# WE ARE ALL CONNECTED: MENTORSHIP AND CAREER PATHWAYS FOR INDIGENOUS HEALTH PROFESSIONALS

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10th International Meeting on Indigenous Child Health

March 24-26, 2023 – Tulsa, Oklahoma

# FACULTY DISCLOSURE

- In the past 24 months, neither Drs. Richardson nor Deen have relevant financial relationships with the manufacturer(s) of commercial services discussed in this CME activity
- We do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

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# OUTLINE

- US perspective
- Canadian perspective
- Recommendations

# INDIGENOUS HEALTH INEQUITIES

# MORTALITY DISPARITY RATES

American Indians and Alaska Natives (AI/AN) in the IHS Service Area

2009-2011 and U.S. All Races 2010

(Age-adjusted mortality rates per 100,000 population)

| | AI/AN Rate 2009-2011 | U.S. All Races Rate – 2010 | Ratio: AI/AN to U.S. All Races |
|---|---|---|---|
| **ALL CAUSES*** | 999.1 | 747.0 | 1.3 |
| Diseases of the heart (heart disease) | 194.1 | 179.1 | 1.1 |
| Malignant neoplasm (cancer) | 178.4 | 172.8 | 1.0 |
| Accidents (unintentional injuries)* | 93.7 | 38.0 | 2.5 |
| Diabetes mellitus (diabetes) | 66.0 | 20.8 | 3.2 |
| Alcohol-induced | 50.5 | 7.6 | 6.6 |
| Chronic lower respiratory diseases | 46.6 | 42.2 | 1.1 |
| Cerebrovascular disease (stroke) | 43.6 | 39.1 | 1.1 |
| Chronic liver disease and cirrhosis | 42.9 | 9.4 | 4.6 |
| Influenza and pneumonia | 26.6 | 15.1 | 1.8 |
| Drug-induced | 23.4 | 12.9 | 1.8 |
| Nephritis, nephrotic syndrome (kidney disease) | 22.4 | 15.3 | 1.5 |
| Intentional self-harm (suicide) | 20.4 | 12.1 | 1.7 |
| Alzheimer's disease | 18.3 | 25.1 | 0.7 |
| Septicemia | 17.3 | 10.6 | 1.6 |
| Assault (homicide) | 11.4 | 5.4 | 2.1 |
| Essential hypertension diseases | 9.0 | 8.0 | 1.1 |

* Unintentional injuries include motor vehicle crashes.

*NOTE: Rates are adjusted to compensate for misreporting of American Indian and Alaska Native race on state death certificates. American Indian and Alaska Native age-adjusted death rate columns present data for the 3-year period specified. U.S. All Races columns present data for a one-year period. Rates are based on American Indian and Alaska Native alone; 2010 census with bridged-race categories.*

# COVID-19 IN INDIAN COUNTRY

- Due to high prevalence of comorbidities, AI/AN communities are at high risk of exaggerated mortality and morbidity from COVID-19
- Navajo Nation is the most affected of any per capita community in the US
  - 5250 cases with 241 deaths (population 173,667 per 2010 census)
  - Limited communication (only 40% have internet service)
  - 30% lack clean running water
  - 30% do not have electricity
  - Multiple generations under a single roof
  - Food desert with few stores for grocery shopping

# AUGMENTING THE NUMBER OF PRACTICING INDIGENOUS PHYSICIANS

# UWSOM PATHWAY PROGRAMS

UW Medicine
UW SCHOOL OF MEDICINE
CENTER FOR HEALTH EQUITY, DIVERSITY & INCLUSION

- Native American Student Day, Doctor for a Day, Community Health Professions Academy – elementary and high school students
- Summer Health Professions Education Program – undergraduate students
- Medical School Applicant Workshop – NNACoE collaboration

# UWSOM INDIAN HEALTH PATHWAY

- Prepares both Native and non-Native medical students for careers in American Indian/Alaska Native (AI/AN) Health
- Encourages research on AI/AN health issues
- Enhances the curriculum on AI/AN health issues at the UWSOM

# UWSOM INDIAN HEALTH PATHWAY

- Provides a unique educational experience for medical students to learn how to provide culturally proficient care for AI/AN patients.
- Utilizes AI/AN UWSOM faculty and community leaders to provide collective experience in directly working with Native communities.


# INDIAN HEALTH PATHWAY

- Established in 1992
- 105 graduates of the program
  - 60 Native medical students

# INDIAN HEALTH PATHWAY CURRICULUM

- Issues in Indian Health class
- Community engagement project
- Scholarly work on an approved AI/AN research project
- Traditional Indian Medicine Clerkship
- Indian Health Primary Care Clerkship

# INDIAN HEALTH ISSUES CLASS

- Understand the historical background of federal policy toward AI/AN, emphasizing health issues with a gradual progression toward present Indian health policy.
- Enable the student to analyze and determine the intent of past legislation on AI/AN health programs, as well as current Indian health policies and programs.
- Analyze the historical development, purposes, and functionality of the Indian Health Services (IHS).
- Examine the purposes and functions of reservation health programs, community Urban Indian Health programs, and Federal and State health programs. Analyze how they relate to the Indian Health Service and determine what effects they have on AI/AN health care.
- Understand the major diseases and causes of mortality affecting AI/AN in the past, present and future. Compare the current status of AI/AN health with other minority and white populations.
- Enable students to identify and define the nature of programs, recommended solutions, and determine a path of service, and future directions for AI/AN health care.
- Understand traditional Indian medicine and its current use in the care of Indian health problems along with modern western medicine.
- Learn to do a sensitive, cultural, belief/spiritual assessment.
- Gain an appreciation for AI/AN contributions to modern medicine and health.

# LOCAL VS. NATIONAL MENTORSHIP


# BLANKET CEREMONY


# UWSOM PEDIATRIC RESIDENCY ALASKA TRACK

- Community building
- Culturally humble care
- Maximization of medical resources for patients through a vast geographic region

# THANK YOU!

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NCIME
THE NATIONAL CONSORTIUM
FOR INDIGENOUS MEDICAL EDUCATION

CNFMSA
LE CONSORTIUM NATIONAL
POUR LA FORMATION MÉDICALE EN SANTÉ AUTOCHTONE

Lisa Richardson, MD MA FRCPC
NCIME Executive Committee
Chair, Indigenous Faculty Recruitment & Retention
Woking Group.
www.ncime.ca | www.cnfmsa.ca

# I have no conflicts of interest to disclose.

# NCIME Principles

*The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is the foundation for NCIME Principles.*

***Integrity:*** The NCIME will operate with the integrity of our ancestors in all aspects of our work and within our relationships and with the best interests and support for Indigenous medical students and residents.

***Accountability:*** The NCIME will be transparent in all our work, relationships, and reporting. NCIME acknowledges the responsibility we carry towards education for culturally safe health care delivery for First Nations, Métis, and Inuit Peoples***.***

***Leadership:*** Leadership within NCIME is understood as the acknowledgement and support of the Indigenous leaders in medical education that form the Executive Committee as the rightful leadership and decision-makers and respects the guidance provided by the Elders and Knowledge Keepers Circle.

***Collaboration:*** The NCIME, through its purposeful design, recognizes and respects the importance of collaboration among and between Indigenous and non-Indigenous leadership and organizations in medical education. These collaborations are unique and pivotal in fulfilling our mandate. Collaboration includes both partners and external stakeholders from diverse communities, organizations, associations, and Canadian medical schools.

# Governance Structure


**The Governing Council of the National Consortium for Indigenous Medical Education (NCIME) includes the Elders Circle, the NCIME, the NCIME Executive Committee and the five partnering organizations:**

Indigenous Physicians Association of Canada (IPAC)
Association of Faculties of Medicine of Canada (AFMC)
Royal College of Physicians and Surgeons of Canada (RCPSC)
College of Family Physicians of Canada (CFPC)
Medical Council of Canada (MCC)

# Elders & Knowledge Keepers Circle

The Elders and Knowledge Keepers Circle (EKKC) provide guidance and advice to the NCIME Executive Committee, Executive Director and Director of Community engagement based on their expertise and experience as an Indigenous Elder/Knowledge Keeper.

The EKKC leader sits on the executive committee and attends their meetings.  Other members of the EKKC sit on one of the six working groups and participates fully as a member.

Some specific activities they support include attending committee and working group meetings, conducting interviews for members of the project team, assist in the drafting of outward-facing communications and announcements, develop engagement strategies with national Indigenous organizations and support, honour and build meaningful relationships with the Indigenous community.

Circle Members: Leslie Spillett, Lavina Brown, Roberta Price, Simon Brascoupe, Ovide Mercredi, Syexwalia Whonnock

# Executive Committee

**Chair: Dr. Marcia Anderson**
AFMC Indigenous Health Lead

**Dr. Mandy Buss**
President, IPAC

**Dr. Lisa Richardson**
RCPSC Indigenous Health Lead

**Dr. Sarah Funnel**
MCC Indigenous Health Lead

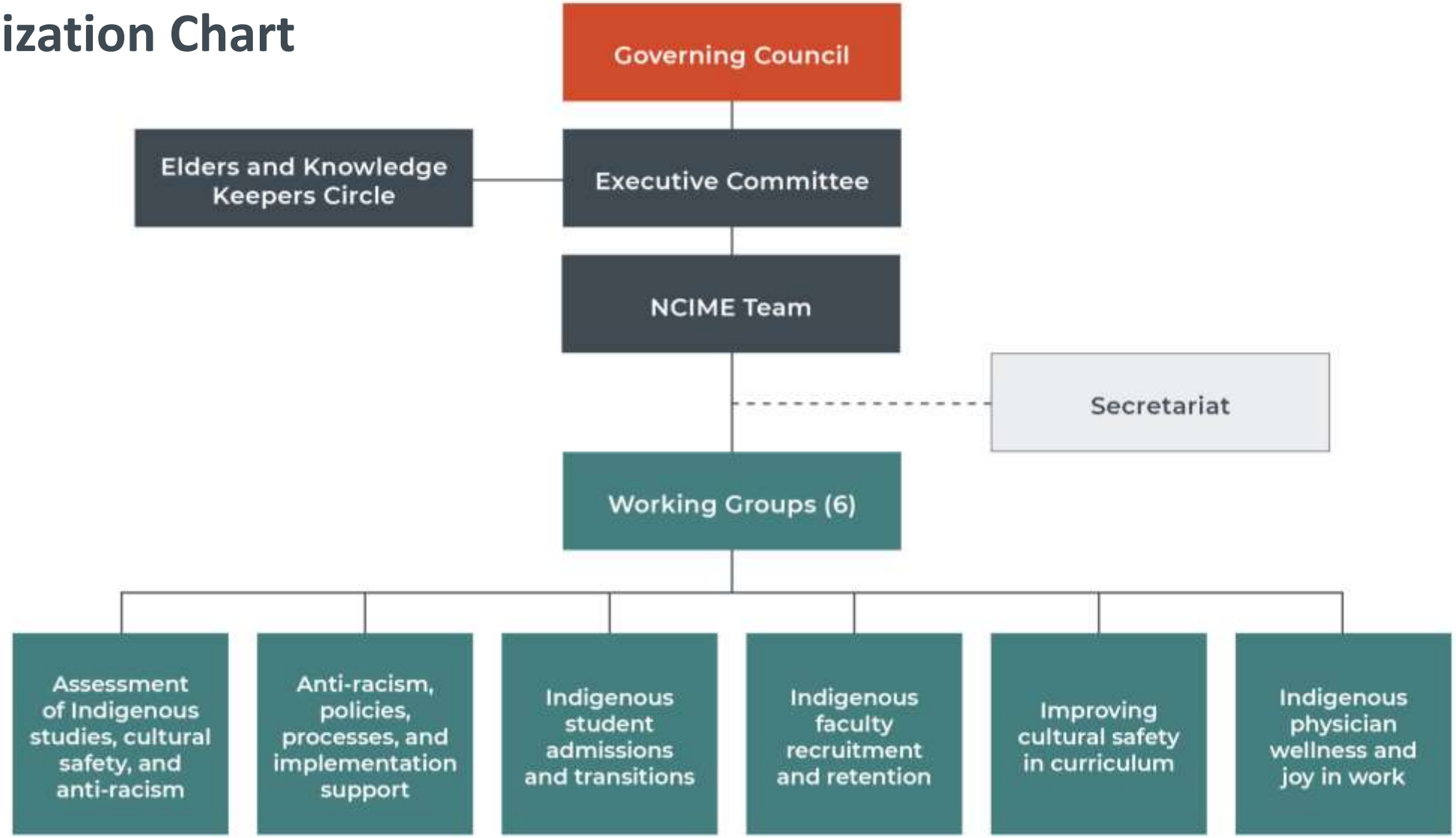
**Dr. Michael Dumont**
Vice-President IPAC

**Dr. Darlene Kitty**
CFPC Indigenous Health Lead

Former Executive Members
2020-2022

- Dr Cornelia (Nel) Wieman
  Past President IPAC
- Dr Evan Adams, FNHA

# Organization Chart



# WORKING GROUPS

Emerging key common themes

- Strength-based approaches
- Supporting Indigenous learners and faculty
- Co-creation with Indigenous voices, community and stories
- Wholistic – from recruitment/outreach to the entire training experience, to residency certification
- Stakeholder & Indigenous community relationship building

# Priority Working Group Outputs

**ASSESSMENT**

- **Guidelines** on development of **assessment tools** for Indigenous studies, cultural safety and anti-racism in medical education
- Report on recommendations for **next steps for assessment** of new project outputs in curriculum and ongoing assessment improvement

**ANTI-INDIGENOUS RACISM**

- Report on the **core elements of anti-racism** policies and processes
- Report on national implementation and accountability **strategy to incorporate recommendations** for anti-racism policies and processes
- **Anti-Indigenous Racism Learning module** to support the implementation of anti-racism policies and processes

**ADMISSIONS AND TRANSITIONS**

- Environmental Scan of 17 medical schools' **admissions practices and existing targets** for Indigenous student recruitment
- **Data Reporting Framework and stewardship agreements** for the Inaugural data reporting for Indigenous student recruitment into Canadian medical schools (local, provincial, national) on annual cycle
- **Guidelines and a toolkit** for best practices in Indigenous Recruitment in Admissions & Transitions and cultural safety assessment criteria and procedures.

**INDIGENOUS FACULTY RECRUITMENT AND RETENTION**

- **Database for Indigenous health professionals/educators** interested in contributing to Indigenous Medical Education
- **Leadership development program** for Indigenous Faculty and trainees

**IMPROVING CULTURAL SAFETY IN CURRICULUM**

- Report on **gaps in curriculum frameworks and graduating outcomes** with respect to cultural safety and anti-racism ,
- Report with **recommendations** to address cultural safety, anti-racism curriculum gaps and identify faculty development needs
- Report on implementation requirements and future next steps for **establishing a critical mass of Indigenous faculty**.

**INDIGENOUS PHYSICIAN WELLNESS AND JOY IN WORK**

- **Framework** on wellness and joy in work for Indigenous
- Report on **implementation requirements** and future next steps

# Indigenous Data Sovereignty Statement

The Sovereign Status of Indigenous Peoples rests with their nationhood, not with a country, organization, or third party. Our self-determination is not dependent on Canada or the provinces and their laws. As the First Peoples, Indigenous societies pre-exist colonization and have pre-existing rights to any settlement on these lands. Organizations are not sovereign, and so they cannot claim the sovereignty that belongs to the nations themselves. The right to self-determination is a sovereign right that Treaties have affirmed, Section 35 of the Canadian Constitution and the United Nations Declaration on the Rights of Indigenous Peoples. The responsibility and task of settler organizations and Canada is to support Indigenous sovereignty. For medical schools and medical associations, their role is to enhance our sovereignty by cooperating and assisting in the sharing of pertinent information. This concrete step towards reconciliation can have a lasting impact and create a role for agency whereby the National Consortium for Indigenous Medical Education can assist Indigenous Nations in asserting their sovereignty with their consent.

– Ovide Mercredi

## NCIME 7 Principles for Indigenous Intellectual Property, Copyright and Data Sovereignty

- Data Ownership and Stewardship
- Relationships and Reciprocity
- Responsibility
- Accountability
- Access
- Partnerships and Data Sharing
- Ethical

NCIME
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