

Alberta Health Services

# Indigenous Health Commitments: *Roadmap to Wellness*



# Message from AHS President & CEO and Wisdom Council Co-chairs

Alberta Health Services' vision is *Healthy Albertans. Healthy Communities. Together.* To achieve this, we have to improve patient and family experiences, patient and population health outcomes, staff and volunteers experience and safety, and our financial health and value for money. When it comes to improving the health outcomes of some 300,000 Indigenous peoples in Alberta, we know we have work to do.

As an organization, we understand this work must align to and act upon Alberta Health's priority to engage Indigenous communities and organizations in designing and delivering culturally appropriate health services. The goal is to remove Indigenous people's barriers to access and improve Indigenous health outcomes.

Over the years, AHS has built many enduring relationships with Indigenous communities and learned a great deal about working together in a good way. The *Indigenous Health Commitments: Roadmap to Wellness* aligns with principles of the *United Nations Declaration on the Rights of Indigenous Peoples* and the calls to action of the Truth and Reconciliation Commission of Canada. It is a framework for building clear roles, responsibilities and accountabilities. Together, we will remove the systemic and jurisdictional barriers facing Indigenous peoples. We will build holistic approaches to wellness. We will recognize and honour the strengths of Indigenous communities. And, we will support Indigenous community capacity through sustained and reciprocal relationships. We look forward to the road ahead.

**Dr. Verna Yiu**  
President and CEO  
Alberta Health Services

**Dr. Kathryn Todd**  
Vice President, Provincial Clinical Excellence  
Alberta Health Services

The AHS Wisdom Council is composed of First Nations, Métis and Inuit people from across Alberta. It came together in 2012 to advise Alberta Health Services on Indigenous health priorities, needs and delivery throughout the province.

Since then, we have shared our unique worldviews, which hold valuable teachings on holistic wellness and healing that have sustained our peoples for time immemorial. We have advocated Indigenous nations' rights and responsibilities to determine their healthcare futures, and the relationships of reciprocity and trust to get there.

Though the journey has not always been easy, we have seen significant advances in Indigenous health at AHS. This *Indigenous Health Commitments: Roadmap to Wellness* document represents a new stage of our journey: partners working together to improve the health and wellness of Indigenous people. The roadmap reflects AHS' understanding and respect for Indigenous nations' worldviews and healing traditions. Most importantly, the roadmap calls on the entire organization to do the real and difficult work of reconciliation by acting on what matters to Indigenous patients, families, communities and nations.

Going forward in this journey, we will no doubt face obstacles and challenges. This roadmap commits us to overcoming these obstacles, in a good way. We look forward to continuing to help guide the way.

**Casey Eagle Speaker and Wally Sinclair**  
Co-chairs, Wisdom Council  
Alberta Health Services

# Table of Contents

Contact .....	4
Executive Summary .....	5
Our Journey So Far.....	6
<b>The Indigenous Health Commitments .....</b>	<b>8</b>
<b>Vision.....</b>	<b>8</b>
<b>Purpose .....</b>	<b>8</b>
<b>What does Health Equity Mean for Indigenous Peoples? .....</b>	<b>9</b>
<b>Foundational Learnings .....</b>	<b>9</b>
<b>Preparing for a New Journey: Generating Ethical Space.....</b>	<b>11</b>
<b>Listening.....</b>	<b>12</b>
<b>Understanding .....</b>	<b>13</b>
<b>Acting .....</b>	<b>13</b>
<b>Being .....</b>	<b>13</b>
<b>Strategic Directions .....</b>	<b>14</b>
<b>People.....</b>	<b>14</b>
<b>Processes.....</b>	<b>16</b>
<b>Wise Practices: Programs, Services and AHS Policy .....</b>	<b>18</b>
<b>Quality Outcomes .....</b>	<b>21</b>
<b>Conclusion .....</b>	<b>23</b>
<b>Next Steps .....</b>	<b>23</b>
<b>Appendix A.....</b>	<b>24</b>
<b>Contributors .....</b>	<b>26</b>



## Contact

For more information, please contact:

Val Austen-Wiebe  
Senior Program Officer  
Indigenous Wellness Core  
[Val.Austen-Wiebe@ahs.ca](mailto:Val.Austen-Wiebe@ahs.ca)

Dr. Esther Tailfeathers  
Senior Medical Director  
Indigenous Wellness Core  
[Esther.Tailfeather@ahs.ca](mailto:Esther.Tailfeather@ahs.ca)

# Executive Summary

Indigenous peoples have rich and complex healing and wellness traditions that have sustained and supported their nations since time immemorial. There are countless strong Indigenous voices in Alberta- both internal and external to AHS- that have kept these vital traditions alive and have sought to guide AHS on Indigenous health. We recognize that we have made many mistakes and missteps along this journey, but have learned many important lessons. The *Indigenous Health Commitments: Roadmap to Wellness* builds on a decade of learnings to establish the commitments needed to work with Indigenous peoples in order to achieve health equity.

We better understand the practice of listening and the need for humble and honest conversations about the past, present and future. We are aware of the strength and wisdom that Indigenous worldviews and healing traditions offer us all. We know that Indigenous peoples have a right and responsibility to make decisions about programs and services affecting their health. And we appreciate how meaningful conversations can translate into reciprocal and long-term relationships based on action. Several of these foundational learnings are referred to in this roadmap and are aligned closely to the *United Nations Declaration on the Rights of Indigenous Peoples* and calls to action from the Truth and Reconciliation Commission of Canada.

Our driving vision is health equity for and with Indigenous peoples in Alberta. To achieve this, the *Indigenous Health Commitments* will guide AHS to develop the structures, processes and organizational culture needed to respond to Indigenous peoples' unique needs at the provincial, zone and program level. Our commitment to Indigenous wellness and our pledge to **do the work** are evergreen. Simply, as we work to implement these commitments we know that our work will never be complete. Our actions will evolve as AHS' expertise and capacity in this work increases, our goals are met, and Indigenous priorities shift.

Based on our journey to date, we have learned the way we work is as important as the outcomes of our work. As such, this roadmap offers new ways of working with and for Indigenous peoples which are grounded in honesty and humility and based on:

- **Listening:** To the truths about our shared history, their effects, and how Indigenous people experience our healthcare system.
- **Understanding:** The current challenges in advancing Indigenous health and community-based solutions, and identifying how to move forward in partnership from a place of vulnerability
- **Acting:** Meaningfully to take action on Indigenous health through sustained and reciprocal relationships with Indigenous peoples, organizations and nations.
- **Being:** Persistent in advancing the culture shift within AHS and demonstrating accountability to both AHS and Indigenous communities.

Finally, this document identifies specific goals and actions around *people, processes, wise practices* and *quality outcomes* to ensure AHS can address Indigenous health in a coordinated and comprehensive way. We commit to:



- **People:** Building a workforce equipped with the mindset and tools to listen, understand, act, and be so we can support Indigenous health and wellness and advance reconciliation.
- **Processes:** Listening to and understand the specific priorities and needs of Indigenous communities; developing clear roles, responsibilities and accountabilities to respond to these needs.
- **Wise practices:** Working with Indigenous people and communities to develop and advance quality programs, services and policy; undertaking research and evaluation initiatives.
- **Quality outcomes:** Identifying and securing sustainable investments in culturally competent programs and services across AHS; supporting capacity within Indigenous organizations and communities.

## The Roadmap to Wellness Model



In our model, beadwork symbolizes how we seek to work (by listening, understanding, acting and being) and the directions of our work (people, processes, wise practices and quality outcomes). Each small bead is sewn into the hide and a vital part of a much larger picture. All the beads are connected to each other and rely on one another for strength. Each bead represents a person that plays a role in building healthy communities. We need many beads coming together to realize the commitments made in this roadmap.

The hide itself represents the significant connection back to the land.

The one white bead in our model is a spirit bead, an intentional flaw to remind us to be humble, as only Creator is perfect. It also reminds us to continuously learn and that our work is life-long.

Beadwork traditions are passed down through generations of Indigenous families and communities. Similarly, we hope the messages in the *Indigenous Health Commitments: Roadmap to Wellness* are transmitted across AHS and transform and sustain our way of working over time.

# Our Journey So Far

Imagine two canoes travelling down a river, headed to the same location for the same purpose. Each canoe team has its own supplies, tools, skills and abilities.

At times, the shared journey is collaborative and rewarding. At others, it is difficult. The waters are sometimes rough requiring every paddler to do their share. Many times one canoe tries to lead the way through the river, with little understanding of the current, eddies and under currents. Rather than scouting and charting a course with the other canoe, paddlers venture into dangerous waters and confusing channels on their own.



This is similar to the journey Alberta Health Services and Indigenous people have taken to navigate Indigenous health in the past decade. AHS has learned many important lessons in working alongside Indigenous communities. We have learned the importance of listening with an open mind, clear vision and humble hearts. We have found many of our questions can be answered by Indigenous peoples.

Today, we recognize First Nations and Métis peoples as distinct nations with histories predating the province of Alberta. We understand that Indigenous peoples have deep and profound cultural, spiritual and political ties to the land. We also recognize the vital contributions of other Indigenous cultures, including the Inuit, who have made Alberta their home. These connections must be reflected in our work together, beginning with a foundation that respects the distinct health needs, interests, aspirations and voices of Indigenous communities.



We have come to understand that our shared history has created a power imbalance in the healthcare system. The legacy of colonialism continues to thwart the social, economic and political wellbeing of Indigenous peoples. Indigenous people continue to be left out of the decision-making for their health, perpetuating poor health outcomes.

AHS clearly understands it is time to act on Indigenous priorities and be accountable to Indigenous people. To do this, we must shift from inequity to equity and to support Indigenous leaders to design and deliver health services with us.

Our task is to navigate the waters alongside Indigenous people, communities and nations so we do not repeat the mistakes of the past. This requires bold vision, dedicated focus and a clear path forward.

# The Indigenous Health Commitments

The vision and purpose of the *Indigenous Health Commitments: Roadmap to Wellness* are aligned and consistent with commitments by the Government of Alberta for Indigenous health, including “work[ing] with the federal government to streamline how Indigenous people access key services such as health care.”

## Our Vision

To achieve health equity with and for Indigenous peoples in Alberta.

## Our Purpose

Guide and develop the structures, processes and organizational culture of AHS to achieve health equity with Indigenous peoples in Alberta. This includes:

1. Fostering lasting and meaningful relationships with Indigenous people, organizations and nations
2. Eliminating racism and increasing cultural competency
3. Closing gaps in access to healthcare services
4. Working with Alberta Health and the federal government to streamline how Indigenous people access health care
5. Supporting safe, healthy and inclusive work environments for our Indigenous workforce
6. Supporting Indigenous healing and wellness practices
7. Supporting capacity within Indigenous communities
8. Ensuring the sustainability of programs and services in Indigenous health.





## What Health Equity Means for Indigenous Peoples

AHS' overarching vision is *Healthy Albertans. Healthy Communities. Together.* Realizing this vision depends on achieving health equity for everyone in Alberta and ensuring they have the opportunities they need to reach their full health potential.

Health inequities facing many Indigenous peoples are in large part the result of the system and process of colonialism that disrupted the complex political, social, and economic systems of Indigenous peoples. This resulted in a number of unjust and avoidable differences in social, economic, and environmental circumstances otherwise known as the social determinants of health. Prioritizing equity demands that we build a healthcare system that meets the unique needs of specific populations and works to help address the social determinants of health to support individuals, families and communities to achieve their health goals. For Indigenous people in Alberta, this means building a healthcare system that recognizes and respects Indigenous leadership over their own health matters, makes space for community voices and priorities and integrates cultural competencies in health service practice. It means building and nurturing meaningful and sustained relationships with Indigenous communities. As well, it means recognizing the wisdom of Indigenous wellness practices and their expertise in their own lives.

## Foundational Learnings

We have learned *truth* must come before *reconciliation*. By articulating the many vital learnings we have gained during a decade of working alongside Indigenous communities, we have signaled our willingness to be honest, work hard and to chart a new path together. These foundational learnings are:

1. The current state of Indigenous health is a direct result of colonialism, which disrupted the complex political, social, and economic systems of Indigenous peoples.<sup>1</sup>
2. Colonization generated stereotypes and racism, both implicit and explicit, in all facets of Canadian society including healthcare.<sup>2</sup>
3. Indigenous approaches to wellness have supported and sustained the mental, emotional, spiritual and physical well-being of Indigenous peoples for thousands of years.
4. Indigenous communities in Alberta are diverse and complex with many unique contexts, needs and priorities.
5. Indigenous individuals, peoples and nations must have access to the opportunities and conditions they need to reach their full health potential.

---

<sup>1</sup> J.B. Waldram, A. Herring, T.K. Young, *Aboriginal health in Canada: Historical, cultural, and epidemiological perspective*. (University of Toronto Press, 2006); J. Reading & R. Halseth, *Pathways to Improving Wellbeing for Indigenous People: How Living Conditions Decide Health* (National Collaborating Centre for Aboriginal Health, Prince George, BC, 2013); C. Reading & F. Wien, *Health Inequalities and Social Determinants of Aboriginal Peoples' Health* (National Collaborating Centre for Aboriginal Health, Prince George, BC, 2009).

<sup>2</sup> B. Allan & J. Smylie, *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada* (The Wellesley Institute, Toronto, ON, 2015).

6. Indigenous peoples in Alberta view themselves as nations with inherent, treaty and international rights.
7. Indigenous community leadership, engagement and collaboration in health and wellness produces more responsive and effective health systems and better health outcomes. This includes defining the meaning of health and wellness and success at the community level.
8. Advancing Indigenous health requires trusting, long-term reciprocal relationships with Indigenous communities, based on a shared commitment to action.



# Preparing for a New Journey: Generating Ethical Space

For our new journey, we must build and maintain meaningful and reciprocal relationships with Indigenous peoples. An important conceptual framing to engender such relationships is the notion of *ethical space*.<sup>3</sup>

Ethical space requires that participants understand that “Western” ways of being and operating are not value-neutral. Rather, they are systems which include values and rules. Similarly, Indigenous cultures are constituted by systems, values and rules, which affect the intentions and assumptions of those engaged in any process. Ethical space is generated when two cultural groups acknowledge their differences and navigate ways to work together with humility, honesty and commitment. Ultimately, the parties in an ethical space agree when to rely on the knowledge and expertise of the other.

Ethical space was the process used during the Listening Days – a series of discussions between the Indigenous Health Program and human resources leadership about Our People Strategy and diversity and inclusion. The discussion became a broader focus on reconciliation and its influence on Indigenous health in light of the Truth and Reconciliation final report and Canada’s endorsement of the United Nations Declaration on the Rights of Indigenous Peoples. It led to developing this roadmap.



<sup>3</sup> For more information on Ethical Space please see Willie Ermine “The Ethical Space of Engagement”, *Indigenous Law Journal* (Volume 6, 2007) Pg. 193.

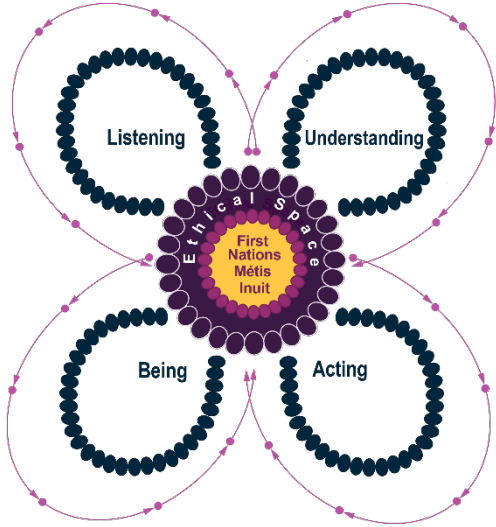


# Listening, Understanding, Acting & Being

When it comes to Indigenous health, we have learned how we work is as important as what we do. As such, this roadmap is a tool for working with Indigenous communities based on *listening*, *understanding*, *acting* and *being*. It sets the stage for generating ethical space. The roadmap then guides us towards action and sustainability and demonstrates our commitment to Indigenous peoples.

**Listen** to the truths about our shared colonial history, the current impacts, and how Indigenous people experience our healthcare system.

Be sustainable. Such that the culture shift within AHS becomes our regular way of **being** and doing business and demonstrates accountability to both AHS and Indigenous communities.



Generate a better **understanding** of the current challenges in advancing Indigenous health, and identifying how to move forward in partnership from a place of humility and vulnerability.

Taking meaningful **action** on Indigenous health through sustained and reciprocal relationships with Indigenous peoples, organizations and





## Listening

During our journey, we learned the importance of listening. We must listen to Indigenous communities as they share their perspectives on the past, the present and the future. Their messages may challenge our perspectives on history and the nature of our society. They may at times be uncomfortable and hard to hear. We must, however, be willing to face and change our preconceptions and implicit biases. Stated simply, we must listen to learn rather than listen to respond.

## Understanding

Listening to Indigenous voices leads to cultural humility and vulnerability. It helps us recognize, as a healthcare system, we do not have all the answers. In fact, sometimes we do not even fully understand the problem. This perspective generates an ethical space allowing each of us in the healthcare system to recognize the value of Indigenous viewpoints, wisdom and ways of being.

## Acting

There is no single roadmap for how we act, rather we take action to engage with a spirit of humility and collaboration. It requires that we acknowledge and account for history, while creating policies and processes that lead to equitable health outcomes for Indigenous people. Acting ethically also requires a commitment to accountable relationships with Indigenous people in Alberta as well as with Alberta Health.

## Being

In our journey, 'being' represents sustainability. It signals our cultural shift towards reconciliation in how we act and how we do business. Our journey continues by reflecting on our relationships with patients, staff, and Indigenous communities, and demonstrating accountability to both Indigenous communities and AHS.

# Strategic Directions

This section details the four strategic directions (**People, Process, Wise Practices and Quality Outcomes**) of our organizational commitments. Each strategic direction includes goals and actions aligned with Alberta Health's priorities on Indigenous health.

Build a workforce of **people** equipped with the tools to **listen, understand, act, and be** to support Indigenous health and wellness, and move us towards reconciliation.

Generate **quality outcomes** through sustainable investments in culturally competent programs and services across AHS; support capacity within Indigenous organizations and communities.



Identify and develop clear **processes** to establish roles, responsibilities and accountabilities for our work on Indigenous health and wellness.

Support **wise practices** in Indigenous health in full partnerships with Indigenous communities.



## People

The transformational change we seek requires everyone at AHS understands and commits to listening, understanding, acting and being. We have a professional responsibility to learn Canada's and Alberta's history of colonialism. We must support our workforce to use what they learn to inform a different way of delivering health services to Indigenous people.

AHS commits to building a workforce equipped with the mindset and tools to listen, understand, act, and be.

### Goal 1

***We will continue to build the knowledge and skills of the workforce to better meet Indigenous peoples' unique health needs.***

**Actions:** AHS will:

- 1.1 **Work** with Indigenous communities to measure our progress on creating culturally safe environments within AHS, including the influence of Indigenous cultural competency education on clinical practice and patient experience.
- 1.2 **Align**, coordinate and expand AHS' cultural competency education and anti-racism training.
  - Develop, deliver and expand opportunities for innovative practices related to cultural competency, anti-racism and Indigenous health, including experiential and land-based modalities.
  - Build opportunities for community involvement in developing and delivering cultural competency and anti-racism education.
  - Work with professional colleges and associations to integrate culturally safe approaches into practice.

#### ALIGNMENT

##### UNDRIP

##### ARTICLE 2

Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity.

##### TRC

##### CALL TO ACTION 23

We call upon all levels of government to:

1. Increase the number of Aboriginal professionals working in the health-care field.
2. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
3. Provide cultural competency training for all health-care professionals.

## Goal 2

### ***We will increase recruitment and retention of Indigenous staff in positions across AHS.***

**Actions:** AHS will:

- 2.1 **Incorporate** culturally safe and relevant Indigenous practices into human resource processes and programs.
- 2.2 **Create** a flexible Indigenous recruitment strategy to reflect the specific needs of Indigenous staff.
- 2.3 **Create** a flexible Indigenous employee retention strategy to support Indigenous employees' well-being, self-care and advancement.
- 2.4 **Develop** an outreach plan to Indigenous communities, schools and post-secondary institutions to promote health careers for Indigenous learners.
- 2.5 **Work** with professional bodies and unions to better promote and support careers in healthcare for Indigenous people.
- 2.6 **Work** with funders and foundations to develop scholarships in health careers for Indigenous people.
- 2.7 **Increase** the number of targeted internships and placements for Indigenous student.
- 2.8 **Increase** the number of Indigenous staff within AHS to better reflect Alberta's Indigenous population.

#### ALIGNMENT

TRC

CALL TO ACTION 23

We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all health-care professionals.

## Processes

Historically, healthcare services, policy, programming and research, were planned for and not with Indigenous peoples. This influences poor health outcomes and affects AHS' ability to establish responsive, relevant healthcare services for Indigenous patients and communities.

AHS commits to building and strengthening a culture that honours Indigenous values and ways of knowing/being in our work. AHS recognizes and will respect Indigenous peoples' leadership over their own health matters and be grounded in sustained and reciprocal relationships with Indigenous communities.



### Goal 3

***We will establish clear roles, responsibilities and accountabilities within AHS to support Indigenous health through reciprocal relationships and engagement with Indigenous communities and organizations.***

**Actions:** AHS will:

- 3.1 **Develop** an internal decision-making framework outlining pathways and accountabilities for advancing Indigenous priorities within AHS.
- 3.2 **Align and coordinate** a flexible engagement process at provincial/zone/program levels to respond to community timelines, processes and capacity support.
- 3.3 **Develop** a communication plan and process to regularly and clearly reach Indigenous audiences (urban, rural, on/off reserve or settlement) with information about programs, services and opportunities for working together, career opportunities and this roadmap's progress.

#### ALIGNMENT

##### UNDRIP

##### ARTICLE 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

### Goal 4

***We will develop and strengthen partnerships with Indigenous communities to co-design, develop, plan and prioritize Indigenous health.***

**Actions:** AHS will:

- 4.1 **Establish** mechanisms for greater inclusion of Indigenous voices and priorities system-wide.
- 4.2 **Ensure** Indigenous community perspectives are considered in AHS business and service plans, policies, procedures and guidelines.
- 4.3 **Develop** and integrate an Indigenous health action plan in every zone, as part of the regular planning cycle and link them to provincial and zone operational and healthcare plans. Include activities supporting the *Indigenous Health Commitments: Roadmap to Wellness* in these plans.
- 4.4 **Enhance** Indigenous representation on all AHS Health and Provincial Advisory Councils and Strategic Clinical Networks.
- 4.5 **Support** Primary Care Networks in including Indigenous representatives on joint governance committees.

## ALIGNMENT

### UNDRIP

#### ARTICLE 18

Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.

#### ARTICLE 19

States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.

#### ARTICLE 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

## Wise Practices: Programs, Services and AHS Policy

While we have made strides in improving programs and services meeting the needs of Indigenous peoples, we know more work is needed. This includes supporting wise practices rooted in Indigenous knowledge and making space for these teachings and practices in AHS programs and services.

AHS commits to working in partnership with Indigenous peoples to develop and advance quality programs, services and AHS policy innovations, and undertake research and evaluation initiatives, with Indigenous communities.

### Goal 5

***We will offer Indigenous patients cultural and healing practices at the individual, site, zone and provincial level.***

**Actions:** AHS will:

- 5.1 **Develop** an AHS approach to Indigenous cultural and healing practices within AHS sites, services and programs.
- 5.2 **Review** and align existing AHS policies with the *Indigenous Health Commitments: Roadmap to Wellness* to identify and remove barriers to Indigenous cultural and healing practices.
- 5.3 **Include** Indigenous perspectives in developing and revising AHS policies.
- 5.4 **Work** with Indigenous communities and organizations to improve the patient concerns process, including innovative tools and processes to improve communications, increase transparency and measure improvements.

## ALIGNMENT

<b>UNDRIP</b>	<p>ARTICLE 24.2 Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.</p> <p>ARTICLE 24.1 Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.</p>
<b>TRC</b>	<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.</p>

## Goal 6

***We will build research and evaluation processes and tools in partnership with Indigenous communities, to incorporate Indigenous ways to develop evidence-informed AHS policy and programs.***

**Actions:** AHS will:

- 6.1 **Develop** AHS policy and guidelines for collecting and sharing data, ensuring information about Indigenous peoples is consistent with appropriate privacy legislation and Indigenous research protocols, for example OCAP® (ownership, control, access and possession).
- 6.2 **Establish** data access guidelines for Indigenous communities to access their aggregate health data, consistent with appropriate privacy legislation and Indigenous research protocols, for example OCAP® principles.
- 6.3 **Establish** co-designed research initiatives with Indigenous organizations and communities.
- 6.4 **Identify** opportunities to support Indigenous community research capacity.
- 6.5 **Develop** healthcare experience metrics and baselines of Indigenous peoples' healthcare experiences.

## ALIGNMENT

<b>UNDRIP</b>	<p>ARTICLE 24.2 Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.</p>
---------------	--

## Goal 7

***We will collaborate with Indigenous patients, families and communities to identify and fill programming and services gaps.***

**Actions:** AHS will:

- 7.1 **Collaborate** with relevant entities across AHS, as well as Alberta Health, Indigenous Services Canada – First Nations and Inuit Health Branch – and other partners to identify and close gaps in programs and services for Indigenous peoples in Alberta, including Jordan’s Principle.
- 7.2 **Invest** in or re-allocate resources for health and wellness programs and services co-designed by Indigenous communities, including on-reserve First Nations and Métis settlements.
- 7.3 Recognizing the diversity of experiences in Indigenous communities, **create opportunities** to support programs and services for Indigenous people with unique needs, including LGBBTTTQQAAAIP<sup>4</sup> people and other diverse populations.
- 7.4 **Improve** access to spiritual supports for Indigenous patients and families.
- 7.5 **Create** opportunities to improve continuity of care and coordination between health centres within Indigenous communities and AHS sites.

### ALIGNMENT

#### TRC

##### CALL TO ACTION 3

We call upon all levels of government to fully implement Jordan’s Principle.

##### 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.

##### CALL TO ACTION 21

We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority

---

<sup>4</sup> Drawn from Alberta Health Services, *Guide to Create Safe and Welcoming Places for Sexual & Diverse (LGBTQ\*) People* (September 12, 2016), meaning Lesbian, Queer, Gay, Questioning, Gender, Queer, Asexual, Bisexual, Ally, Transsexual, Androgynous, Transgender, Intersex, Two-Spirit, and Pansexual.



## Quality Outcomes

The *Indigenous Health Commitments: Roadmap to Wellness* demonstrates all sectors of AHS have a responsibility to Indigenous health. They must invest the necessary time and resources towards making meaningful improvements to Indigenous health. Without these investments, the commitment to listen, understand, act and be are words with no action, no meaning.

Therefore, we commit to identifying and working to secure sustainable investments in culturally competent programs and services across AHS and to support capacity within Indigenous organizations and communities themselves.

### Goal 8

***We will work with federal, provincial and community partners to coordinate and maximize strategic investments in Indigenous health.***

**Actions:** AHS will:

- 8.1 **Ensure** that all AHS initiatives commit to an Indigenous-specific component.
- 8.2 **Communicate** and create awareness with Indigenous communities about healthcare funding available through federal and provincial programs.

### Goal 9

***We will work with Indigenous communities and organizations to reduce barriers and increase their capacity in working with AHS.***

**Actions:** AHS will:

- 9.1 **Develop** a simple application and flexible reporting process for Indigenous grant applicants; provide support where required.
- 9.2 **Proactively identify** opportunities to build and support capacity, skills, education and networks within Indigenous communities and organizations.
- 9.3 **Develop** a strategy to facilitate and support Indigenous communities', organizations' and businesses' access to procurement opportunities.

#### ALIGNMENT

**UNDRIP** ARTICLE 39  
Indigenous peoples have the right to have access to financial and technical assistance from States and through international cooperation, for the enjoyment of the rights contained in this Declaration.

## Goal 10

*All provincial/zone/program areas will build capacity and identify resources to support the actions within this roadmap.*

**Actions:** AHS will:

- 10.1 Provincial, zone and program areas will **create** actionable deliverables with associated resources to reduce Indigenous health inequities.
- 10.2 **Build** budget line(s) with sustainable resource allocation for Indigenous health priorities across all provincial, zone programs and services.

# Conclusion

With the *Indigenous Health Commitments: Roadmap to Wellness*, AHS has set out on a new journey grounded in good relationships with Indigenous people, communities and nations, built on listening, understanding, acting and being. We share a clear vision of building health equity for and with Indigenous people in Alberta, and we have committed to clear strategies and actions to guide the way. AHS is honoured to continue this journey with the Indigenous peoples in Alberta.

# Next Steps

Implementing the *Indigenous Health Commitments* will take the dedicated effort of every single person working across AHS. Together, we will develop tools to support understanding and implement the roadmap. These tools will include:

- A blueprint for action that will identify activities, responsibilities and timelines that will evolve as our commitments are realized.
- An evaluation plan, inclusive of metrics of success.
- A communications toolkit that will include key messages, resources and background information to developing the *Indigenous Health Commitments*.
- Updated AHS web content, including key messages, resources and background information.
- An external engagement process to introduce the roadmap to AHS partners, including Indigenous communities and organizations.

This document is evergreen: as the health priorities of Indigenous communities change and AHS progresses, it will be updated.

# Appendix A

## Glossary of Key Terms

This glossary is meant to support understanding of the IHS. We recognize that language is continually evolving and changing and these definitions are therefore not definitive.

<b>Colonialism</b>	The imposition and enforcement of political, economic, social, cultural and spiritual domination over one group of people(s) by a foreign power.
<b>Cultural Competence</b>	“A set of congruent behaviours, attitudes and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross cultural situations.” <sup>5</sup>
<b>Cultural Safety</b>	“Health care professionals adopt a humble, self-reflective clinical practice that positions them as respectful and curious partners when providing care, rather than as a figure of higher knowledge and authority.” <sup>6</sup>
<b>Indigenous Peoples</b>	‘Indigenous’ and ‘Aboriginal’ peoples are umbrella terms used in Canada to describe three distinct cultural groups or peoples (First Nations, Métis, and Inuit). The use of the term ‘Indigenous’ has increased to align with international doctrines such as the United Nations Declaration on the Rights of Indigenous Peoples.  Each of the three groups have unique histories, and cultures. Generally, it is a best to refer to a specific nation when possible (Blackfoot, Cree, Dene, etc.).
<b>Jordan’s Principle</b>	Jordan’s Principle is named in honour of Jordan River Anderson, from Norway House Cree Nation in Manitoba, who did not get to spend a single day of his life at home because the federal and provincial governments disputed who was responsible to pay for his home care.  Jordan’s Principle “is a principle that ensures there is substantive equality and that there are no gaps in publicly-funded health, social and education programs, services and supports for First Nations children.” <sup>7</sup>  In 2018, the Governments of Canada and Alberta, and the First Nations Health Consortium signed a Memorandum of Understanding to work together on the implementation of Jordan’s Principle in Alberta.

---

<sup>5</sup> Cross, T., Bazron, B., Dennis, K., & Isaacs, M. *Towards a culturally competent system of care* (Washington, DC: National Technical Assistance Center for Children’s Mental Health, Georgetown University Child Development Center). Pg. iv.

<sup>6</sup> First Nations Health Authority, *FNHA’s Policy Statement on Cultural Safety and Humility* <<http://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf>> Pg. 3.

<sup>7</sup> Assembly of First Nations, *Accessing Jordan’s Principle: A Resource for First Nations Parents, Caregivers, Families and Communities*, (2018) ([https://www.afn.ca/uploads/Social\\_Development/Jordan%27s%20Principle%20Handbook%202019\\_en.pdf](https://www.afn.ca/uploads/Social_Development/Jordan%27s%20Principle%20Handbook%202019_en.pdf)>).

**Reconciliation** The Truth and Reconciliation Commission of Canada defines reconciliation as “an ongoing process of establishing and maintaining respectful relationships. A critical part of this process involves repairing damaged trust by making apologies, providing individual and collective reparations, and following through with concrete actions that demonstrate real societal change.”<sup>8</sup>

**OCAP®** The “principles of OCAP® are a set of standards that establish how First Nations data should be collected, protected, used, or shared. They 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.”<sup>9</sup>

**Truth and Reconciliation Commission of Canada** After decades of advocacy from Indian Residential School (IRS) survivors and their families, the Truth and Reconciliation Commission of Canada (TRC) was established as part of the 2007 Indian Residential Schools Settlement Agreement. The TRC collected testimony from over 6,000 survivors in order to build a comprehensive historical record, and a final report including findings and recommendations for action.

**United Nations Declaration on the Rights of Indigenous People** The United Nations Declaration on the Rights of Indigenous People (UNDRIP) was adopted by the United Nations General Assembly in 2007. In 2016, Canada formally adopted UNDRIP without reservation. UNDRIP includes 46 articles which identify specific rights held by Indigenous peoples and state obligations to protect those rights.

---

<sup>8</sup> Truth and Reconciliation Commission of Canada, *Canada’s Residential Schools: Reconciliation: The Final Report of the Truth and Reconciliation Commission of Canada, Volume 6*, (McGill-Queens University Press, 2015): pg. 11.

<sup>9</sup> First Nations Information Governance Centre, *The First Nations Principles of OCAP®* <<https://fnigc.ca/ocap>>.



# Contributors

The following people have contributed to the *Indigenous Health Commitments: Roadmap to Wellness*:

## Steering Committee

### Co-chairs

Katherine Chubbs, Chief Zone Officer, South Zone  
Val Austen-Wiebe, Senior Provincial Officer, Indigenous Wellness Core

### Members

Bart Johnson, Executive Director, Research and Innovation Branch, Ministry of Health, Government of Alberta  
Carol Brzezicki, Director, Indigenous Wellness Core  
Dr. Chris Sikora, Zone Lead Medical Officer of Health - Edmonton Zone  
Dr. Esther Tailfeathers, Senior Medical Director - Indigenous Wellness Core  
Greg Cummings, Chief Zone Officer, North Zone  
Harley Crowshoe, South Representative, Patient and Family Experience  
Janine Sakatch, Executive Director, Community Engagement and Communications  
Dr. Laura McDougall, Senior Medical Officer of Health / Senior Medical Director, PPIH  
Lene Jorgensen, Director, South Zone Planning, Planning and Performance  
Mona Sikal, Executive Director, Employee Relations and Workforce Strategies  
Nadine McRee, Director, Indigenous Wellness Core  
Rob MacDonald, Acting Director, Indigenous Health Unit, Ministry of Health, Government of Alberta  
Robb Campre, North Representative, Patient and Family Experience

## Working Group

### Co-chairs

Marty Landrie, Executive Director, Indigenous Wellness Core  
Chelsea Crowshoe, Director, Indigenous Wellness Core  
James Frey, Executive Associate to the Chief Zone Officer, South Zone

### Members

Brenda Paul-Laboucan, Senior Indigenous Advisor, HR Business Partnerships Corporate and Provincial Programs  
Carolyn Paradis, Senior Advisor, Community Engagement  
Donna Matier, Director, PPIH, North Zone  
Erin Tomkins, Manager, Indigenous Wellness Core  
Kienan Williams, Assistant Scientific Director, Indigenous Wellness Core  
Patrick McLane, Senior Researcher, Emergency Strategic Clinical Network  
Penny Morelyle, Senior Planner, Planning & Performance  
Shahnaz Davachi, Program Lead, Strategic Coordination, Provincial Primary Health Care  
Shannon Dunfield, Manager, Indigenous Health, North Zone  
Shelly Gladue, Senior Advisor, North Zone, Indigenous Wellness Core  
Tara Duhaney, Senior Planner, System and Service Planning, Central Zone, Planning and Performance  
Tracy Lee, Senior Advisor, Central Zone, Indigenous Wellness Core

## Other Contributors

Naomi Gordon, Senior Consultant, Indigenous Wellness Core  
Kristin Whitworth, Senior Communications Advisor, Provincial Programs