples, establish an approach for |

| TRC Call to Actions | Specific Project Areas |
|--|---|
| <p>Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on 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.</p> | <p>Indigenous peoples to self-identify that is compliant with the principles of Ownership, Control, Access and Possession® (OCAP®) of data and information about them</p> |
| <p>Call to Action #20: In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.</p> | <ul style="list-style-type: none"> • Ensure effective, accessible and comprehensive primary health care delivery with First Nation, Métis and Inuit communities across Alberta wherever they live |
| <p>Call to Action #21: We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centers to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centers in Nunavut and the Northwest Territories is a priority.</p> | <ul style="list-style-type: none"> • Ensure effective, accessible and comprehensive primary health care delivery with First Nation, Métis and Inuit communities across Alberta |
| <p>Call to Action #22: We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.</p> | <ul style="list-style-type: none"> • Recognize the value of Indigenous healing practices, establish policies to guide the implementation and administration of practices within AHS • Expand access to Indigenous healing practices in the treatment protocols with Indigenous peoples within AHS • Work with other SCNs to ensure Indigenous priorities, perspectives and healing practices are |

| TRC Call to Actions | Specific Project Areas |
|--|--|
| | considered in their care pathways and system innovations |
| <p>Call to Action #23: We call upon all levels of government to:</p> <ul style="list-style-type: none"> • Increase the number of Aboriginal professionals working in the health-care field. • Ensure the retention of Aboriginal health-care providers in Aboriginal communities. • Provide cultural competency training for all healthcare professionals. | <ul style="list-style-type: none"> • Increase the percentage of Indigenous peoples working in AHS across all levels and disciplines • Provide cultural competency training across AHS that is effective, accessible and supported by local Indigenous communities |
| <p>Call to Action #24: We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.</p> | <ul style="list-style-type: none"> • Engage with medical, nursing and other health related faculties in Alberta to support alignment in the development of skill based training to increase intercultural competency, trauma based care, conflict resolution, human rights and anti-racism for those hired into AHS • Establish a skill-based training requirement for AHS staff, physicians and volunteers in intercultural competency, trauma based care, conflict resolution, human rights and anti-racism • Require all SCNs to continuously advance their knowledge and skills by completing competency training |

Outcomes or Impacts Expected

The SCN will provide support to AHS to develop an organization-wide strategy in Indigenous health to improve health outcomes that takes account all of the ‘calls to action’. We will ensure alignment with the strategic directions across AHS. The Indigenous health

strategy will be cross-cutting with multiple accountabilities to address areas that Alberta Health Services is fully committed to with specific actions identified to address the unique and diverse health needs of Indigenous peoples in Alberta.

The strategy will, in the end, contribute to addressing jurisdictional barriers to allow for greater access and high quality care for Indigenous patients and their families. It will be vital to establish indicators to measure the gains and assess how well AHS is able to move the 'calls to action' forward across the organization. As well, building relationships with the Indigenous nations within the province will be a key foundation for success.

Strategic Direction #2: Transform Health Services and Systems

Priority Actions

- 2.1 Eliminate racism in the health-care system
- 2.2 Align and support primary health care in Indigenous communities
- 2.3 Identify and enhance equitable access to health services for all Indigenous peoples

Rationale

Implementing and addressing the Truth and Reconciliation Commission of Canada's Calls to Action will build a platform for transforming health services and systems. The Ottawa Charter for Health Promotion has urged for decades that we "reorient health services" towards health promotion and respecting cultural needs. A shift of this magnitude requires adequate professional training and education, as well as increased health research (World Health Organization 1986, 2018).

This strategic goal highlights the importance of providing services that are culturally appropriate and sensitive, as well as wholistic. The core committee highlighted the need to ensure access, improve quality of care, facilitate system navigation, train frontline staff, address jurisdictional barriers, and deliver new services. It was acknowledged that in order to transform health services and systems, we must address racism as well as the determinants of health. There is no quick fix or simple approach to address all that needs to be accomplished to support meaningful changes.

Development of an AHS wide strategy in Indigenous health will support a long-term commitment to improvement while taking purposeful, realizable and justifiable action in the short-term. Suggested Priority Actions and Specific Project Areas include:

| Priority Actions | Specific Project Areas |
|---|---|
| <p>Eliminate racism in the health-care system</p> | <p>Establish a working group to support advancements in Indigenous Cultural Competency Education based on the 2018 evaluation and best practices that builds capacity to:</p> <ul style="list-style-type: none"> • Determine measurable improvements across AHS (includes implicit bias) • Incorporate skill-based competency in anti-racism and trauma informed practice |
| <p>Align and support primary health care in Indigenous communities</p> | <p>Establish a Primary Health Care (PHC) working group to:</p> <ul style="list-style-type: none"> • Investigate existing PHC models in Indigenous communities (Provincial, National, International) • Co-design, implement and evaluate innovative PHC models with Indigenous communities in Alberta |
| <p>Identify and enhance equitable access to health services for all Indigenous peoples</p> | <p>Establish a working group to identify requirements for health services in Indigenous communities and map needs to AHS services:</p> <ul style="list-style-type: none"> • Include the full scope of urban, rural, settlement and remote Indigenous communities • Identify pathways (including policies) to increase access to required services |

Outcomes or Impacts Expected

In an effort to contribute to closing the gap in health outcomes with Indigenous peoples and their Nations and communities, the SCN will pursue opportunities to co-design primary health care approaches that meet the diverse needs across the province with Indigenous populations.

Despite a number of existing primary health care models for Indigenous peoples in Alberta and Canada, there continues to be systemic gaps that impact access of Indigenous people to primary care services. To address the gaps, there needs to be a multi-pronged approach that includes addressing:

- Lack of sustainable funding,
- Lack of comprehensive Indigenous health policy,
- No federal government funding stream to support on reserve primary care,
- No mechanisms for sharing learnings,
- Working in silos,

- Structure gaps impacting Métis populations,
- Lack of effective communication between providers and communities,
- Stretched community capacity to deliver mandated services,
- Insufficient integration with Primary Care Networks,
- Impact of geographic, economic and other social determinants,
- Need for integrated addiction and mental health supports, and
- Unsustainable resources to improve access.

More importantly, the delivery of the entire continuum of health care to Indigenous peoples in Alberta is a challenge due to the lack of clarity in federal, provincial and Indigenous government jurisdictional mandates. Yet AHS, as a public system is obliged to provide basic services to all Albertans. For decades in this province there were perceptions or discussions that the federal government would provide “primary health care”, meaning public health and primary care services, and the provincial government would provide basic health services in the private or public clinics and public hospitals serving all Albertans (and typically near but not on federal land).

Alberta’s five remote nursing stations were and still are served by the federal government by nurse practitioners, and the federal government also provides medical transportation to basic services for “Registered Treaty / Status” individuals. Population growth, increased burden of chronic diseases, as well as ongoing infections (including HIV and STIs) have strained the limited federally funded health services available to Indigenous communities. An aging population is also now requiring continuing care, cancer care, palliative care, while the youth have typically low rates of immunizations and high rates of injuries due in part to the under-funding of the system.



Strategic Direction #3: Address the Determinants of Indigenous Peoples' Health

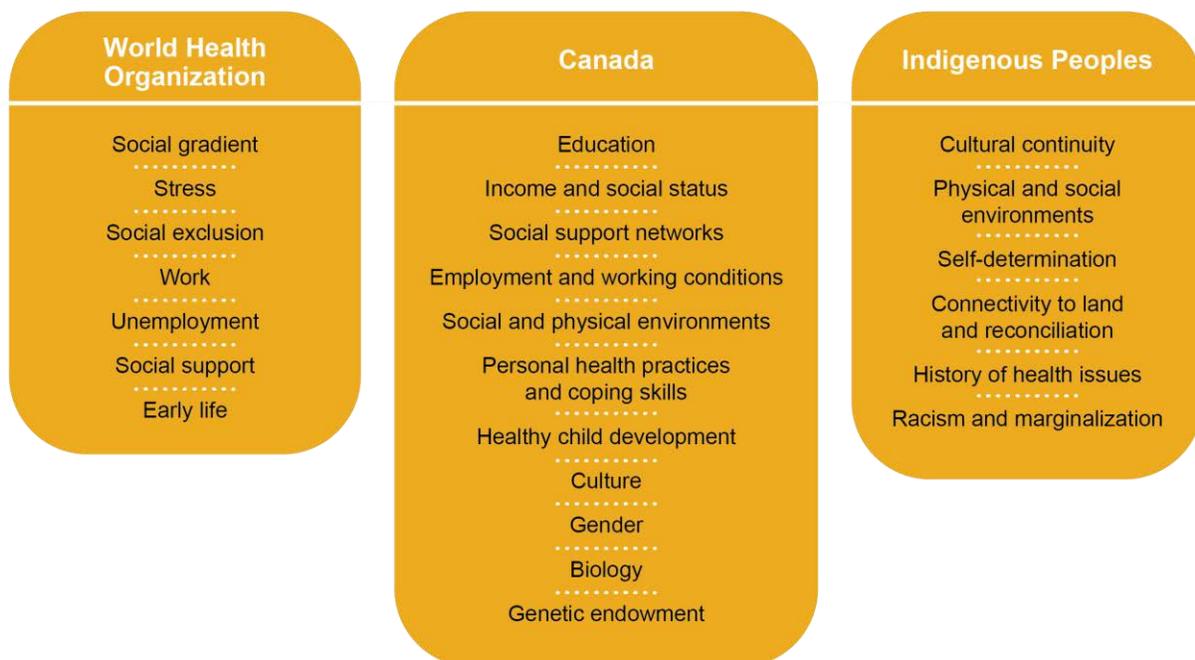
Priority Actions

- 3.1. Support communities to build on local capacity to identify and measure health
- 3.2. Support Indigenous communities to impact the determinants of their health towards reducing health inequities

Rationale

Addressing the determinants of Indigenous people's health includes acknowledging that health as a concept goes beyond the physical elements. As per the World Health Organization's constitution, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1946).

The determinants of health according to the Public Health Agency of Canada (PHAC) include: education, income and social status, social support networks, employment or working conditions, social and physical environments, personal health practices and coping skills, healthy child development, culture, gender, biology, and genetic endowment.



For Indigenous peoples, the determinants of health are organized into three dimensions - proximal, intermediate, and distal. Proximal determinants have a direct impact on physical, emotional, mental, and/or spiritual health, and include employment, income, and education. Intermediate determinants are based on the roots of proximal determinants and include community infrastructure, cultural continuity, and health-care systems. Distal determinants include the effects of colonialism, racism, social exclusion, and self-determination and the impact of these determinants on health and wellbeing. Distal determinants are the most difficult to change, but if addressed, can result in the greatest health impacts and ultimately long-term change to health inequities (Greenwood & de Leeuw, 2012).

The impact of colonialism as a determinant of health cannot be overstated. The First Nations Information Governance Centre and the Métis National Council state that, *“The colonial structure, which sought to assimilate Indigenous peoples into the dominant Euro-Canadian culture has been largely responsible for destabilizing the determinants of Indigenous health. The forced displacement of First Nations into remote communities and reserves that were uninhabitable and lacking in resources; the claiming of traditional areas rich in resources by colonial powers; the oppression of First Nations created by the Indian Act; the damaging legacy of Residential Schools and the Sixties scoop; systemic discrimination against all Indigenous peoples across social, criminal justice, health care and employment environments; and the lack of public or private economic development investments for Indigenous communities are all examples of how colonial structures have contributed to the health inequities that exists today... In addition to this lived experience of colonialism, racism and inability to pursue self-determination, health inequalities in Métis peoples have also been particularly influenced by social exclusion and loss of Indigenous language due to cultural assimilation.”*²

| Priority Actions | Specific Project Areas |
|---|--|
| <p>Support communities to build on local capacity to identify and measure health</p> | <ul style="list-style-type: none"> • Using an OCAP™ compliant approach, co-design a self-identification approach to provide access to Traditional healing approaches and support navigation • Implement Indigenous Patient and Community Engagement Research (PaCER) training that certifies engagement research capacity with community members |

² The Public Health Agency of Canada, “Key Health Inequalities in Canada: A National Portrait,” (May 2018).

| | |
|--|---|
| <p>Connect Indigenous communities with funding opportunities that may improve health outcomes</p> | <ul style="list-style-type: none"> • Connect funding opportunities that provide Indigenous communities and Indigenous non-government organizations opportunities to facilitate health innovations that improve health outcomes |
|--|---|

Outcomes or Impacts Expected

The Indigenous Health Core Committee made it clear that the focus of the SCN™ should be addressing the determinants of Indigenous people’s health, through connections with key partners beyond the health services system. Addressing the determinants of health requires a collaborative and integrated effort, with a focus on community capacity building. The themes below were highlighted under this strategic direction and were consistently expressed by the core committee members (Appendix A) when building the transformational road map in Indigenous health:

- Culture is central to wellbeing and needs to be embraced and embedded across mainstream services as a protector and as an enabler of health.
- Racism within health (and other systems) must be addressed to remove barriers to better outcomes.
- The impacts of trauma across generations of Indigenous peoples in Alberta must be acknowledged and addressed.

Alignment with AHS Strategic Directions

We, as a health care organization have committed to the following:

Patient First Strategy:

- Strengthen the culture and practices across AHS to ensure patients and families are at the center of all health care activities, decisions and teams.
- Promote respectful patient/provider interactions; improve communication between providers and patients/clients/families; adopt a team-based approach to care; and improve transitions in care.
- This strategy will advance health care by empowering Indigenous people to be at the center of their health care team, without discrimination or prejudice, to improve their health.

Our People Strategy:

- Our People Strategy is about how we support each other. It is about creating a culture in which we all feel safe, healthy, and valued, and can reach our full potential. Through Our People Strategy, workforce engagement will be higher, and patient and family experiences will improve as a result.
- Create a clear vision for the organization, with a shared purpose and common goals; build a safe, healthy and inclusive place to work; develop excellent leadership that will respect, value and support the workforce; create a culture of empowerment by giving people access to the resources and development opportunities they need to do their jobs effectively.

Our collective commitment requires acknowledgement and acceptance of the following:

Inherent Rights of Indigenous Peoples: “First Nations, Inuit and Métis peoples, as the original peoples of this country and as self-determining peoples, have Treaty, constitutional and human rights that must be recognized and respected”. [TRC Final Report, Volume 6 p. 15]

Reconciliation: AHS is committed to reconciliation that we understand is “a process of healing relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms” [TRC Final Report, Volume 6 p. 15]. The work outlined in the Indigenous Health Transformational Roadmap is focused on Indigenous Peoples. It cannot be successful without an acknowledgement of residential school trauma and the impacts of colonization.

Joint Accountability: AHS and our Indigenous Peoples are equal partners in developing and implementing our plan to enable and empower change.

Working in Ethical Space: The work required for Truth and Reconciliation is broader than one team, zone or program. It requires respectful sharing, introspection and collaboration with our Indigenous communities. We share responsibility and are equal partners in developing and implementing change that recognizes both a formal “western” approach to business within a “traditional Indigenous cultural” way of doing business. We commit to establish and maintain mutually respectful relationships between Indigenous Peoples and non-Indigenous peoples.



PPIH SCN Scientific Office

The Scientific Office is embedded within the broader AHS' Population, Public and Indigenous Health provincial program to ensure research and innovation is optimally leveraged to achieve meaningful improvements in population health outcomes for all Albertans. Embedding scientific principles and approaches within the SCN™ and broader provincial program is a key strategy to support integrated knowledge translation and increase impact. This strategic alignment allows for collaborative evidence-based identification of issues, developing innovative solutions, implementing sustainable programs and evaluating collective impact. The PPIH SCN's™ strategic directions, as outlined above, guide every aspect of activity within the Scientific Office to help ensure all Albertans benefit from the activities of the PPIH SCN™.

The PPIH SCN™ is committed to reducing unjust and avoidable differences in health outcomes between populations. In particular, the Indigenous Health Core Committee is taking thoughtful and deliberate steps to address the significant health inequities faced by Indigenous peoples. Through culturally safe and respectful engagement processes grounded in the *Truth and Reconciliation Commission of Canada's Calls to Action*, the PPIH SCN™ Scientific Office continuously strives to establish trusting relationships with First Nations, Métis and Inuit leadership, organizations and communities. By creating a foundation for the co-development of innovative applied research programs that reduce inequities and promote health, Indigenous communities are equal partners in all PPIH Scientific Office activities. Further, Indigenous Ways of Knowing³ and Two-Eyed Seeing⁴

³ Grayshield (2010), when discussing Indigenous Ways of Knowing, notes "There is no "known" form of knowledge in the Indigenous conception of the universe. What can be known is always subjective and in constant change regardless of empirical scientific evidence. ... [K]nowledge is the result of keen observations in the experiences of daily life and in the interpretive messages received from spirits in ceremony, visions and dreams. Reality for tribal people includes the experience of the moment coupled with the interpretive scheme that had been woven together over generations. This basic understanding is the epistemological and ontological paradigm of an Indigenous Thought process; It is the Indigenous Way of knowing".

⁴ Cape Breton University's Institute for Integrative Science & Health is the home for the teachings of Mi'kmaw Elder Albert Marshall on Two Eyed Seeing, a term which has been incorporated into the CIHR's Institute of Aboriginal Peoples' Health's approach. Marshall (2012) describes Two-Eyed Seeing as "learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing ... and learning to use both these eyes together, for the benefit of all"

are important concepts that are at the forefront, along with the principles of OCAP^{TM5}, in moving the population, public and Indigenous health research agenda forward to improve the health of Indigenous peoples within Alberta.

Currently SCNTM Scientific Offices are responsible for 6 pillars of activity in relation to SCNsTM. These pillars of activity are: 1) Advancing Research Knowledge; 2) Engaging and Building Partnerships for Research and Innovation; 3) Knowledge Translation; 4) Research Prioritization; 5) Research Capacity Building and Training and 6) Research Facilitation. The PPIH Scientific Office takes deliberate steps for meaningful impact across all of the above six pillars.

More specifically, the role of the PPIH Scientific Office is to:

1. Support and inform pan-SCN projects to improve health outcomes for Indigenous people in Alberta.
2. Promote and support evidence-informed decision making within the PPIH SCNTM;
3. Co-design, implement and evaluate innovative, scalable population health initiatives that reduce unjust and avoidable differences in health outcomes;
4. Facilitate the translation and mobilization of knowledge generated through PPIH research so that it can be of value to inform decision-making by leadership, policy makers and clinicians within AHS and beyond;
5. Leverage the Scientific Office's position within the provincial Population, Public and Indigenous Health program to partner and plan upfront with stakeholders to support transition of projects into sustainable operations;
6. Leverage strategic partnerships and collaborations internal and external to AHS to advance knowledge in PPIH SCNTM priority areas;
7. Enhance PPIH research presence and culture in Alberta, including
 - a. engaging academics in PPIH SCNTM research priorities by encouraging & facilitating integrated knowledge translation and;
 - b. Partnering and collaborating with existing research institutes / networks working in the areas of PPIH research, such as the O'Brien Institute of Public Health at the University of Calgary and the School of Public Health at the University of Alberta.

⁵ "The First Nations principles of OCAP are a set of standards that establish how First Nations data should be collected, protected, used and shared. These are the *de facto* standard for how to conduct research with First Nations. Standing for ownership, control, access and possession, OCAP asserts that First Nations have control over data collection processes in their communities, and that they own and control how this information can be used." FNIGC, 2016

8. Build research capacity within the PPIH research community including students, clinicians, researchers and community members to do research that aligns with the priority areas of the PPIH SCN™.
9. Build collaborations and partnerships with other Strategic Clinical Networks™ to further the PPIH research strategy in the province and identify pan- SCN™ research opportunities.

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Appendix A: Indigenous Health Graphic Recordings

The Story of Anna

