Backgrounder: Developing CMA’s Impact 2040 Indigenous Health Goal
CMA Impact 2040:
Articulation of the Indigenous health goal

1. Introduction

Impact 2040 defines the Canadian Medical Association’s (CMA) focus for the next 20 years. It is not on its own an action plan. Rather, it describes the outcomes in three synergistic strategic opportunities we commit to champion and support over the long-term: our bold aspirations for the future of health, the health workforce and health systems in Canada.

The CMA’s mission, vision and guiding principles form the foundation of our work and provide the underpinning for Impact 2040 and its three main areas of action. A total of 10 strategic goals were developed in association with the three strategic opportunities. Within the health strategic opportunity (identified by the blue circle in the diagram that follows), a commitment was made to develop an 11th goal statement focused on Indigenous health, in allyship with Indigenous Peoples.
With the assistance of NVision Insight Group Inc. (NVision), an Indigenous-led and owned consulting firm, the CMA concluded that this allyship would be best approached by creating an all-Indigenous Guiding Circle (IGC), whose mandate would be to “define a strategic goal statement focused on improving the health outcomes of Indigenous Peoples that the CMA can pursue within the parameters of its mission, vision, mandate and Impact 2040 strategy.”

The IGC was comprised of 16 members who collectively contributed diverse and inclusive perspectives, including geographic, socio-demographic and lived experience (see Appendix A and Appendix B – Indigenous Guiding Circle Members and Recruitment Matrix).

The Indigenous philosophy of a circle is meant to stress equality and the sharing of power amongst participants, ensuring that everyone’s voice is heard. With this inclusive approach, there was no chair of the Guiding Circle and discussions were moderated by an NVision facilitator.

Of the IGC’s 16 members, there were three CMA representatives: Dr. Alika Lafontaine, CMA president; Dr. Paula Cashin, CMA board director; and Dr. Sarah Williams, CMA strategic advisor for Indigenous health. While these representatives did bring a CMA perspective to the dialogue, their role in this circle was first and foremost to share their Indigenous perspective among equals. Of the three, Dr. Cashin was identified as the board representative. Through her, the CMA Board received updates on the work of the IGC and was given the opportunity to ask questions of clarification and offer feedback throughout this journey.

The goal statement developed by the IGC was presented at the April 30 – May 1, 2023 CMA Board meeting and ratified as Impact 2040’s Indigenous health strategic goal. This date holds special significance because it was one year prior when the CMA Board approved the IGC’s Terms of Reference. At that same meeting, the CMA Board also recognized the IGC would not be a traditional “advisory” group — there was an expectation the IGC’s guidance and direction, as formulated in the goal statement, would be heard, received and affirmed by the CMA Board, and not simply considered. The Impact 2040 framework is being updated with the IGC’s goal statement; an aspirational goal that has been developed by Indigenous Peoples for Indigenous Peoples.

The goal statement will serve as the North Star to guide this work for the CMA over the next two decades, representing a critical step in the CMA’s journey to truth and reconciliation. For more information on the CMA’s reconciliation commitment to and journey, see: Co-creating Indigenous health goals with the CMA’s Guiding Circle and Appendix C – CMA News Releases, Statements, Reports, Policies, Charters, Codes, Recommendations and Pre-budget Submissions related to Indigenous health and Impact 2040’s Indigenous Health Strategic Goal.

2. The important journey to date

There has been a growing recognition in Canadian society of the need for reconciliation, which includes acknowledging the truth about the harmful impacts of past and current treatment and dispossession of Indigenous Peoples. The Indigenous health goal, along with the process used to develop the goal statement and build meaningful relationships with the Indigenous community, provide the CMA an opportunity of reconciliation and building new paths forward.

The work of the IGC to articulate a meaningful and actionable goal statement was conducted through an iterative and interactive process that was undertaken in a manner that aligned with the National Centre for Truth and Reconciliation’s Principles of Reconciliation, particularly the following:

- **Reconciliation is a process of healing relationships that requires public truth sharing, apology and commemoration that acknowledge and redress past harms.**
- **Reconciliation requires constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts on Aboriginal [P]eoples’ education, cultures and languages, health, child welfare, administration of justice, and economic opportunities and prosperity.**
- **Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians.**
The process involved in articulating the goal statement included:

a) **Recruitment for the CMA Indigenous Guiding Circle:** To ensure the development of the goal statement was inclusive and representative of the range of Indigenous voices and perspectives, the IGC recruited the participation of individuals reflective of one of more demographic segments, including: First Nations, Inuit and Métis; coast-to-coast-to-coast regional representation; physicians; nurses; students; policymakers; researchers; Elders; youth; 2SLGBTQ+; gender identity; etc.

b) **Indigenous health landscape document for the Indigenous Guiding Circle:** Recognizing the diversity of experiences and perspectives among the IGC, research was conducted to provide context and a common foundation of broad, high-level information for its members. The purpose of this document was to help inform discussions on what to include and/or exclude in the goal statement. Many resources were consulted and referenced, including the Truth and Reconciliation’s 10 principles of reconciliation; the 94 calls to action; the 46 articles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP); the 231 Calls for Justice of the Murdered and Missing Indigenous Women and Girls’ report; the 24 recommendations from In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care (Summary Report); the 91 standards of the BC Cultural Safety and Humility Standard by the Health Standards Organization (HSO), in addition to other reports and research.

While the IGC work focused on developing the goal statement associated with the health strategic opportunity, in recognition that many factors influence Indigenous health, information was also provided relating to the other two strategic opportunities of Impact 2040 — health system and health workforce.

<table>
<thead>
<tr>
<th>Indigenous experiences within Canada’s colonial history</th>
<th>Health – Indigenous health status and outcomes:</th>
<th>Health system – responsibility, reform and reconciliation:</th>
<th>Health workforce:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• European-borne disease</td>
<td>• Key indicators of Indigenous health status (e.g., infant mortality, life expectancy, causes of mortality, diseases, nutrition and food security, mental health and wellness, substance use and addiction, environmental/ ecological health, women’s health)</td>
<td>• Indigenous rights, legislation and policy</td>
<td>• Health workforce and workplaces</td>
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<tr>
<td>• Loss and dislocation</td>
<td>• Social determinants of health</td>
<td>• Health system reform, decolonization and health reconciliation</td>
<td>• Indigenous health learning and practice</td>
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<tr>
<td>• Colonial policies</td>
<td>• Environmental determinants of health</td>
<td>• Indigenous aspirations for the future (First Nations, Inuit, Métis, urban, women and 2SLGBTQ+)</td>
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<tr>
<td>• Racism and discrimination, and the intersectionality of gender identity and sexual orientation (2SLGBTQ+)</td>
<td>• Environmental/ecosystem health and climate change</td>
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<td>• Genocide</td>
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<td>• Intervention and experimentation (e.g., forced sterilization, malnutrition and starvation, experiments)</td>
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<tr>
<td>• Environmental/ecosystem health and climate change</td>
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</tbody>
</table>
c) **Strategic Working Sessions #1 and #2 (in-person):** The IGC convened in Toronto, Ont., for a full-day in September 2022. Of the 16 members, three attended virtually. In addition to the IGC members, a limited number of CMA staff were in attendance as “observers,” to help with their learning while respecting the process. The morning session (Session #1) began with formal introductions amongst the members, and from this point forward only first names were used and no reference to titles (e.g., doctor, chief, etc.) in keeping with the philosophy of equality. Then, the planning team obtained feedback on the landscape document and provided the IGC with a presentation about the CMA, using its mission, vision and mandate to ground and contextualize the CMA’s role within Canada’s health system. The Impact 2040 strategy was reviewed, helping the IGC members understand where the Indigenous health strategic goal was situated and the importance of their work in directing the CMA’s area(s) of focus for Indigenous health.

In the afternoon, during Session #2, members were placed into break-out groups to identify and discuss topics of greatest relevance and importance (i.e., key themes) to be incorporated into a draft goal statement. There were four break-out groups (three in-person and one virtual), each of which then presented the highlights of their respective discussions to the full group during the plenary at the end of session. The key themes identified by the end of both sessions, in no particular order, were:

- Valuing Indigenous knowledge (including practices and ceremonies)
- Racism and discrimination
- 2SLGBTQ+
- Apology by the CMA
- Holistic approach
- Two-eyed seeing approach (valuing Indigenous knowledge and Western medicine)

d) **Strategic Working Session #3 (virtual):** The key themes identified during the first two sessions were leveraged to create six unique but similar drafts of the goal statement. IGC members were provided the drafts via a worksheet they received, completed and returned in advance of Session #3 by e-mail. The worksheets created a starting point to help each member identify the concepts, words and/or phrases for inclusion or exclusion in the final goal statement. This approach also provided the opportunity for each member to voice their individual perspective and recommendations. The feedback received from the worksheets and from the discussions that took place in Session #3 both helped to identify more key themes:

- Equitable access to health care
- Optimal health outcomes
- Trauma-informed
- Dismantling the effects of white privilege
- Land – significance to Indigenous health and wellness
- Need for measurable actions

e) **Strategic Working Session #4 (virtual):** This session began with a presentation to the IGC that outlined how their dialogues and guidance were already shaping the work of the CMA, informing various projects and initiatives, and thus extending well beyond the development of the Indigenous health goal and action plan. The following graphic illustrates how the IGC’s contributions relate to the different areas of work that fall within the Indigenous health team’s mandate.
As identified in the graphic, two important areas of work include:

- **The Apology Project**: The Apology Project: The IGC was instrumental in accelerating the CMA’s commitment to offering an apology to Indigenous Peoples for medical harms. This is important and sensitive work that must be undertaken with humility, respect and a culturally appropriate approach (i.e., Indigenous expertise, direction and guidance) to ensure the project’s outcomes are valid and have meaning to the Indigenous recipients.

  Given that restitution is an essential component to a meaningful apology, the link between the Apology Project and the development of an Indigenous health goal cannot be understated. The Indigenous health goal is instrumental in orienting the CMA’s approach to restitution, and shaping the concrete actions taken to redress past harms and transgressions.¹

- **The CMA Framework to Reconciliation**: The CMA has recognized the need for, and made the commitment to create, a Framework to Reconciliation to clarify and give shape to its journey to reconciliation. This framework will also be instrumental in helping the organization hold itself accountable for the promises and commitments forthcoming from the Apology Project.

The IGC identified that it is critical for the CMA to recognize that its work in Indigenous health and reconciliation must be led by Indigenous staff. This is key to ensuring that its actions and work plans are developed and implemented in a meaningful and culturally appropriate manner — “nothing about us without us.” In practice, this would require CMA to ensure adequate and proportional representation of Indigenous Peoples among its staff, both within its Indigenous health team and across the enterprise.

Feedback from the IGC also related to other Priority Strategic Initiatives (PSIs) from Impact 2040. Examples include:

• **Net zero emissions health system:**
  - “Indigenous health is directly related to the health of the planet and having access to traditional lands and territories.”

• **Health workforce standards for psychological, physical and cultural safety:**
  - “Cultural safety standards need to be identified and implemented in all aspects of the health system.”

• **Integrated health human resources plan:**
  - “Indigenous Peoples want to see themselves reflected in the health professionals who provide them care; the number of Indigenous healthcare professionals working in health care needs to increase.”

The latter part of Session #4 entailed a review of the following draft goal statement, crafted from the collation of previous discussions and feedback received to date:

“**Indigenous Peoples achieve measurable improvements in health and wellness outcomes, purposefully supported by a health system that is decolonized; free of racism and discrimination; inclusive of Indigenous knowledge, practices and ceremonies; and provides equitable access to trauma-informed care.**”

The feedback received from the IGC regarding this draft was relatively positive but included suggestions for some wording changes to make the statement more appropriate and impactful.

**f) Strategic Working Session #5 (virtual):** The feedback from Session #4 was incorporated into a revised version of the goal statement that the IGC reviewed, vetted and endorsed in Session #5, held on April 13, 2023. This final version of the statement is shared in the next section of this document, along with an important list of associated attributes, virtues and characteristics.

During the latter half of the session, IGC members shared what the Guiding Circle experience has meant for them individually. The members expressed very positive feedback and indicated they felt heard throughout the process, with the end goal statement providing an appropriate guiding star for subsequent initiatives.

### 3. The destination — the goal statement and its context

The following goal statement incorporates the wisdom and guidance offered by the IGC along its journey, and it defines an aspiration the CMA can pursue within the parameters of its mission, vision, mandate and the Impact 2040 strategy:

*Indigenous Peoples achieve measurable, ongoing improvements in health and wellness, supported by a transformed health system that is free of racism and discrimination; upholds Indigenous Peoples’ right to self-determination; values, respects and holds safe space for Indigenous worldviews, medicine and healing practices; and provides equitable access to culturally safe, trauma-informed care for all First Nations, Inuit and Métis.*

The goal statement is a balance of the different perspectives, experience, priorities and stories shared by the IGC, woven together into a statement that is broad enough to be applied to any group who wants to adopt it, but specific enough that its intended outcome is clear.

Looking to the past and present, the statement aims to acknowledge the intergenerational impacts of historical and current harms and traumas Indigenous Peoples have and continue to experience since the beginning of colonialism and settler colonization of the Americas.
Looking to the future, the goal statement describes what we want the world to look like by 2040. As such, it is formulated in the future tense, like the other Impact 2040 goal statements, to emphasize the bridge between where we are and where we want to be.

In addition to including the above attributes, the following virtues and characteristics are embodied in the goal statement. It:

- **Recognizes that self-determination and connection to the land are central to the health and well-being of Indigenous Peoples:** These truths will inform all actions moving forward, especially when developing culturally safe, trauma-informed approaches to care for Indigenous Peoples.

- **Aspires to eradicate racism and discrimination in the health system, including its treatment of Indigenous health care learners and professionals:** This involves identifying and addressing Indigenous-specific racism and its root causes. It also includes supporting the improvement of patient complaint processes aimed at identifying and addressing individual and systemic Indigenous-specific racism, incorporating early intervention and dispute resolution. ²

- **Centers on allyship:** Allyship is a reconciliation journey for non-Indigenous people and organizations. This journey includes understanding why it is necessary to recognize, respect and uphold Indigenous Peoples’ rights as identified in international law (including UNDRIP), constitutional law and treaties. As well, allyship means accepting the three foundational principles for addressing the legacy of colonialism in the health system as identified in and recommended by, In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care (Summary Report): ³
  - Racism in the health system reflects the lack of respect and implementation of Indigenous Peoples’ basic human rights.
  - Racism within the health system is integrated with, and in many aspects invisible from, broader patterns and conditions throughout society.
  - those who experience racism in the health system must be intimately involved in developing solutions, the responsibility and burden of this work lies with non-Indigenous individuals, communities, organizations and governments.

- **Values a strength-based approach:** It honours the agency and knowledge of Indigenous Peoples, respecting that Indigenous Peoples and Indigenous approaches hold part of the solution to current health and health system challenges. ⁴

- **Promotes cultural safety:** The key to dismantling the effects of white privilege and addressing racial power imbalances is to promote and foster a health system that provides culturally safe care for all Indigenous Peoples. Cultural safety must be understood, embraced and practiced at all levels of the health system including governance, health organizations and training institutions, and within individual professional practice. ⁵

- **Is broad and not limiting:** The language used in the statement articulates a shared vision that is high-level and long-term, and it does not restrict or hinder the strategic initiatives that can fall within the goal’s scope.

- **Is inclusive and flexible:** All Indigenous Peoples can see themselves included within the statement and its scope. As well, it can accommodate evolving needs and priorities over the course of Impact 2040’s implementation, and it allows for initiatives that might be of greater relevance to distinct nations, subgroups or specific communities.

- **Values “two-eyed seeing:**” It acknowledges Indigenous worldviews and medicine as equally important dimensions of health and health care, bringing a more holistic understanding to Western worldviews and medicine.

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³ In Plain Sight (Summary Report), 60.
⁴ Strengths-based approaches value the capacity, knowledge, skills and potential of a person or a community, focused on positive attributes, rather than on deficits or pathology.
• **Promotes accountability:** With the inclusion of “measurable, on-going improvements” within the statement, this ensures future strategic initiatives include the identification and development of impact metrics that will track the goal’s progress across Impact 2040’s multiple horizons (i.e., short, medium, and long-term timelines).

### 4. Conclusion

As taught by Inuk Elder and Inuksuit expert, Piita Irniq, building an Inuksuk requires patience and thoughtfulness. As important as the details are, so too are the overall intent of the Inuksuk and how it both fits into and stands out in the landscape — it is an exercise in balance (see Appendix D – Letter from Stephanie Gilbert to Indigenous Guiding Circle members). Like an Inuksuk, developing the goal statement has been a similar process for the IGC, who have worked to build a sturdy foundation for the CMA to use as a North Star to guide its reconciliation journey on the road ahead.

The work to date represents a small step in CMA’s journey of truth and reconciliation. To move forward, the CMA must continue to explore its truth and build relationships with and seek humble guidance from Indigenous Peoples.

With the ratification of the goal statement, this concludes the mandate and commitment by the members of the IGC. A project plan for the creation of a new IGC (i.e., IGC 2.0) is in progress to provide the CMA with the ongoing guidance it will need as it continues its work in Indigenous health and, more broadly, with the execution of its Impact 2040 strategy.

The next step of the goal’s implementation is the identification of PSIs for the CMA to pursue: PSIs define how the CMA will contribute to making the aspirations set by the Indigenous health goal a reality. Each PSI will have its own action plan, timelines, milestones and metrics. This work will build and evolve across multiple horizons, recognizing that transformational, system-level change takes time. As new information becomes available and circumstances change, some PSIs will sunset and new ones will launch.

The CMA’s work in Indigenous health will also involve applying an Indigenous lens to health systems and health workforce initiatives underway and/or forthcoming.
Appendix A – Indigenous Guiding Circle Members

*Back row from left to right:* Dr. Alika Lafontaine, Jayelle Friesen-Enns, Dr. Sarah Williams, Dr. Lisa Monkman, Dr. Dan Longboat

*Front row from left to right:* Stephanie Gilbert, Tammy White Quills-Knife, Julie Ivalu, Melvin Hardy, Barbara Bruce, Dr. James Makokis, Catharyn Andersen, Dr. Paula Cashin

*Missing from photo:* Brennan MacDonald, Dr. Donna May Kimmaliardjuk, and Rebecca Boyer
# Appendix B – Indigenous Guiding Circle Recruitment Matrix

<table>
<thead>
<tr>
<th>INDIGENOUS NATION</th>
<th>REGION 1</th>
<th>REGION 2</th>
<th>ELDER/KNOWLEDGE</th>
<th>AGE</th>
<th>LANGUAGE</th>
<th>HEALTH CARE EXPERIENCE</th>
<th>GENDER IDENTITY</th>
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<tr>
<td>FN/O Reserve</td>
<td>Inuit</td>
<td>Meds</td>
<td>BC &amp; Yukon</td>
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<td>Alberta, SK &amp; MB</td>
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*Within the Indigenous Guiding Circle Recruitment Matrix, Two-Spirit (2S) is used to denote gender identity. However, Two-Spirit goes beyond gender identity, spanning western categories of gender, sex, and sexuality. Being Two-Spirit holds diverse cultural and individual meanings, and it is a term that is used by Indigenous people to describe oneself and/or others who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual (Two-Spirit and LGBTQ+).  

The examination of Two-Spirit and LGBTQ+ peoples’ experiences have helped to reveal how the traditional roles and respected identity of Two-Spirit and LGBTQ+ people within Indigenous societies have been detrimentally impacted by colonialism. In addition, Two-Spirit and LGBTQ+ people experience disproportionately higher rates of discrimination and violence across a range of sectors, most notably in health. 

More positively, the resurgence and reclaiming of Two-Spirit identity within a range of spheres (e.g., cultural, spiritual, and in social policy areas like health) is providing a catalyst for new, strengths-based approaches, particularly with respect to the health of Indigenous Two-Spirit and LGBTQ+ youth.

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Appendix C – CMA News Releases, Statements, Reports, Policies, Charters, Codes, Recommendations and Pre-budget Submissions related to Indigenous health and Impact 2040’s Indigenous Health Strategic Goal

2022:

- **Recommendations for federal action to address Canada’s health care crisis**
  (Recommendation 6 focused on reconciliation)
- **CMA 2023 Pre-budget Submission to the House of Commons Standing Committee on Finance**
  (Recommendation 6 focused on advancing reconciliation in Canada’s health system)
- **Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program**
- **CMA Recommendations on Canada’s First National Adaptation Strategy** (references being guided by Indigenous-led, land-based approaches to address climate change)
- **Environmentally Sustainable Health Systems in Canada** (references being guided by Indigenous-led, land-based approaches to address climate change)
- **CMA Statement on the Governance of Health Information: A patient-partnered health information governance framework** (references need to respect and incorporate First Nations, Inuit and Métis health data governance sovereignty)
- **CMA co-author: Lancet Countdown 2022 Report**
- **CMA committed to truth and reconciliation, improving health outcomes of Indigenous peoples**
- **Co-creating Indigenous health goals with the CMA’s Guiding Circle**
- **CMA condemns forced and coerced sterilization** (in response to the Standing Senate Committee on Human Rights’ report [The Scars that We Carry: Forced and Coerced Sterilization of Persons in Canada - Part II](sencanada.ca))
- **Dr. Alika Lafontaine to lead CMA in 2022-23** (reference to first Indigenous president, work to improve Indigenous health care)
- **CMA reflects on National Day for Truth and Reconciliation**

2021:

- **Policy Endorsement of Truth and Reconciliation Commission of Canada: Calls to Action**
- **CMA co-author: Lancet Countdown 2021 Report**
- **In wake of devastating discovery, CMA joins call for change**
- **On National Indigenous Peoples Day, CMA president reflects on harm done**
- **New film exposes impacts of colonialism and systemic racism in Canadian health care**
- **Inaugural address: Dr. Katharine Smart, CMA President** (reference to two-eyed seeing, commitment to implementing TRC recommendations)
- **It’s time to take responsibility and walk together on the path of reconciliation**

2020:

- **Policy Endorsement: Indigenous Ally Toolkit**
- **Policy Endorsement: The Canadian Interdisciplinary Palliative Care Competency Framework**
  (references need for First Nations, Inuit and Métis-specific palliative care competencies)
- **CMA co-author: Lancet Countdown 2020 Report**
- **On National Indigenous Peoples Day, we pause and reflect on the perspectives of Indigenous leaders**
- **An open letter to Joyce Echaquan’s family, community of Manawan, Atikamekw Nation and Indigenous Peoples**
- **CMA President Statement on Turpel-Lafond Report**
2019:
- **Equity and diversity in medicine** - CMA Policybase - Canadian Medical Association
- **CMA co-author: Lancet Countdown 2019 Report**
- **Recognizing the contributions of Canada’s female physicians on International Women’s Day** (recognition of Dr. Nadine Caron, Canada’s first female Indigenous general surgeon)
- **On National Indigenous Peoples Day, let’s applaud the achievements of our Indigenous health leaders**

2018:
- CMA Code of Ethics and Professional explicitly states a commitment to “collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to health care made in the report of the Truth and Reconciliation Commission of Canada” CMA Code of Ethics and Professionalism - CMA Policybase - Canadian Medical Association
- **CMA co-author: Lancet Countdown 2018 Report**
- **On National Indigenous Peoples Day, let’s celebrate the achievements of our Indigenous physicians**
- **CMA to support communities of interests to spark change in Indigenous health, gender equity, marginalized communities, MAiD and substance use**
- **Supporting Winnipeg’s Indigenous communities and promoting a holistic approach to women’s health; the CMA Foundation gives back to Winnipeg**

2017:
- **Charter of Shared Values: A vision for intra-professionalism for physicians** - CMA Policybase - Canadian Medical Association

2016:
- **Joint Canadian Medical Association & Canadian Psychiatric Association Policy - Access to mental health care** (references need to work with Indigenous communities to address mental health needs)

2013:
- **2013-2014 pre-budget consultation submission to the Standing Committee on Finance** (Recommendation 8 focused on establishing a comprehensive strategy to improve Indigenous Peoples’ health)

2012:
- **CMA develops a policy document on “Health Equity and the Social Determinants of Health: A Role for the Medical Profession”**

2011:
- **CMA Board endorses a joint policy statement with the Society of Obstetricians and Gynaecologists of Canada on the “Sexual and Reproductive Health, Rights and Realities and Access to Services for First Nations, Inuit and Metis in Canada”**
Appendix D – Letter from Stephanie Gilbert to Indigenous Guiding Circle Members

Monday, March 20, 2023

Dear members of the Guiding Circle,

I want to thank the CMA for bringing us all together and for ensuring that we can be an effective and engaged part of change. I appreciate any time where the work is not tokenism but is true partnership. Before I continue with my feedback, I want to thank our Elders in the Circle for reminding us that it is critical to prioritize spirituality and our connection to the spirit world. Healthcare and the medical world need that grounding in spirituality in order to decolonize. An important reminder, and I will do my best to carry this forward in all the work that I do from here on out. Qujannamiik.

We were called together by the CMA to form an Indigenous Guiding Circle to help create a health goal statement that will guide and inform the work they do towards one of their named priorities. I read about their priorities here: https://www.cma.ca/our-focus.

As I continue to explore their messaging and public statements, I found this information: https://www.cma.ca/news/co-creating-indigenous-health-goals-cmas-guiding-circle.

One of their priorities is to “advance equitable health care in allyship with First Nations, Inuit and Métis Peoples”. Very interesting and important is their commitment to reconciliation: https://www.cma.ca/news-releases-and-statements/cma-committed-truth-and-reconciliation-improving-health-outcomes. It says our Circle will do this:

The Guiding Circle builds on the CMA’s work towards reconciliation.

In August 2021, the CMA Board unanimously called for action to:
• Address the ongoing structural inequities that marginalize First Nations, Inuit and Métis communities;
• Advance the inclusion of Indigenous Peoples in societal systems and sectors, including health systems;
• Commit to collaborative and respectful relationships with Indigenous patients and communities.

These calls for action are aligned with the recommendations made in the landmark 2015 report by the Truth and Reconciliation Commission on the devastating legacy of Canada’s residential schools.

The work we are doing as this Guiding Circle, is to allow the CMA to move beyond consultation and sharing of our histories, and teaching about the truth, and beyond that to reconciliation. The creation of this health goal statement is our opportunity to invest in a strong foundation for this work the CMA plans to do to meet their priorities.
A health goal statement is defined like this: it is a specific health goal that clearly states how you will achieve it and why you are pursuing the goal. It should be clear what we want to see achieved for Indigenous health. The statement needs to be broad enough to be applied to any group who want to adopt the health goal statement but is specific enough that it is clear what the outcome should be.

I use this example taught to me by Piita Irniq, an Inuk Elder, former Commissioner of Nunavut, Inuit Qaujimajatuqangit advocate and Inuksuit expert. He told me that an Inuksuk is built on a sturdy foundation, and as you build it up, you choose stones that will work together, and orient them in a way that builds one on the other to form a sturdy and timeless directional indicator. When built properly, they will have an opening, or a window that you can look through to see the next milestone, or to see where it is that you should be heading towards. It also helps to look back through and remind yourself where you’ve come from.

He told me that if I rush, or if I am not careful, or if I try to force each stone into place, it will fall down and I will have used up a lot of time, effort and strength because I didn’t use my patience and be thoughtful. He always teaches that when you are too close to the Inuksuk as you build it, you will miss things. He told me sometimes it’s good to step back, take a look around, and make sure I am not missing something, or forgetting something. As important as the details are, so too is the overall intent, and how the Inuksuk fits into the landscape but also how it stands out. It is a balance. Built to be authentic, enduring, but also easy to spot and easy to use and be guided by. It should be as useful to an expert navigator as to a novice.

This letter is my attempt at stepping back and trying to make sure I am as aware of the big picture as I am the details. I tend to live in the details, fight for them, share them, and forget how those details contribute to the greater good, and not just the present but the future as well.

Like each stone in the Inuksuk, we all bring different perspectives, experience, priorities, stories – that is what makes each one of us unique. By working together and building this goal together we have a chance to build something really beautiful and timeless that will give generations ahead the path to where they need to get to.

Using that example, and being mindful, I have been thinking a lot about our draft goal statement.
Our current draft health goal statement is:

Indigenous Peoples achieve measurable improvements in health and wellness outcomes, intentionally supported by a health system that is free of racism and discrimination; respects Indigenous Peoples’ right to self-determination; respects and holds safe space for Indigenous worldviews, medicine and healing practices; and provides equitable access to culturally safe, trauma-informed care for all First Nations, Inuit and Métis.

As a group, we can see that this statement does identify a specific health goal: Indigenous Peoples achieve measurable improvements in health and wellness outcomes. It also says how it will be achieved: supported by a health system that is free of racism and discrimination; respects Indigenous Peoples’ right to self-determination; respects and holds safe space for Indigenous worldviews, medicine and healing practices; and provides equitable access to culturally safe, trauma-informed care.

What we are missing right now, is the WHY. I think we are all so close to the topic, and live and breathe this every day, and have worked so hard to get to this point that we do not remember that we have to explain WHY. We have also discussed as a group that we worry that if we are not clear enough that our message will be lost and generations from now won’t know why we made this statement. By including the WHY, we can protect that.

I hope that in our next meeting we can take some time to focus on writing the “WHY”. It may be as simple as adding that this is a commitment to reconciliation. Looking forward to talking with you all.

Qujannamiik,

Stephanie Tuurngaq

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