







Truth and Reconciliation Commission

- The TRC developed 94 "Calls to Action"
 - #6-12 are related to education
 - #18-24 are related to health
- Note that these are <u>Calls to Action</u> and <u>NOT</u> "recommendations"

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- 10: We call on the federal government to draft new Aboriginal education legislation with the full participation and informed consent of Aboriginal peoples. The new legislation would include a commitment to sufficient funding and would incorporate the following principles:
 - iii: Developing culturally appropriate curricula

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Calls to Action: Health

 20: In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

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Calls to Action: Health

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

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Calls to Action: Health

 22: We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

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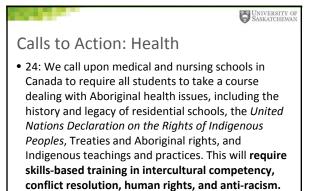
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Calls to Action: Health

- 23: We call upon all levels of government to:
 - Increase the number of Aboriginal professionals working in the health-care field.
 - ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
 - iii. Provide cultural competency training for all healthcare professionals.

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Justification of Incorporating Indigenous Learning
Outcomes in Canadian Pharmacy Curricula

• Pharmacists are the most accessible health
professionals

• Often the first or most frequent care provider accessed by
all Canadians, including Indigenous Canadians

• Pharmacists are often considered the most trusted
professionals

• This should remain true for Indigenous Canadians

• Indigenous peoples are at the bottom of almost every

available index of socio-economic well-being

Justification of Incorporating Indigenous Learning
Outcomes in Canadian Pharmacy Curricula

• The Human Development Index is a tool
developed by the United Nations to help rank
countries' social and economic development
levels

• The ranking is based on criteria which includes life
expectancy at birth, educational rankings and
income rankings.

Justification of Incorporating Indigenous Learning Outcomes in Canadian Pharmacy Curricula

Canada ranked #6 out of 177 countries in 2011

When the same Human Development Index is applied to First Nations Communities in Canada, the ranking falls to #68

This is equivalent to third-world countries

Justification of Incorporating Indigenous Learning
Outcomes in Canadian Pharmacy Curricula

Not placing a strong, or at least stronger, focus on educating all Canadians on the health challenges and issues faced by Indigenous Canadians can be perceived as systemic racism

Especially considering where the greatest needs are seen in Canada

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Justification of Incorporating Indigenous Learning Outcomes in Canadian Pharmacy Curricula

 Failing to best-prepare all Canadians (notably health professionals, like pharmacists) to not only address, but also proactively prevent, Indigenous health inequities further perpetuates the sub-standard health achievements and experiences of Indigenous Canadians

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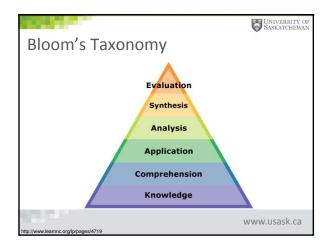
Justification of Incorporating Indigenous Learning
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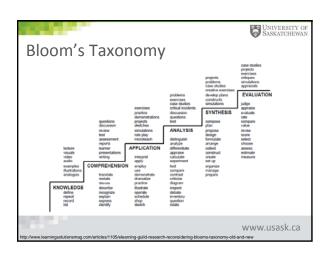
• The Saskatchewan example:

- Saskatchewan has the highest proportion of Indigenous peoples versus all other Canadian provinces (~16%)
- 25% of all children in Saskatchewan are First Nations
- First Nations people comprise >40% of all health care utilizations in Saskatchewan*

*Based on data from the Minister of Rural and Remote Health and the First Nations and Metis Health Service within the Saskatoon Health Region

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Proposed Indigenous Learning
Outcomes for Entry-to-Practice
Pharmacy Programs in Canada

Developed at the College of Pharmacy and Nutrition,
University of Saskatchewan





Year 2

- Identify where Canadian First Nations people are ranked in the World Health Organization's Human Development Index.
- Differentiate First Nations (status and non-status) versus Inuit versus Metis peoples.
- Identify the number of First Nations communities in Canada that currently do not have access to safe drinking water.
- Summarize the residential school experience.
- Summarize the Sixties Scoop.
- List the social determinants of health.
- Identify specific links between social determinates of health and both the Residential Schools and the Sixties Scoop.

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Year 3

- Summarize the Non-Insured Health Benefits (NIHB) program.
- Identify the specific group of people entitled to NIHB coverage.
- Interpret why vast health disparities are currently witnessed between Aboriginal and non-Aboriginal people in Canada.
- Recognize when to incorporate the Medicine Wheel into medication counseling.
- Identify how to apply concepts of the Medicine Wheel to patient medication counseling.
- List resources available in Saskatchewan to assist Aboriginal people in their health journey.
- Describe the Truth and Reconciliation Commission of Canada

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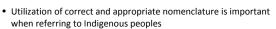


Year 4

- Describe, with examples, what it means to provide culturally safe care.
- Describe the role of racism in relation to health disparities and health care access.
- Use concepts of the Medicine Wheel when counseling a self-identified Aboriginal patient.
- Justify the Truth and Reconciliation Commission of Canada's Calls to Action related to Health

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- We, the faculties of pharmacy of Canada, need to respond to the Truth and Reconciliation Commission of Canada's Calls to Action in a meaningful and outcome-based way
- Adopting the proposed Indigenous learning outcomes for entryto-practice pharmacy programs across Canada is strongly encouraged as one means of responding to the TRC Calls to Action in our collective goal of restoring the health and wellbeing of Canada's Indigenous peoples

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