The Way Forward

The Indigenous Primary Health Care Implementation Panel's plan to advance the recommendations from *Honouring Our Roots: Growing together towards a culturally safe, wholistic primary health care system for Indigenous Peoples.*



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The Way Forward Acknowledgements

Message from Minister



At the end of this journey, the goal of Alberta Health and the Indigenous Primary Health Care Implementation Panel is to ensure access to culturally safe, quality primary health care services for Indigenous people and their families. The aim is for patients to feel safe, welcomed, valued, respected, and heard when they access primary health care services in Alberta.

As Minister of Health, I am deeply committed to working collaboratively with First Nations, Métis and Inuit partners to improve access to culturally safe primary health care services that are free of racism and delivered in a manner that reflects the unique needs of Indigenous Peoples in the circle of care.

First Nations, Métis and Inuit Peoples have a strong and proud history in Alberta

and have provided care for one another through Indigenous health systems, traditions and medicines since time immemorial. Honouring and restoring access to traditional practices, medicines and traditions, and creating space for enhanced Indigenous stewardship in the design and delivery of health care services, is fundamental to building trust, improving care and achieving better health outcomes.

The Way Forward: Advancing Recommendations from Honouring Our Roots: growing together towards a culturally safe, wholistic primary health care system for Indigenous Peoples provides a clear path to ensure our health care system is authentically crafted and implemented in collaboration with First Nations, Métis and Inuit Peoples in Alberta. We recognize that this implementation plan is only the beginning of a long road ahead as we work to improve access to primary health care.

I extend my sincere gratitude to the members of the Indigenous Primary Health Care Implementation Panel for their steadfast commitment to steering the development of this implementation plan and for their unwavering dedication to enhancing Indigenous primary health care throughout the province.

Together we can create meaningful change now, and for future generations to come.

Message from the Indigenous Primary Health Care Implementation Panel

The Indigenous Primary Health Care Implementation Panel expresses immense gratitude to the former Indigenous Primary Health Care Advisory Panel members. Through their dedication and commitment, key recommendations were identified that provide a clear and stable path forward to create a safe, culturally appropriate primary health care system that includes Indigenous Peoples as partners.

In our pursuit to advance the recommendations articulated in the Indigenous Primary Health Care Advisory Panel's Final Report, *Honouring our Roots: growing together towards a culturally safe, wholistic primary health care system for Indigenous Peoples*, our Indigenous Primary Health Care Implementation Panel has actively shaped a comprehensive plan. Our approach is firmly rooted in a profound acknowledgment of the diverse definitions of well-being inherent within First Nation, Métis and Inuit communities, and urban Indigenous Peoples.¹ This recognition serves as a guiding principle, steering us away from a pan-Indigenous lens and tokenistic practices. Throughout our implementation efforts, we remain resolute to centre the voices of First Nations, Métis and Inuit Peoples and embrace a trauma-informed, person-centred perspective.

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¹Urban Indigenous Peoples refers primarily to First Nation, Inuit and Métis individuals currently residing in urban areas. Indigenous Services Canada (2016), Urban Indigenous Peoples. Retrieved from: <u>https://sac-isc.gc.ca/eng/1100100014265/1583691916135</u>

Our discussions highlight the absence of a universally applicable definition of health, underscoring the imperative to honour and appreciate the varied ways in which First Nations, Métis and Inuit Peoples and communities conceptualize well-being. At the core of our purpose is a clear commitment: to increase life expectancy and enhance overall health for First Nations, Métis, and Inuit Peoples. This necessitates a nuanced and collaborative approach, involving both the community and the individual in defining health, ensuring cultural sensitivity and contextual relevance. As we aspire to improve access to services, we are attuned to the importance of respecting and integrating diverse cultural protocols.

Our implementation plan is grounded in inclusivity, cultural sensitivity, and an unwavering dedication to individual and community well-being. Success hinges on sustained collaboration with First Nations, Métis, and Inuit leaders and communities, health care providers, and other stakeholders, collectively working towards a health care system that not only elevates individual health but also fortifies the fabric of families and communities.

Indigenous Primary Health Care Implementation Panel

Appointed by the Minister of Health in December 2024, the Indigenous Primary Health Care Implementation Panel (Implementation Panel) provides advice to Alberta Health to successfully implement recommendations identified in the Indigenous Primary Health Care Advisory Panel's final report Honoring *Our Roots: growing together towards a culturally safe, wholistic primary health care system for Indigenous Peoples.*² The Way Forward ensures that the primary health care system is accessible, relevant and culturally safe for all First Nations, Métis and Inuit Peoples regardless of status or where they reside in Alberta. Responsibilities of the Implementation Panel include:

- Ensuring First Nations, Métis and Inuit perspectives, health needs, interests and concerns are included in the development of viable implementation strategies and are considered during their design and delivery.
- Identifying options and making recommendations on how primary health care initiatives can be successfully implemented to meet the needs of First Nations, Métis and Inuit Peoples.
- Prioritizing recommendations for implementation.
- Assisting in identifying performance measures and indicators to monitor and evaluate progress on initiatives and recommend practical evaluation strategies to improve culturally safe primary health care.

The Implementation Panel is co-chaired by Dr. Tyler White, Chief Executive Officer, Siksika Health Services, and Kathy Lepine, Chair, Metis Settlement's Health Board. Membership includes: First Nations, Métis practitioners, clinicians, administrators and academics with experience in primary health care delivery and policy from across Treaty 6, Treaty 7 and Treaty 8; Metis Settlements; Métis Nation of Alberta; and Indigenous Services Canada.

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² Honouring Our Roots: Growing together towards a culturally safe, wholistic, primary health care system for Indigenous Peoples, (October 2023)

Panel Members

Kathy Lepine, Co-Chair, Metis Settlement Health Board Committee Chair (Co-Chair)

Tyler White, Chief Executive Officer, Siksika Health Services (Co-Chair)

Dr. Alika Lafontaine, Anesthesiologist, Associate Clinical Professor of Anesthesiology and Pain, University of Alberta

Dr. Chris Sarin, Senior Medical Officer of Health, First Nations and Inuit Health Branch, Indigenous Services Canada

Colleen McDonald, Health Director, Quality Assurance, Enoch Health Services

Derrick Fox, Chief Executive Officer, Blood Tribe Department of Health

Gloria Letendre, Nurse Practitioner, Tallcree Tribal Government

Lorraine Muskwa, Chief Executive Officer, Bigstone Health Commission

Margo Dodginghorse, Health Director, Stoney Nakoda Tsuut'ina Tribal Council

Dr. Nicole Cardinal, Physician, Saddle Lake Cree Nation, Clinical Lecturer, and Alberta Medical Association Indigenous Panel member

Philip Dua, Director, Montana First Nation Integrated Services Department

Reagan Bartel, Health Director, Métis Nation of Alberta

Sandra Lamouche, Health Director, Kee Tas Kee Now Tribal Council

Tina Yellowdirt-Mitsuing, Health Policy Analyst, Confederacy of Treaty 6 First Nations

The Way Forward is the result of the Indigenous Primary Health Care Advisory Panel's (Advisory Panel) and the Indigenous Primary Health Care Implementation Panel's (Implementation Panel) work. In response to the stark health disparities faced by First Nations, Métis, and Inuit Peoples, this plan is designed to guide the Government of Alberta's actions towards health equity throughout Alberta's Health System Refocus and the Modernization of Alberta's Primary Health Care System.

The establishment of the Implementation Panel underscores the commitment to prioritize and sustain the transformative initiatives outlined in Advisory Panel's final report. The Way Forward represents a vital step toward a culturally safe, holistic primary health care system, acknowledging and respecting First Nation, Métis, and Inuit Peoples expertise and traditions. It will serve as a living-document, to be regularly updated to reflect the continuously evolving landscape of First Nations, Métis, and Inuit Peoples' health and wellbeing and Alberta's primary health care system.

Context

Overview

The Way Forward

Understanding the current context of health care for First Nations, Métis and Inuit Peoples is crucial for fostering meaningful change. It is important to recognize that First Nations, non-status First Nation, Métis and Inuit Peoples access the health system differently, and some health programs may be unavailable or inaccessible to those who need them.

The federal government is responsible for funding certain health services and programs on-reserve and provides health benefits to First Nations registered under the *Indian Act* and Inuit Peoples recognized by an Inuit Land Claim organization under the Non-Insured Health Benefits program. Federally funded health care services are primarily delivered under the authority of the local First Nations, tribal councils and Indigenous Services Canada (ISC). There are several ISC programs that intersect with primary care, including home and community care, nursing, mental wellness and addictions, and Jordan's Principle.

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Non-status First Nations and Métis Peoples receive no health funding, health benefits, transportation, or services from ISC and access provincial systems in the same manner as other Albertans. Those who live on Metis Settlements may have access to a nurse through a community health unit or need to drive to the nearest community that offers health services. Métis people who do not live on Settlement access the same health care providers as the non-Indigenous population where they are located. These services may not be culturally appropriate or meet the unique needs of Métis Peoples, who are often grouped together generically as 'Indigenous.'⁴ We recognize that some current constraints to this work include:

Long-term sustainability Ensuring the long-term sustainability of the proposed changes and recommendations may be challenging.

Historical Context: Historical mistrust between First Nations, Métis, and Inuit Peoples and health care systems may persist and impact the willingness of First Nation, Métis, and Inuit individuals to engage with the proposed changes. Rebuilding trust is a long-term process that requires sustained effort.

Resource Allocation: The proposed changes may require significant financial and human resources. Implementing a culturally safe, wholistic primary health care system may necessitate investments in training, infrastructure, and support systems. Limited resources may hinder the comprehensive implementation of the recommendations. Implementing distinctions and equity-based funding models will require changes in programs, policies, and legislation across the entirety of the Government of Alberta. Adequate funding, ongoing support, and a commitment to cultural safety must be maintained over time to prevent a return to previous inequities.

Diverse Perspectives: First Nations, Métis, and Inuit Peoples and communities are diverse, with distinct cultures, languages, and health needs. Implementing a one-size-fits-all approach will not effectively address the unique health challenges faced by First Nations Métis, and Inuit Peoples. Ensuring inclusivity and sensitivity to these diverse perspectives is crucial. **Data collection and monitoring**: Effective implementation requires robust data collection and monitoring systems to track progress and outcomes. However, limitations in data infrastructure and the historical underrepresentation of First Nations, Métis, and Inuit populations in health data may pose challenges in accurately assessing the impact of the proposed changes. There is also a major gap in connectivity and integrated systems between federal nursing stations, on-reserve services, and off-reserve services.

Jurisdictional Challenges: The jurisdictional federal ambiguity between and provincial responsibilities for Indigenous health, coupled with complex funding arrangements, creates а fragmented health care system in Alberta. This underscores the need for a clear, collaborative approach to address jurisdictional challenges and streamline funding for a more effective and equitable health care system.

Socio-Economic Factors and the Social Determinants of Health: Jurisdictional and crosssectoral silos must be broken down and upstream approaches must be implemented to address the social determinants of health experienced by First Nations, Métis and Inuit Peoples. These include the impacts of colonialism, housing conditions, employment opportunities, income levels and educational attainment, among other factors.³

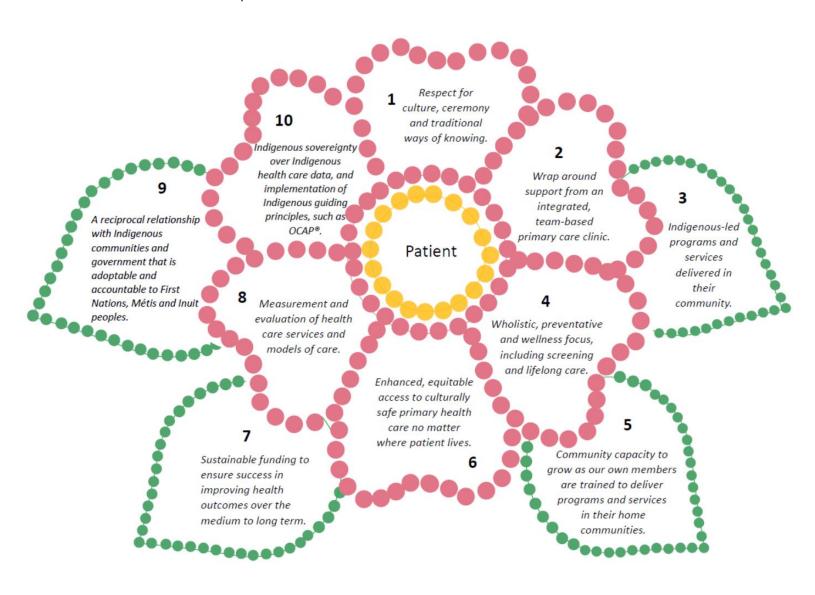
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³ Reading, C. L., & Wien, F. (2009). *Health inequities and social determinants of Aboriginal Peoples' health*. Prince George, B.C: National Collaborating Centre for Aboriginal Health

⁴ 'Indigenous' is used within *The Way Forward*, and includes First Nations, Métis, and Inuit Peoples, recognizing as per the Canadian Constitution that these are three distinct Peoples with unique histories, languages, cultural practices and spiritual beliefs" (para 1).172

Expectations

In pursuit of improved access to primary health care for First Nations, Métis, and Inuit Peoples in Alberta, Alberta Health seeks collaboration, respecting traditional wisdom and expertise. Alberta Health is committed to combating health care racism, creating a culturally safe system, and supporting Indigenous-led services. As part of Alberta's modernized primary health care system, First Nations, Métis, and Inuit patients and families should be able to expect:



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Background

Indigenous Primary Health Care Advisory Panel's Final Report

In October 2023, the Government of Alberta released the Indigenous Primary Health Care Advisory Panel's final report, "*Honouring our Roots: Growing together towards a culturally safe, wholistic primary health care system for Indigenous Peoples*". This report underscored the historical neglect and systemic challenges faced by First Nations, Métis, and Inuit Peoples in the realm of health care. It also shed light on a staggering 18.2-year life expectancy gap between First Nation populations and other non-Indigenous Albertans, emphasizing the urgent need for health equity. Similar life-expectancy data applies broadly for Métis and Inuit populations.

Informed by Treaties, Indigenous laws, and the United Nations Declaration on the Rights of Indigenous Peoples, the recommendations stem from a collaborative process involving diverse stakeholders, including First Nations Chiefs, Metis Settlements, the Métis Nation of Alberta, health directors, patients, and youth from across the province. The five thematic recommendations aim to tackle health disparities, combat racism in health care, build a culturally safe care system with a robust First Nations, Métis, and Inuit workforce, foster innovation, and ensure First Nations, Métis, and Inuit Peoples are included in the design and delivery of health care programs and services.

The final report not only calls for immediate action but also recognizes the historical significance of Indigenous health, emphasizing the importance of acknowledging and respecting First Nations, Métis, and Inuit Peoples expertise, knowledge, and traditional healing practices. It advocates for a community-centric approach, acknowledging that the best solutions arise from within First Nations, Métis, and Inuit communities, and highlights the necessity of Indigenous governance and delivery of health care services for the establishment of a culturally safe and sustainable primary health care system in Alberta.

Indigenous Primary Health Care Panels

The Indigenous Primary Health Care Advisory Panel (Advisory Panel) offered crucial advice to transform Alberta's primary health care system, aiming to provide accessible and culturally safe services for First Nations, Métis, and Inuit Peoples. The Advisory Panel's final report noted the importance for Alberta's Indigenous primary health care strategy to lead to meaningful change for all patients, families, caregivers and health care providers. In particular, highlighting the urgent needs of small, rural and remote First Nations and Métis Peoples (including those living on Settlements), and vulnerable Indigenous Peoples in urban settings, where the needs are high.

By incorporating diverse perspectives, the panel identified immediate, medium and long-term recommendations, aligning with the Modernizing Alberta's Primary Health Care System initiative. These recommendations are designed to strengthen primary health care, monitor progress, and reduce pressure on the acute care system, ensuring timely and appropriate access for all First Nations, Métis, and Inuit Peoples, including urban-Indigenous Peoples.

The Indigenous Primary Health Care Implementation Panel has now been established with the specific purpose of guiding the prioritization and sustainable implementation of recommendations put forth by the Advisory Panel. This new panel plays a pivotal role in ensuring that the recommendations are effectively implemented, emphasizing prioritization and sustainability to enhance the impact of the primary health care initiatives.

Guiding principles

Seven principles have been identified to guide government actions on Indigenous primary health care and advance reconciliation in Alberta. These principles include:

- 1. Culture
- 2. Integrated Care to Meet Community Needs
- 3. Health Promotion and Wellness
- 4. Access to care
- 5. Innovative Models
- 6. Accountability
- 7. Partnerships and Governance

Five Actionable Outcomes

The Way Forward will guide government action through the years to come as we work toward ensuring accessibility, equity, and safety for all Indigenous Peoples within Alberta's primary health care system. The Way Forward contains five actionable outcomes that establish priorities moving forward. Each outcome includes an overarching goal and reflects the recommendations made by the Indigenous Primary Health Care Advisory Panel in their final report.

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Guiding Principles

Culture

First Nations, Métis, and Inuit Peoples in Alberta require access to traditional cultural ways of life, including health and healing practices. The integration of culture in Alberta's health care system is achieved when Indigenous languages, laws and protocols, governance, spirituality, and cultural understandings are included in policies, procedures and programs ensuring services make sense from First Nations, Métis, and Inuit Peoples' views, clearly reflecting lived experiences and realities without challenging or denying First Nation, Métis, and Inuit identity.

Integrated Care to Meet Community Needs

Effective primary care integrates health care delivery across the continuum of care by improving coordination of primary health services with other health care services including hospitals, long term care, and specialty care services. Integration in Indigenous primary health care requires the active involvement of First Nations, Métis, and Inuit Peoples, organizations, and communities throughout all levels of health care. This principle guides government actions to address gaps and opportunities to improve access to culturally sage Indigenous primary health care services.

Health Promotion and Wellness

Health promotion the process of enabling First Nations, Métis, and Inuit Peoples to increase control over and to improve their overall health and wellness. This principle focuses on supporting initiatives to meet the unique and local needs of First Nations, Métis, and Inuit Peoples in Alberta, including but not limited to screening programs, healthy eating, self-management, physical activity, mental health, and smoking or alcohol consumption cessation.

Access to Care

First Nations, Métis, and Inuit Peoples in Alberta need equitable access to high-quality, culturally safe primary health care, no matter where in Alberta that they live. This principle guides the government to enable and implement flexible approaches to ensure – First Nations, Métis, and Inuit Peoples in Alberta have access to timely, appropriate primary health care services from a regular provider or team.

Innovative Models

Innovative models in primary health care will enable the transformative ability to accelerate positive health impacts, leading to improvements in Indigenous health outcomes and patient experiences. This principle aims to enable Indigenous-led development and implementation of innovative models of primary health care delivery and governance.

Accountability

Accountability measures are needed to re-establish trust within the health care system for First Nations, Métis, and Inuit Peoples and to improve access to culturally safer care across the province. This principle will guide government's actions to strengthen accountability to ensure equitable treatment and experiences of First Nations, Métis, and Inuit Peoples throughout the province's primary health care system.

Partnerships and Governance

The Government of Alberta is committed to move forward in partnership with First Nations, Métis, and Inuit Peoples and Indigenous providers to ensure health equity. Partnerships and involvement in governance structures is an important consideration to ensure Indigenous expertise, knowledge, and traditional healing is respected and honoured, and reflects the distinct needs of First Nations, Métis, and Inuit Peoples throughout Alberta's primary health care system at all levels.

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Outcomes

Vision

Alberta is a place where First Nations, Métis, and Inuit Peoples can pursue and receive equitable primary health care services safely and securely, free from racism, and are treated with dignity and respect.

Outcome 1

Culturally Safe and Appropriate Care

Goal: Reduce systemic racism and discrimination of Indigenous Peoples in Alberta's health care system.

The focus of this outcome is to support greater accountability for the provision of culturally safe and trauma-informed care⁸ through the incorporation of traditional healers, languages, and ways of knowing.

Outcome 3

Integration

Goal: Enhance multidisciplinary, team-based primary health care to offer a diverse range of services to improve health and wellbeing.

The focus of this outcome is to improve communication and referral processes for patients travelling on and off reserve or on and off settlement for health care services.

Outcome 5

Indigenous Peoples as Partners

Goal: First Nations, Métis, and Inuit Peoples and their social support networks are meaningful partners in achieving their health and wellness goals. Health services are proactive, recognize and address underlying influences on health outcomes, and respect individual needs and preferences.

The focus of this outcome is to ensure the inclusion of First Nations, Métis, and Inuit Peoples in the development, planning, delivery and governance.

Outcome 2

Access

Goal: Address disparities in health care access for First Nations, Métis, and Inuit Peoples by improving availability of essential health services no matter where they live.

The focus of this outcome is to improve the access and availability of physicians, specialists, and other health human resources by ensuring consistent, sustainable funding to boost local capacities.

Outcome 4

Quality

Goal: First Nations, Métis, and Inuit Peoples receive high quality services from an accountable, innovative and sustainable primary health care system. Health service delivery is evidence informed, follows best practices, and uses resources efficiently, and is datainformed.

The focus of this outcome is to enable health care data and research to be driven and owned by First Nations, Métis, and Inuit Peoples through a strengths-based and decolonizing approach.

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⁸ Trauma-informed care: Trauma-informed care is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-informed care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life, including service staff.

Honouring Our Roots – 22 Recommendations

The following recommendations presented are primarily categorized under a single outcome; however, it's important to note that many of these recommendations are interconnected across various outcomes, rather than being exclusive to one outcome alone.

Integration		Indigenous Peoples
integration	Quality	as Partners
 enous partnerships between Alberta Health Services, Covenant Health, and Primary Care Networks and First Nations, Métis, and Inuit health delivery organizations to support continuity of care. 3.2 Support the use of integrated, multidisciplinary team- based care to provide access to a diverse range of culturally safe Indigenous primary health care services. 3.3 Support Indigenous patients' awareness, understanding, and comfort accessing the health care system. 	 4.1 Enable Indigenous Peoples and communities to drive health care research and data collection in ways that align with their unique needs, ways of knowing, and data sovereignty. 4.2 In partnership with First Nations, Métis, and Inuit partners, develop key performance-based primary health care indicators and benchmarks to monitor and track change. 4.3 Provide timely funding and delivery for medical equipment and supplies. 4.4 Modernize the Alberta Health Care Insurance Plan personal health care card by creating a combined Driver's License and health care card. 4.5 Establish an Office of Indigenous Primary Health Care in the Ministry of Health 	 5.1 Include First Nations, Métis, and Inuit partners in the design and delivery of health care services. 5.2 Support the involvement of First Nations, Metis Settlements, the Métis Nation of Alberta, and Inuit Peoples within existing primary health care governance structures. 5.3 Build relationships with and create space for the participation and inclusion of unique groups in primary health care planning. 5.4 Increase provincially funded Indigenous primary health care programs and services through sustainable, long-term funding arrangements. 5.5 Create an Indigenous Primary Health Care Innovation Fund.
	enouspartnerships between Alberta Health Services, Covenant Health, and Primary Care Networks and First Nations, Métis, and Inuit health delivery organizations to support continuity of care.tion and yenous3.2 Support the use of integrated, multidisciplinary team- based care to provide access to a diverse range of culturally safe Indigenous primary health care services.ment a and sicians in3.3 Support Indigenous patients' awareness, understanding, and comfort accessing the	 Peoples and communities to drive health care research and data collection in ways that align with their unique needs, ways of knowing, and Inuit health delivery organizations to support continuity of care. 3.2 Support the use of integrated, multidisciplinary teambased care to provide access to a diverse range of culturally safe Indigenous primary health care services. 3.3 Support Indigenous patients' awareness, understanding, and comfort accessing the health 3.4 Modernize the Alberta Health Care Insurance Plan personal health care card by creating a combined Driver's License and health care card. 4.5 Establish an Office of Indigenous Primary Health Care in the Ministry of

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Alberta Indigenous Primary Health Care Recommendations

Implementation Timeline

With the Indigenous Primary Health Care Implementation Panel, a timeline has been established that prioritizes and sequences the 22 final report recommendations for sustainable implementation. This timeline recognizes that some recommendations will be ongoing endeavors.

Ongoing	Immediate	Medium Term
Continuous	2023 – 2025	2025 – 2028

1.1 Address racism faced by Indigenous Peoples in Alberta's health care delivery system by creating an approach that embeds principles of cultural safety, Indigenous ways of knowing, healing methods and protocols into policies, programs and services.

1.2 Equip health care staff with the knowledge, skills and conduct to connect historic intergenerational trauma to current Indigenous health care provision.

2.1 Support a broad right to health equity for First Nations, Métis and Inuit Peoples in Alberta.

2.2 Explore new and innovative primary health care delivery models designed and delivered by First Nations, Métis and Inuit Peoples that provide wholistic, wraparound supports.

2.3 Work in collaboration and partnership with First Nations, Métis and Inuit patients and Indigenous providers to improve the availability of timely provision to care.

2.4 Recognize the need to build and grow the Indigenous workforce for the future by prioritizing pragmatic and innovative practices to recruit and retain Indigenous learners in health care roles.

3.2 Support the use of integrated, multidisciplinary team-based care to provide access to a diverse range of culturally safe Indigenous primary health care services, with extended hours.

4.1 Health care information and data must be driven by First Nations, Métis and Inuit Peoples and align with the community's unique needs, ways of knowing and data sovereignty.

5.1 Include First Nations, Métis and Inuit partners in the design and delivery of health care services that impact their health and well-being.

4.2 In partnership with First Nations, Métis and Inuit partners, develop key performance-based primary health care indicators and benchmarks to monitor and track change.

5.2 Support First Nations, Metis Settlements, the Métis Nation of Alberta and Inuit people's involvement within existing primary health care governance structures.

5.3 Build relationships with and create space for the participation and inclusion of unique groups such as Indigenous Elders, knowledge holders, knowledge keepers, youth and Indigenous 2SLGBTQQIA+ people in primary health care planning.

5.4 Work in collaboration with First Nations, Métis and Inuit partners to increase provincially funded Indigenous primary health care programs and services.

1.3 In a thoughtful and meaningful way, create safe spaces that respect traditional medicine and knowledge, land-based healing, ceremonies, language and culture for Indigenous patients within health care facilities.

2.5 Design and implement a targeted recruitment and retention plan for physicians in Indigenous communities and in Indigenous-serving health care clinics.

2.6 Provide flexible approaches to increase access to specialty programs and services for First Nation, Métis and Inuit communities.

3.1 Encourage partnerships between Alberta Health Services, Covenant Health, Primary Care Networks and First Nations, Métis and Inuit health delivery organizations to support continuity of care.

4.4 Modernize the Alberta Health Care Insurance Plan personal health care card by creating a combined driver's license and health care card.

Completed

With the guidance of the Indigenous Primary Health Care Advisory Panel, the Government of Alberta has taken important steps to pursue and implement the following recommendations:

4.5 Establish an Office of Indigenous Primary Health Care in the Ministry of Health.

5.5 Create an Indigenous Primary Health Care Innovation Fund.

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Next Steps Implementation Planning

In the pursuit of health equity and reconciliation for First Nations, Métis and Inuit Peoples in Alberta, the Minister of Health accepted all 22 recommendations and released the Final Report on Oct. 18, 2023. Alberta Health remains steadfast in its commitment, actively collaborating with the Indigenous Primary Health Care Implementation Panel to propel the implementation process forward. This Panel assumes a pivotal role in guiding Alberta Health as we embark on crafting a comprehensive implementation plan for the years ahead, specifically guiding our efforts as we:

- Confirm clear objectives and delineate the scope of our work.
- Establish initial outlines of roles and responsibilities to ensure accountability and streamline workflow.
- Cultivate a robust communication plan to foster transparency and understanding among stakeholders.
- · Identify key performance measures and indicators of change to inform and recommend evaluation strategies to improve culturally safe primary health care.

With the guidance of the Implementation Panel, our plan focuses on inclusivity, cultural awareness and a strong commitment to the health and wellbeing of individuals and communities. Success depends on continuous collaboration with First Nations, Métis and Inuit stakeholders, as well as health care providers and other key participants. Together, we strive to build a health care system that enhances individual health and strengthens the social fabric of families and communities, advancing our collective goals of health equity and reconciliation.

Immediate Actions

The Ministry of Health is making progress to advance the immediate actions announced in October 2023. Progress on these immediate actions include:

- Establishing a \$20 million Indigenous Innovation Fund to invest in innovative primary health care services designed and delivered by Indigenous communities.
- Creating an Indigenous Patient Complaints Investigator and Elders Roster to guide Indigenous peoples throughout the complaints process.
- Establishing a community-based Indigenous patient navigator program to support Indigenous peoples throughout their health care journey.
- Creating an Indigenous Health Division within Alberta Health. This Division was stood up in January 2024, with Lisa Higgerty as the Assistant Deputy Minister.
- Through the Indigenous MAPS initiative, Indigenous racism and discrimination is a key underlying factor that continues to be addressed by the early initiatives and ongoing work of the department. This work includes actions through the various Health Sub-Tables, First Nations, and Métis Advisory Panels, health system transformation, and on-going collaboration across the Government of Alberta.



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