

## Report on Indigenous Health Activities



## Executive Summary

Significant health disparities exist between Indigenous and non-Indigenous Canadians. The factors that underlie these health disparities and hinder our ability to address them are multi-faceted. This Report provides a summary of the Association of Faculties of Medicine of Canada activities at the last Board Meeting in Winnipeg and themes of its work at the Canadian Conference on Medical Education (CCME) in the broad context in which Indigenous communities, health practitioners, policymakers, educators and partners participated at an open Board session and AFMC sponsored plenaries. Through these discussions AFMC seeks to improve the health and well-being of Indigenous peoples. Specifically, it provides an overview of AFMC's deliberations on indigenous health, notably on the recruitment of indigenous physicians and responses of the medical schools to the Calls to Action of the Truth and Reconciliation Commission. In addition, it provides a review of the presentations on the social determinants that impact indigenous health, current health status indicators, and the policy framework for indigenous health policies and programs.

There are several ways in which AFMC is re-igniting the social accountability agenda. Our commitment to addressing the Truth and Reconciliation Commission's Calls to Action, and putting the education and training about indigenous persons' health needs in Canada front and center. In this regard, the following activities occurred between April 28, 2017 and May 2, 2017:

1. The Saturday AFMC Open board meeting was devoted to the topic of the social accountability of our medical schools in addressing indigenous person's health;
2. The spectacular key note of the AMS AFMC J Wendell McLeod plenary at the opening ceremonies of the CCME by Mr. Ry Moran on the Truth and Reconciliation Commission's work;
3. The AFMC Board press release on our commitment to addressing these needs and the TRC Calls to action; and
4. The AFMC Hot Topic panel discussion was focused on educating future physicians on indigenous health and issues of accessibility and safety, and the Calls to Action of the Truth and Reconciliation Commission.

## Contents

Executive Summary .....	1
Contents .....	2
Open session with the AFMC Board .....	3
AFMC – AMS J. Wendell McLeod Plenary .....	14
AFMC - Hot Topic .....	17
AFMC – Press Release.....	188
AFMC – Next Steps .....	20

## Open session with the AFMC Board

### ***Stop Talking, Start Doing: Medical Schools Social Accountability in addressing Indigenous Health.***

Since 2016, the AFMC Board has held open sessions to discuss areas of common concern and for pan-Canadian collaboration from the 17 medical schools and their partners. In 2016, the topic was: ***Competency-Based Medical Education*** and resulted in a position paper on that subject adopted by the consent agenda of the Board in 2017. The 2017 session was held on the topic of the ***Social Accountability of Medical Schools in Addressing Indigenous Health.***



### **The Objectives of the session were:**

1. To share knowledge and improve cultural sensitivity about indigenous health in Canada.
2. To describe the progress that has been made and future directions in the contribution of medical schools to the health workforce in addressing indigenous health needs.
3. To advance strategies in community engagement and community-based education.
4. To share best practices and facilitate advocacy for indigenous peoples health in Canada.

“In 2015, as the Truth and Reconciliation Commission of Canada wraps up its work, the country has a rare second chance to seize a lost opportunity of reconciliation. We live in a twenty-1st-century global world. At stake is Canada’s place as a prosperous, just, and inclusive democracy within that global world.... Reconciliation must support Indigenous peoples as they heal from the destructive legacies of colonization that have wreaked such havoc in *their lives*. *But it must do even more. Reconciliation must inspire Indigenous and non-Indigenous peoples to transform Canadian society so that our children and grandchildren can live together in dignity, peace and prosperity on these lands we now share*”. – Truth and Reconciliation Commission of Canada.

There have been strides made on the part of many indigenous communities to improve education around health issues, but despite these improvements, Indigenous people remain at higher risk for illness and earlier death than non-Indigenous people. Chronic diseases such as diabetes and heart disease are on the increase. There are definite links between income, social factors and health. There is a higher rate of respiratory problems and other infectious diseases among Indigenous children than among non-Indigenous children - inadequate housing and crowded living conditions are contributing factors. A complicated set of policies, legislation and agreements and cultural incompetence has created barriers to equitable access to health care and services. That is reflected in sobering statistics when it comes to indigenous physical and mental health.

The session, aptly located in Winnipeg, Manitoba, the home of the Truth and Reconciliation Commission was focused on what medical schools could do to be more socially accountable and responsive to indigenous health. The session was attended by 110 participants from across all domains of the medical education curriculum and key partners in Canada. The session closed with the commitment to revisit and renew the AFMC promise on curricular reform, competency based standards and health human resource planning as well as population based research founded in community engagement strategies for the long term advancement of indigenous populations in Canada.

The opening panel presentations were by Dr. Alika Lafontaine, Dr Wanda Parsons and Dr David Marsh. Dr. Lafontaine spoke about the *"State of the Nation"* and the pressing issues facing indigenous populations in Canada. Alika Lafontaine is an award-winning physician, speaker, alignment consultant, and the first Indigenous physician listed by the *Medical Post* as one of Canada's 50 Most Powerful Doctors. In 2016, he won the *"Great Healthcare Debate"* on behalf of the Indigenous Health Alliance, a competition voted on by more than 700 health leaders from across Canada. As a founding member of the Alliance, he works to align national medical organizations and health decision-makers behind Indigenous communities to achieve practical implementation of the Truth and Reconciliation Commission's Calls to Action on Health. Alika currently sits on the Council of the Royal College of Physicians and Surgeons of Canada, the board of HealthCareCAN and is immediate past-president of the Indigenous Physicians Association of Canada.

Dr. Lafontaine spoke of his personal journey and difficulties accessing a career in medicine. He also spoke eloquently about the systemic racism in health care that prevents equity of accessible services to Canada's rural and northern peoples.

“One of the things Canadians can do in general is to accept the reality of what Indigenous patients go through, even though it is so far removed from their experience. To hear that a patient in a northern community only gets doctor coverage two days out of the month – or a week out of the month – is something that is so far removed from their experience that it's almost unbelievable to most Canadians.”

“The mainstream system has mechanisms in place to ensure that continuity exists that are non-provider specific... it is important to think through ways to move from proposal-based funding to some sort of negotiated base level of funding. We already know this is happening – this is what led to the creation of the First Nations Health Authority.”

Dr. Lafontaine challenged the participants to think:

“Aboriginal health policy in Canada is made up of a complicated “patchwork” of policies, legislation and agreements that delegate responsibility between federal, provincial, municipal and Aboriginal governments in different ways in different parts of the country. Although in some cases, the administration of Aboriginal health services is adequate, in other cases the gaps and ambiguities created by a complicated policy environment and jurisdictional confusions have created barriers to equitable access to health care and services.”

Dr. Wanda Parsons, the second panelist is Chair of the AFMC Network on Admissions and Assistant Dean for Admissions, Memorial University of Newfoundland. She comes from a small community in rural Newfoundland and graduated from the Faculty of Medicine at Memorial University of Newfoundland. She is a Family Physician and Associate Professor in the Discipline of Family Medicine, where she has served in the past as Postgraduate Residency Director and Interim Chair. Her clinical research interests include women's health and healthy aging. In her role as Assistant Dean for Admissions she is actively involved in research on pathways to rural practice as well as selection tools that are fair to all students, including the TaMMI (Traditional

and Multiple Mini-interview) process and situational judgment tests (SJTs) which can be used to accurately assess the attributes and competencies, which an individual school deems important in their context and whose performance is not affected by socioeconomic status.

Dr. Parsons' presentation provided details of the progress made by medical schools in Canada with recruitment of self-declared indigenous students and curricular reform. A survey of all 17 medical schools asking about their Indigenous recruitment and 16/17 responses were collated. All sixteen schools reported pathways programs. Of allocated seats only 7 schools reported having set numbers. Thirteen schools reported placements/partnerships with Indigenous communities. Thirteen schools reported having a course on Indigenous health issues as a part of the MD curriculum. Other innovations were the:

- Indigenous health curriculum/longitudinal course
- Curricula on competencies to provide culturally safe care
- Partnerships and engagement with Indigenous Communities for experiential learning
- Co-curricular activities/service learning in communities
- Indigenous Medicine Interest Groups
- Networking events with Indigenous physicians

Dr. Parsons' concluded that in the past decade, progress has been made by the Faculties of Medicine in that: 2.7 % Indigenous students are enrolled in first year (2016) vs. a population of 4.3% (2011 census) and that this number is up from 1% in 2003. She urged the Faculties to invest in resources to support these programs and to encourage all schools to have recruitment strategies for indigenous students.

The final panelist was Dr. David Marsh, who graduated in Medicine from Memorial University of Newfoundland in 1992, following prior training in neuroscience and pharmacology. In July 2010, Dr. Marsh joined the Northern Ontario School of Medicine (NOSM) as Associate Dean, Community Engagement. He also serves as Deputy Dean of NOSM and spoke about the innovations at NOSM in curricular development and community engagement in indigenous health and the mandate of NOSM in social accountability.

As of June 2016, there have been twenty-nine (29) Indigenous graduates and NOSM has seventeen (17) Indigenous Medical students from Year 1–4; NOSM currently has 15 self-identified Indigenous Clinical Faculty members of which 12 are NOSM Indigenous Alumni and 5 Indigenous Faculty in Human and Medical Sciences; Forty (40) signed partnership agreements 129,000 Indigenous Peoples registered in the three Provincial Territory Offices (PTO).



Key features to the success of NOSM have been the focus on Indigenous admissions and involvement of communities and elders, supportive programs such as the Indigenous Affairs Office and explicit curricula in indigenous health. Dr. Marsh asked Faculties to share ‘best practices’ to commit to the principles of community engagement with consultation of the indigenous people in their communities.

### Small Group Discussions

Each presentation laid the ground for the small group deliberations that engaged 10 to 11 members per table in addressing one of two questions:

*Question 1: Accomplishments: In taking leadership in Indigenous Health, what are we trying to achieve? Name 1-3 major outcomes that AFMC should expect from all medical schools.*

*Question 2: Alignment: Is there alignment between the health needs of Indigenous Persons in Canada and the Missions of our Medical Schools? Can we be more explicit about our Social Accountability? How? Give examples.*



**Key Themes:**

Below are the qualitative analysis using NVIVO software of the notes gathered at the Board

**Accomplishments: In taking leadership in Indigenous Health, what are we trying to achieve?****Name 1-3 major outcomes that AFMC should expect from all medical schools.**

- 1) *The emphasis, promotion, and integration of cultural safety in Canadian faculties of medicine:*
  - a. **Tactics:** calling attention to structural inequities and acknowledging systemic racism, requiring Indigenous-specific cultural safety training of faculty/students (e.g. San'yas ICS training), education and professional development about anti-racism strategies.
  - b. **Outcomes:** Structural changes that support cultural safety, safe dialogues and spaces, programs or centers like Centre for Excellence, staff and students trained in cultural safety.
  
- 2) *Authentic and continued engagement between faculties of medicine and Indigenous communities and leaders:*
  - a. **Tactics:** work with communities to build a framework for engagement, develop communications strategies, more on-the-ground involvement, build leadership skills in communities, recognizing the diversity across different First Nations, Metis and Indigenous (FNMI) communities and recognizing that their needs may be different so emphasizing the need to collaborate with many leaders and communities (understanding 1 community does not mean understanding them all).
  - b. **Outcomes:** aligned goals and values with First Nations, Metis, and Indigenous communities; a framework for engagement; mentoring programs for prospective and current Indigenous students; an Indigenous health curriculum that is informed and led by FNMI communities; capacity building in communities following the lead and guidance of FNMI elders, leaders, and physicians.

3) *The increased representation of First Nations, Métis, and Indigenous medical students and physicians:*

- a. **Tactics:** Early and continuous mentoring programs (as early as Grade 8 when students may leave families/communities to attend high school), re-thinking approaches to admissions processes (e.g. admissions requirements, MCAT, costs, alternate entry streams, have Indigenous physicians, leaders, and community members sit on selection committees as in BSAP). The importance of early engagement of students and ongoing mentoring were emphasized often.
- b. **Outcomes:** Increased numbers of Indigenous medical students representative of the population, greater opportunities for experiential learning and placements/electives in communities, Indigenous physicians practicing in their communities, different admissions practices/streams that promote admission of Indigenous students.

4) *The development of a core curriculum on Indigenous health as part of undergraduate medical education:*

- a. **Tactics:** integrate instruction on culturally competent care, collaborate with other health professionals and identify existing Indigenous health curricula, consult with FNMI leaders and educators to inform and develop the curriculum, use TRC calls to action to guide development.
- b. **Outcomes:** an interdisciplinary core curriculum about Indigenous health that includes: History of Canada + specific local communities, Indigenous cultures societies + medicines; models of indigenous health services & delivery; social determinants of indigenous health; social justice; two-spirit community. Should include opportunities for experiential learning in FNMI communities.

**Alignment: Is there alignment between the health needs of Indigenous Persons in Canada and the Missions of our Medical Schools? Can we be more explicit about our Social Accountability? How? Give examples.**

1) *Integrating the needs of FNMI communities explicitly into FoM mission statements/social accountability mandates is warranted:*

a. **Tactics:** Discussions to broaden academic mission, integrate Social Determinants Of Health (SDOH) into missions (“*Many of the health disparities are related to the social determinants of Indigenous health, our missions are largely promoting research & clinical medicine – room to include goals of research & practice to impact SDOH.*”) Look at existing models, e.g. NOSM, Manitoba and UBC. WE MUS HAVE A NETWORK ON INDIGENOUS HEALTH MADE UP OF FNMI LEADERS AND NOT ACADEMICS ALONE.

b. **Outcomes:** FoM mission statements/social accountability mandates that effectively highlight and promote the needs of FNMI communities, that support increased representation of FNMI students and physicians, and that call attention to ongoing health disparities in FNMI communities. Structural change, governance, oversight that will support mission statements/social accountability mandates.

2) *Resourcing, funding, advocacy, and research will be essential to embed FNMI needs as a priority area within Faculties.*

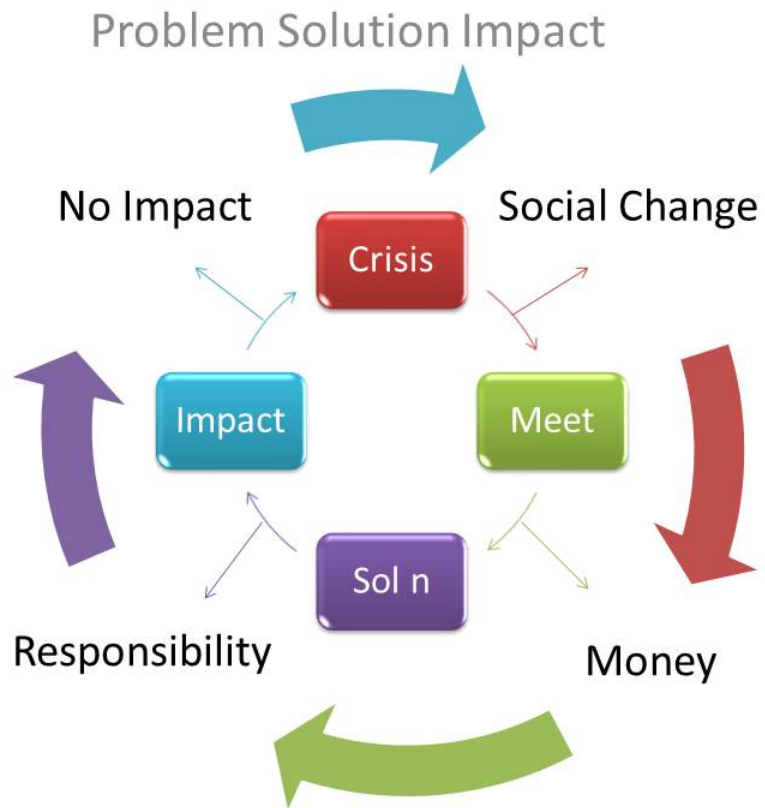
a. **Tactics:** upstream advocacy and lobbying needed (e.g. funding for orgs, Indigenous and Northern Affairs Canada [INAC]), more research needs to be done about long-term practice and outcomes of FNMI students and physicians (e.g. how are they doing in the match? Where are they practicing after residency?) to allow for informed policy- or structural-level decision making, community-based research, more training for med faculty and students about culturally competent care, cultural safety, etc.

- b. **Outcomes:** faculty training focused on cultural competence and cultural safety, more research at all stages (e.g. mentoring, admissions, medical school, residency, and practice in communities), continuing professional development (CPD), new positions in faculties may need to be created to support these endeavors, increased funding streams to support staffing and research needs.

3) *There may be existing alignment between FoM missions and FNMI needs, but engaging and collaborating with FNMI communities must take place in order to identify those areas of alignment:*

- a. **Thoughts:** We do not know if they align and to what extent, we need the insights and expertise of the FNMI communities who can speak to that. How do we open lines of communication, facilitate collaboration with FNMI? How to find right alignment, engagement, respect of community? The AFMC should explore means to gather these areas of alignment and match them to FNMI needs with strategies that enhance funding and support.
- b. **Tactics:** Develop a framework for engagement between FoM and FNMI communities, use TRC calls to action to identify areas of alignment, develop formal affiliations with communities.
- c. **Outcomes:** FoM mission statements and social accountability mandates that align with the TRC calls to action and other priority areas as identified by FNMI communities and leaders. Dedicated strategic plan by AFMC to develop FNMI curricula, competencies and faculty with resources to support these.

Figure 1 – The cycle of oppression described by Dr. Alika Lafontaine



**Evaluation of the Board Session:**

Statement	Strongly Disagree/Disagree		Not sure		Agree/Strongly Agree		Total Respondents
	Count	Percentage	Count	Percentage	Count	Percentage	Count
I felt that the Board Session was well organized and the main points were well covered and clarified.	2	4.8%	-	-	40	95.2%	42
I felt that the speakers demonstrated comprehensive knowledge of the subject matter.	1	2.4%	-	-	40	97.6%	41
The objectives of this session were clear.	1	2.3%	9	20.9%	40	95.2%	43
I felt that the material was informative and relative to my role.	-	-	4	10.0%	33	85.2%	40
I gained new knowledge and will be able to apply them to my institution, and to my academic or personal life.	4	9.1%	2	4.6%	36	81.8%	44

Statement	Strongly Disagree/Disagree	Not sure	Agree/Strongly Agree
	Percentage	Percentage	Percentage
I felt that the Board Session was well organized and the main points were well covered and clarified.	4.8%	-	95.2%
I felt that the speakers demonstrated comprehensive knowledge of the subject matter.	2.4%	-	97.6%
The objectives of this session were clear.	2.3%	20.9%	95.2%
I felt that the material was informative and relative to my role.	-	10.0%	85.2%
I gained new knowledge and will be able to apply them to my institution, and to my academic or personal life.	9.1%	4.6%	81.8%

## AFMC – AMS J. Wendell McLeod Plenary

As the first Director of the National Centre for Truth and Reconciliation (NCTR), it is Ry Moran's job to guide the creation of an enduring national treasure – a dynamic Indigenous archive built on integrity, trust and dignity. Ry came to the Centre directly from the Truth and Reconciliation Commission of Canada (TRC). On the TRC's behalf, he facilitated the gathering of nearly 7,000 video/audio-recorded statements of former residential school students and others affected by the residential school system. He was also responsible for gathering the documentary history of the residential school system from more than 20 government departments and nearly 100 church archives – millions of records in all.



Before joining the TRC, Ry was the founder and president of YellowTilt Productions, which delivered services in a variety of areas including Aboriginal language presentation and oral history. He has hosted internationally broadcast television programs, produced national cultural events, and written and produced original music for children's television. Ry's professional skills and creativity have earned him many awards, including a National Aboriginal Role Model Award, and a Canadian Aboriginal Music Award. Ry is a proud member of the Metis Nation.

Mr. Moran gave a moving and inspirational speech about the history of the residential schools, the impact of the terrible policies that created, drove and maintained these schools which led to the foundation of the Truth and Reconciliation Commission.

The Truth and Reconciliation Commission of Canada was a commission like no other in Canada. Constituted and created by the Indian Residential Schools Settlement Agreement, which settled the class actions, the Commission spent six years travelling to all parts of Canada to hear from the Aboriginal people who had been taken from their families as children, forcibly if necessary, and placed for much of their childhoods in residential schools. The Commission heard from

more than 6,000 witnesses, most of whom survived the experience of living in the schools as students. The stories of that experience are sometimes difficult to accept as something that could have happened in a country such as Canada, which has long prided itself on being a bastion of democracy, peace, and kindness throughout the world. Children were abused, physically and sexually, and they died in the schools in numbers that would not have been tolerated in any school system anywhere in the country, or in the world.

“A common history of colonialism and resulting economic, social and cultural marginalization has had profound health impacts on Indigenous peoples in Canada”

“Reconciliation is a healing process, but one that starts with full acknowledgement and engagement of all communities”

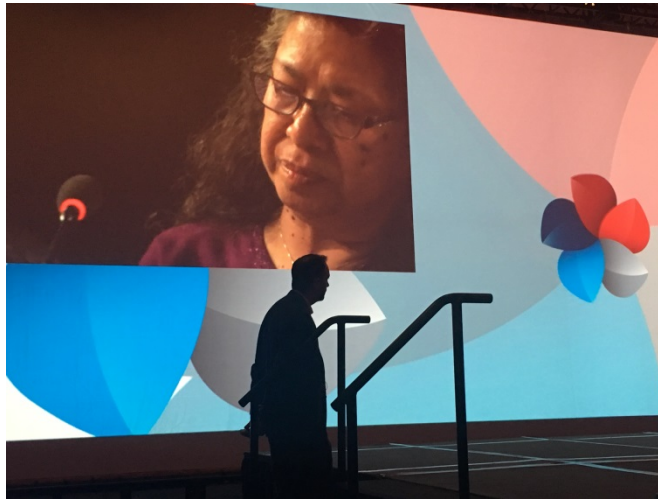
“The legacy of residential schools and government actions towards indigenous people over the years since Confederation is staggering. Every social condition measurable in Canadian society places aboriginal people at the most disadvantaged position of all people in the country,”

“For over 150 years, residential schools operated in Canada. Over 150,000 children attended these schools. Many never returned. Often underfunded and overcrowded, these schools were used as a tool of assimilation by the Canadian state and churches. Thousands of students suffered physical and sexual abuse. All suffered from loneliness and a longing to be home with their families. The damages inflicted by these schools continue to this day. In 2009, the Truth and Reconciliation Commission of Canada began a multi-year process to listen to Survivors, communities and others affected by the Residential School system.”

“Reconciliation requires that a new vision, based on a commitment to mutual respect, be developed. It also requires an understanding that the most harmful impacts of residential schools have been the loss of pride and self-respect of Aboriginal people, and the lack of respect that non-Aboriginal people have been raised to have for their Aboriginal neighbors. Reconciliation is not an Aboriginal problem; it is a Canadian one.”

“The commission heard testimony of the effects that over 100 years of mistreatment had on 150,000 First Nations, Inuit and Métis children. It is a moving and tragic historical account of what happened to indigenous children, many of whom were physically and sexually abused in residential schools. 3,200 indigenous children died from tuberculosis, malnutrition and other diseases resulting from poor living conditions.”





It has given me even greater sensitivity to healthcare implications of residential schools.

***CCME participant***

I have an urban practice with few if any indigenous patients. However, I also work in administration at our medical school where I will take up the challenge of addressing the TRC REPORT

**CCME Participant**

Best CCME talk I've ever attended!!! We must have more attention to taking action as a MedEd. Community.

***CCME participant***

## AFMC – Hot Topic

### *Canada's Indigenous People's Health: Truth and Reconciliation and a Call to Action for Medical Schools.*

The Truth and Reconciliation Commission (TRC) released its Final Report in June, 2015. With the Report, there were included 94 Calls to Action that cut across many sectors. The TRC urges academic medicine to pursue opportunities to address the Social Determinants of Health that have negatively impacted the health and wellbeing of Indigenous Peoples.

Learning Objectives for the Hot Topic session were to help participants:

- Further develop their understanding of the Truth and Reconciliation Commission findings and the Calls to Action specifically relevant to medical schools.
- Reflect on approaches taken by medical schools leading in this area to respond to the TRC and consider how those experiences may be applied in their own contexts.
- Commit and advocate for commitments at an individual, medical school, and national level to respond to the TRC Calls to Action.

Dr. Marcia Anderson spoke on the topic: *"Reconciliation in Medical Education: roles and responsibilities."* Dr. Barry Lavalley's presentation was on *"Reducing health inequities for Indigenous Manitobans, one hundred and ten doctors at a time."* Finally the third panelist Dr. Darlene Kitty gave a comprehensive overview of *"Indigenous Medical Student Admissions, Support, Community Engagement and Indigenous Health Curriculum in Canada"*.



## AFMC – Press Release

On Saturday, April 29, 2017, from 3:15 p.m. to 3:45 p.m. (CDT), the Association of Faculties of Medicine of Canada (AFMC) and the Max Rady College of Medicine, University of Manitoba held a press conference, to announce the renewed commitment of Canadian medical schools to social accountability and Indigenous health, including priorities in the areas of curricula devoted to Indigenous health and the training of Indigenous physicians. The AFMC, represented by President and CEO, Dr. Geneviève Moineau, was joined by Dr Brian Postl, Dean of the Max Rady College of Medicine and Vice Provost of the Rady Faculty of

Health Sciences University of Manitoba, Dr. Alika Lafontaine, an Aboriginal physician of Cree and Anishinabek heritage, Mr. Ry Moran, Director of the National Centre for Truth and Reconciliation (NCTR) and our keynote plenary speaker at the opening ceremonies of the 2017 Canadian Conference on Medical Education, and Dr. Darlene Kitty, Director of the Indigenous Program at the University of Ottawa Faculty of Medicine and Board Member of the Indigenous Physicians Association of Canada and the Society of Rural Physicians of Canada.

This press conference was preceded by a stakeholder consultation involving the 17 Deans of Medicine in Canada, with leaders in Indigenous health. The key message was that *“Canadian values of equity, safety and social accountability are at the heart of our renewed partnership and collective pledge to make a difference for Canada’s First Nations, Inuit and Métis peoples.”*

The Press release is appended to this report (Appendix A). Coverage was from CBC and GLOBAL and the story was picked up on the Winnipeg CBC and National CBC channels.

The Indigenous health discussions at all the AFMC events at the CCME received a huge twitter following and as a result the #CCME2017 trended for the two days during the JWH Wendell McLeod talk and throughout the Hot Topic.



“The room was packed. The speakers were riveting and the ideas presented were provocative and inspirational. “

***CCME participant***

“AFMC must take leadership and ensure that more indigenous students get into the system.”

***CCME participant***

“The Indigenous plenary presentation was absolutely outstanding. The Indigenous health hot topic session also excellent. Many orals were very thought provoking.”

***CCME participant***

“Thought-provoking and challenging speakers. This was a very important panel presentation and this conversation MUST NOT end.”

***CCME participant***

## AFMC – Next Steps

Based upon the deliberations of the Board and the recommendations of the participants in the Open Board session, the next steps are as follows:

1. Set up the Network on Indigenous Health with the mandate to:
  - (a) Function as a collegium to provide topic specific support across the Faculties, namely:
    - I. A review and refresh of AFMC-IPAC competencies and curricula in indigenous health;
    - II. A review of the Faculties of Medicine responses to the Calls to Action of the Truth and Reconciliation Commission; and
    - III. A position paper on the Role of the Medical Schools and their Social Accountability in addressing Indigenous Health issues in Canada.
  - (b) Provide a venue for forums for discussions of national interest;
  - (c) Share knowledge and experience among Leaders across Faculties of Medicine, and with AFMC Committees as requested.
2. Establish an ad-hoc Board Committee of Deans to provide advice to the Board on advocacy, leadership and strategic planning on indigenous health education and training as well as potential funding opportunities.
3. Follow up the meetings and presentations at the CCME 2017 with intention to gather the reports from each Faculty of Medicine on responses to the Truth and Reconciliation Commission's Calls to Action.



**Press Release:****The Social Accountability of Canadian Medical Schools and Indigenous Health**

**Winnipeg, Manitoba, April 29, 2017** - The Association of Faculties of Medicine of Canada (AFMC) and the Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba have an enduring commitment to social accountability and Indigenous health, which has been renewed in light of the Truth and Reconciliation Commission Calls to Action. The AFMC Board had the opportunity this week to hear from leaders and learners in Indigenous health, on how to address and act on the Calls to Action related to health. The discussions have been a formidable reminder of the health care needs of our Indigenous populations.

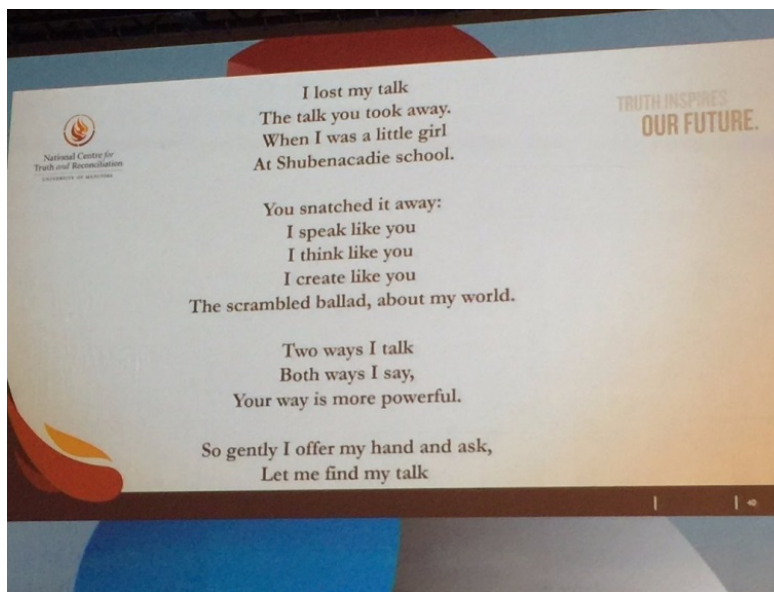
In the past decade, the AFMC and individual medical schools have made significant progress in the areas of curricula devoted to Indigenous health and training Indigenous physicians. Canada's medical schools have begun their journey towards Reconciliation, with much of this work in partnership with the Indigenous Physicians Association of Canada.

But we can do more. Some schools are further ahead than others and each must share the responsibility for advances in Indigenous health curricula. Education, research and clinical care in Indigenous health priorities such as chronic diseases, mental health, maternal and child health and addictions are needed, as well as targeted admissions policies. Led by the Max Rady College of Medicine, these issues will continue to be important to our Faculties of Medicine as we work collaboratively with Indigenous organizations and communities to seek solutions.

The AFMC and the Max Rady College of Medicine support Indigenous student admissions and Indigenous health curriculum through community engagement. Each Faculty is developing relationships with local Indigenous communities and embraces that consultation and collaboration with indigenous people is a critical aspect of reconciliation.

The AFMC will help to address Indigenous health and social issues, reduce inequities and support a health system that is 'responsive', enhances access and values Cultural Safety. Cultural Safety addresses the power differential between patient and physician; considers the historical, political and social contexts including residential schools and multigenerational trauma; and allows the Indigenous patient to define what a 'safe' experience is for them in the health care system.

The AFMC, the voice of Canada's leadership in medical education is committed to listening to remote, rural and urban indigenous communities, and to advocating for priority needs in physician supply and accessible, quality care. The Canadian values of equity, safety and social accountability are at the heart of our renewed partnership and collective pledge to make a difference for Canada's First Nations, Inuit and Métis peoples.



“Truth and Reconciliation: I really appreciate how the theme of truth and reconciliation was front and center in the key note session of the conference. I think the medical profession needs to continue to underscore the need to come to terms with its role in the oppression of the native people in Canada.”

***CCME participant***