



CFMS Policy Statement on the Health of Aboriginal Peoples

September 11, 2009, 2009

INTRODUCTION

Canada's history of colonization of Aboriginal people's with its resulting discrimination and marginalization continues to affect the health of this population. The health of Aboriginal peoples falls well below that of other Canadians. The health inequity that exists is due to a broad range of issues that are complex and interdependent.

The Canadian Federation of Medical Students is the voice of medical students in Canada. As future physicians it is our responsibility to advocate for the promotion and protection of the health and human rights of all people living in our country. To this end, the Canadian Federation of Medical Students makes the following recommendations:

1. That the federal government collaborate with provincial governments, non-governmental organizations, universities and Aboriginal communities to develop a comprehensive strategy for improving the health of Aboriginal peoples.
2. That all stakeholders work to address the upstream determinants of health (income, education, employment, racism and marginalization, environment, housing, cultural identity, and self-determination).
3. That all health authorities and health care providers work to deliver holistic health care to Aboriginal patients in a culturally safe manner.
4. That all Canadian medical schools adopt the curriculum framework developed by the Indigenous Physicians Association of Canada and the Association of Faculties of Medicine of Canada as elements of their core curricula.
 - 4.1 That all Canadian medical schools, in implementing the aforementioned curriculum framework, include a cultural safety component to their core curriculum.
 - 4.2 That schools with existing Aboriginal health curricula act as a resource for best-practice content and implementation strategies, while engaging in self-reflection regarding their own content and delivery.
 - 4.3 That the aforementioned framework for Aboriginal health curriculum be adopted as a requirement for accreditation by all Canadian medical schools.

- 5 That all Canadian medical schools and other stakeholders work to develop a strategy aimed at achieving equal representation of Aboriginal peoples within medicine and the other health professions.
- 6 That all research on Aboriginal health follow the National Aboriginal Health Organization's principles of ownership, control, access, and possession of health data.

DISCUSSION OF RECOMMENDATIONS

1. That the federal government collaborate with provincial governments, non-governmental organizations, universities and Aboriginal communities to develop a comprehensive strategy for improving the health of Aboriginal peoples.

Article 23 of the UN Declaration on the Rights of Indigenous Peoples affirms the right of Aboriginal peoples “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 programs affecting them and, as far as possible, to administer such programs through their own institutions”.ⁱ Increased participation in, and control over, cultural, social, political and economic life has been shown to improve the health of Aboriginal peoples. Community-directed models of health services are more responsive to the culture and needs of individual communities. Given that a transfer of control requires significant resources, we advocate that self-governance be associated with a fair redistribution of lands and resources.ⁱⁱ In the past, governments and universities have conducted research and developed programs without consulting the Aboriginal people affected. Aboriginal peoples can best determine their needs and how to address them. Governments and universities should thus collaborate with Aboriginal peoples with the aim of building capacity and improving health.

2. That all stakeholders in work to address the upstream determinants of health (income, education, employment, racism and marginalization, environment, housing, cultural identity, and self-determination).

The CFMS recognizes that the health of Aboriginal people and communities is influenced by a number of complex and interrelated factors. The health of individuals and communities is influenced by more than just biology and access to health services; it depends on the social, political, and economic environment in which people live.ⁱⁱⁱ

Research shows that Aboriginal people tend to attain a lower level of education, are more likely to be unemployed or underemployed, and have a lower mean income when compared to their non-Aboriginal counterparts.^{iv} Furthermore, historical policies of assimilation have contributed to a loss of cultural identity among many Aboriginal groups. This loss of identity, further complicated by a long history of racism and marginalization of Aboriginal people, continues to negatively influence the health of these groups.^v

The CFMS, recognizing the powerful influence of these upstream determinants on the health of Aboriginal peoples, recommends that member nations advocate for the development and implementation of policies that work towards a social, political, and economic environment that supports and promotes the health of Aboriginal peoples.

3. That all stakeholders in member nations work to deliver holistic health care in a culturally safe manner.

Based on an Aboriginal paradigm that is both holistic and spiritual, as well as strongly tied to traditional lands and the environment as a living entity, Aboriginal peoples have a much more inclusive conceptualization of health and healing than is allowed for by the biomedical model of health.^{vi} Aboriginal populations who are forced to minimize health to physical ailments or disease states thus face barriers to accessing health services and achieving positive health outcomes. When physicians ignore these interrelated aspects of health they fail to meet the health needs of their Aboriginal patients and thus perpetuate a cycle of inadequate health services and poor health.

Recognizing health in its cultural context and providing holistic health care is essential for the improved health of Aboriginal persons and communities. This includes recognizing and respecting traditional healers and health practices as a valued part of the healing process and working with such practitioners to maximize Aboriginal health. Such traditional health practices have been employed for centuries and have largely proven effective; Aboriginal populations thrived prior to colonization efforts.

Implicit in delivering holistic health care to Aboriginal peoples is practicing in a culturally safe manner. Cultural safety extends beyond cultural competency, which entails skills, knowledge and attitudes, to include self-reflection on one's attitudes, biases, and prejudices.^{vii} By understanding that Aboriginal people's paradigms may differ from one's own, and the potential negative effect one's beliefs and actions regarding culture can have on physician-patient relationships, physicians can move towards seeing the strengths and capabilities of Aboriginal peoples and populations.^{viii} It is only with this positive outlook - moving past negative stereotypes and misconceptions - that the strong physician-patient relationships required for positive changes in Aboriginal health and health service provision can be fostered. In this appreciation for differences, allowing their patients to define culturally safe services, physicians can understand how best they can provide truly holistic health care.

4. That all Canadian medical schools adopt the curriculum framework developed by the Indigenous Physicians Association of Canada and the Association of Faculties of Medicine of Canada as elements of their core curricula.

As a constitutionally-recognized peoples with distinct and diverse languages, beliefs, histories and health practices^{ix}, Aboriginal peoples have a right to access culturally safe health care that minimizes disparities between Aboriginal and non-Aboriginal populations. Given that enrolment of Aboriginal students in Canadian medical schools

continues to be below numbers required to serve the Canadian Aboriginal population, medical school curricula that adequately and appropriately prepare non-Aboriginal medical students for work with Aboriginal populations are required^x. While specifics may differ between schools depending on local Aboriginal populations (culture, beliefs, practices, etc.), the core concepts and cultural safety training received by Canadian medical students should be uniform.

The IPAC-AFMC Aboriginal Health Task Group has produced the *First Nations, Inuit, Métis Health Core Competencies: A Curriculum Framework for Undergraduate Medical Education*^{xi}. This framework outlines objectives for medical education that would produce physicians with a strong understanding of Aboriginal history, its application to current health status, determinants of health of Aboriginal populations, traditional health practices, and the skills required to practice in a culturally safe manner. These objectives are designed with the intention that Aboriginal health be incorporated into the curriculum as a whole, as opposed to a stand-alone unit. The CFMS recommends that these competencies be considered essential components of core curricula that can be enhanced by elective opportunities for interested students. This will ensure that all future Canadian physicians have a basic understanding of what medical educators and Aboriginal community members have agreed to be essential concepts and will be capable of cultural responsiveness, as outlined in the CMA Policy *The Health of Aboriginal Peoples*^{xii}. Those intending to practice in the area of Aboriginal health can build upon this foundation.

4.1 That all Canadian medical schools, in implementing the aforementioned curriculum framework, include a cultural safety component to their core curriculum.

The CFMS recommends that core medical education include the skills necessary for self reflection in cultural understanding including personal attitudes, biases and prejudices, such that future physicians are trained to be culturally safe care providers.^{xiii} Inherent in this cultural safety training is cultural competence (skills, knowledge and attitudes), an understanding of cultural heterogeneity (particularly applied to Aboriginal peoples) and the dynamic nature of culture, and the skills needed to recognize one's lack of knowledge of the individual perception of health.^{xiv}

Cultural safety also empowers physicians to interrupt unequal power relationships, which can be significant barriers for Aboriginal patients.^{xv,xvi} By allowing the patient to define a "safe service" the patient-centered model of care is emphasized, benefiting patients of all cultural origins.^{xvii}

The CFMS believes medical school curricula can serve as a starting point in developing background knowledge and fundamental skills required for the evolution in communication of non-Aboriginal physicians working with Aboriginal patients.^{xviii} With a strong introduction it is possible that greater numbers of future physicians will develop an interest in continuing this development process, thus increasing access to culturally safe care for Aboriginal communities. This would not only serve to benefit Aboriginal

patients, but would open doors for better understanding of communication complexities with patients of other marginalized and disenfranchised populations.^{xix}

4.2 That schools with existing Aboriginal health curricula act as a resource for best-practice content and implementation strategies, while engaging in self-reflection regarding their own content and delivery

Implementation strategies and support are currently being developed by the IPAC-AFMC Aboriginal Health Task Group to facilitate the use of the framework, including faculty development workshops and a toolkit to provide general guidance in partnering with local Aboriginal communities. The CFMS recommends that schools with existing best-practice Aboriginal Health curricula act as a resource for those undergoing more substantial changes, lending assistance in developing strong connections with local Aboriginal communities needed to develop these relationships to ensure Aboriginal stories and knowledge are transferred in a locally-appropriate, culturally sensitive manner such that common stereotypes and misconceptions are dispelled.

The CFMS further recommends that diverse teaching methods be considered that go beyond didactic lectures, as simple awareness is not enough to effect changes in attitudes, physician-patient relationships, or community health outcomes. Teaching methods should ensure students have the opportunity to apply and incorporate what they have learned into patient care situations and settings. Ideally, this would include an experiential component, as evidence suggests that medical students participating in clinical placements in Aboriginal communities are more likely to practice in such locations.^{xx}

4.3 That the aforementioned framework for Aboriginal health curriculum be adopted as a requirement for accreditation by all Canadian medical schools.

The CFMS recommends that the next step in improving Aboriginal health education in Canadian medical schools is seeking accreditation for this framework such that Canadian medical schools would be required to incorporate these objectives into their curricula. The work of the LIME Network of Australia in having their Aboriginal Health Curriculum Framework accredited by the Australian Medical College could act as a model; currently in Australia all medical schools must report on the implementation of the nationally determined curriculum framework guidelines as part of routine accreditation requirements^{xxi} (CDAMS, 2004). Such regulation would provide assurance that future Canadian physicians are trained, as recommended by medical educators, Aboriginal peoples and organizations, and the First Nations and Inuit Health Branch of Health Canada, to provide culturally safe healthcare to Aboriginal peoples, communities and populations. This care would be provided on a background of knowledge and understanding of history, current context and cultural beliefs and practices while fulfilling their roles as medical expert, communicator, collaborator, manager, health advocate, scholar and professional.

5. That all Canadian medical schools and other stakeholders work to develop a strategy aimed at improving the representation of Aboriginal peoples within medicine and the other health professions.

Despite increasing concern regarding the health of Aboriginal people, they continue to be underrepresented in medical schools.^{xxii xxiii xxiv} In Canada, 0.3% of physicians are self-identified as being of Aboriginal ancestry, compared to 3.3% of the general population,^{xxv} suggesting a need to increase the number of medical students of Aboriginal ancestry.

The need to increase the number of Aboriginal physicians extends beyond simply achieving equality. Lack of access to health care, including primary care physicians, is contributing to inequality in the health of Aboriginal people.^{xxvi} Many Aboriginal people live in rural and remote areas, where there is a shortage of physicians, further impeding access to health care services. Increasing Aboriginal representation in medicine has the potential to improve access of Aboriginal peoples to physicians who share their culture and language may reduce barriers to health by providing culturally safe medical care and improving self-determination of Aboriginal communities.

- Many medical schools in Canada have developed strategies to increase enrolment of Aboriginal students in medical school. Despite these efforts, we have achieved only a modest increase in Aboriginal physicians and medical students.^{xxvii} This can be attributed, in part, to an applicant pool that is underrepresentative of the Aboriginal population of Canada,^{xxviii} suggesting that the strategies employed to increase enrolment of Aboriginal students have not addressed many of the barriers preventing them from applying for admission.

Further strategies are needed if we are to achieve a representative physician population. While more research is needed to identify best-practice strategies necessary to achieve optimal Aboriginal representation in medicine, proposed suggestions for removing barriers include:

- Development of alternative admissions pathways for schools which do not currently have a formal policy
- Innovative use of resources and technology to provide distributive medical education, allowing students to study in or near their hometown (inherent in this is improved access to technology for Aboriginal populations)
- Providing opportunities for clinical placement in communities and facilities that serve Aboriginal peoples
- Development of programs that provide cultural and social support in post-secondary institutions that currently lack these; facilitating contact between the students and existing Aboriginal support services
- Providing educational support for students who do not meet requirements for admission, but would be suitable applicants once knowledge gaps are addressed
- Encouraging high school students to consider medicine as a career; ensuring career counselors are informed on medical admission requirements and able to provide early support to high school students considering medicine as a potential career

- Establishment of mentorship programs linking Aboriginal students considering medicine with Aboriginal physicians^{xxix}

The CFMS believes that achieving a representative population of Aboriginal physicians is a necessary step to realizing the goal of Aboriginal health. Medical schools in Canada must work with local Aboriginal stakeholders to develop strategies to increase Aboriginal representation in medicine.

6. That all research on Aboriginal health follows the principles of ownership, control, access, and possession of health data.

Information about the health status of Aboriginal peoples is essential for advocacy and development of initiatives to address their individual health needs. However, research methods are based on a western European value system that is different from the values of many Aboriginal peoples. Research should derive from Aboriginal values, culture, and traditional knowledge. Aboriginal communities should play a directing role in the research and should be involved in all stages from conception to completion. In the past, research has excluded and further marginalized Aboriginal peoples. Following the principles of ownership, control, access, and possession will diminish harmful research and improve research relevance.^{xxx}

6.1 The principle of ownership states that a community or group owns information collectively in the same way that an individual owns their personal information. It is distinct from possession.

6.2 The principle of control asserts that Aboriginal peoples are within their rights in seeking to control all aspects of research and information management processes which impact them. The principle extends to the control all stages of research, from conception to completion.

6.3 The principle of access refers to the right of Aboriginal peoples to have access to information and data about themselves and make decisions regarding access to their collective information.

6.4 While ownership identifies the relationship between a people and their data in principle, possession or stewardship is more literal. Although not a condition of ownership per se, possession (of data) is a mechanism by which ownership can be asserted and protected.

CONCLUSION

The CFMS recognizes the existence of significant disparities in the health of Aboriginal and non-Aboriginal peoples within Canada and acknowledges the need for policies and strategies directed at reducing health inequalities. With the implementation of these recommendations, the CFMS affirms the need for, and possibility of, improvements in the health of Aboriginal peoples in Canada.

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- ^{iv} World Health Organization (2007). *Social determinants and Indigenous health: The International experience and its policy implications*. Retrieved June 30, 2009 from http://www.who.int/social_determinants/resources/indigenous_health_adelaide_report_07.pdf.
- ^v World Health Organization (2007). *Social determinants and Indigenous health: The International experience and its policy implications*. Retrieved June 30, 2009 from http://www.who.int/social_determinants/resources/indigenous_health_adelaide_report_07.pdf.
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