

Response to the Truth and Reconciliation Commission Calls to Action for Health

Arthritis Action Now: is a Canada-wide strategy, co-created by 20 Arthritis Ecosystem Champion organizations working to revolutionize health outcomes and quality of life for people living with arthritis. As an integral part of this work, the Arthritis Ecosystem Champions acknowledge and have collectively reviewed the Truth and Reconciliation Commission (TRC) of Canada's Calls to Action for Health (#18-24) and have developed a response document.

The Arthritis Ecosystem Champions express deep regret for the harms experienced by Indigenous Peoples and communities due to past and ongoing colonizing practices, policies, and narratives. We commit, within our individual and collective spheres of influence, to act in ways that lessen, redress, and eventually end the harms that these practices have caused and may cause.

The following are work-in-progress acknowledgement, commitment, and illustrative actions to the TRC's Calls to Action for Health (#18-24), developed collaboratively by the Arthritis Ecosystem Champions and reviewed by Indigenous partners. These statements are intended to guide and inspire the work of not only the Arthritis Ecosystem Champions, but also others who read and engage with Arthritis Action Now. As you review this document, we encourage you to reflect on how you, within your own spheres of influence, can contribute to advancing these critical Calls to Action.

Call to Action #18

We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

Acknowledgement:

The Arthritis Ecosystem Champions acknowledge that the current state of Indigenous health in Canada is a direct result of previous Canadian government policies, including residential schools. The Arthritis Ecosystem Champions acknowledge that the colonial model of health delivered across Canada has systemic, structural, and cultural barriers that disadvantage the health and well-being of Indigenous Peoples. As informed by Indigenous leaders, the Arthritis Ecosystem Champions recognize and will strive to uphold and advocate for the health-care rights of First Nations, Inuit, and Métis (FNIM) Peoples as identified in international law, constitutional law, and under the Treaties.

Commitment:

The Arthritis Ecosystem Champions commit to individual and organizational education and to be an active voice for raising awareness of structural inequities internally within their organizations and externally in partnerships and society, including the legacy of Indian Residential Schools. The Champions will reflect and critically examine their organizational role in addressing these systemic barriers, including roles in active allyship to effect change, and advocating and working with government representatives, as informed by Indigenous leaders, at all levels.

Illustrative Actions:

The Canadian Rheumatology Association (CRA) established a relationship with the First Nations and Inuit Health Branch (FNIHB) of Health Canada to advocate for equitable access to treatment for patients with coverage through the Non-Insured Health Benefits (NIHB) Program. Dr. Henry Averno led these activities on behalf of the CRA, supplemented by data analysis completed by Dr. Cheryl Barnabe that demonstrated a comparatively lower rate of biologic use and higher analgesic prescribing for patients with NIHB coverage. This ultimately led to formulary and policy changes to streamline access to these life-changing therapies for Status First Nations and Inuit patients living with rheumatoid arthritis.

Psoriasis Canada co-hosts an [annual policy summit](#) highlighting health and social issues that matter to their community and the broader patient and health care community. They have a summit committee member who works in Indigenous health leadership who oversees their FNIM programming to ensure that cultural perspectives, FNIM experiences, and examples of Indigenous health approaches and solutions are interwoven into their programming. Through this endeavor, they showcase leaders who are advancing Indigenous health in Canada and what the health care community and patient groups can do to support and imbed this work into their own practices. Summit working groups, comprised of interested participants, also work to advance integrated models of care and transform health data infrastructure throughout the year.

To date, many of the Champions are participating in reconciliation actions as part of the Arthritis Community Learning Circle (www.arthritisaction.ca). Under the mentorship and guidance of Indigenous leaders, they have participated in Truth and Reconciliation webinars, an intensive retreat, and created a health professional and patient internet-based resource to continue learning about colonization, Indigenous health, and Truth and Reconciliation. This resource also offers important reading and video resources to support the arthritis community in their learning journey.

Arthritis Society Canada completed an all-staff Indigenous Awareness course designed to deepen understanding of Indigenous histories, cultures, and rights. This training covered key topics, including the legacy of Residential Schools, and emphasized the importance of allyship and advocacy in addressing the health inequities and barriers Indigenous Peoples face in accessing culturally safe healthcare and health information.

Call to Action #19

We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Acknowledgement:

The Arthritis Ecosystem Champions acknowledge the need to understand, measure, and close the gaps in arthritis health outcomes and arthritis care between Indigenous Peoples in Canada and other populations, and to publish annual progress reports and assess long term trends to show if they are improving.

Commitment:

As informed by Indigenous leaders, the Arthritis Ecosystem Champions commit to respecting and advocating for Indigenous ownership of health data and adhering to the First Nations Principles of Ownership, Control, Access, and Possession (OCAP®), the Principles of Ethical Métis Research, and the Inuit Qaujimajatuqangit (IQ) Principles. The Arthritis Ecosystem Champions are dedicated to building trust through respectful and meaningful health research collaborations, active allyship with Indigenous partners to identify and close the gaps in arthritis health outcomes and care, and to publicly reporting metrics related to Indigenous arthritis health where needed.

Illustrative Actions:

Dr. Diane Lacaille, Scientific Director and Senior Scientist at Arthritis Research Canada (ARC), is a strong advocate for community-based research with Indigenous populations. Her collaborative work with First Nations communities has focused on co-developing and evaluating arthritis programs that align with Indigenous health approaches, engaging communities at every stage – from setting research priorities to shaping culturally relevant services. These partnerships, built on trust and respect, aim to reduce health disparities observed in First Nations communities and create meaningful, lasting change.

While there are currently extensive gaps in population health data collected with First Nations, Inuit and Métis peoples across the country, there have been some exceptional examples of collaboration and partnership between Indigenous Nations and governments and provincial governments of Canada. For example, in 2021, the Métis Public Health Surveillance Program published its baseline report - *Taanishi Kiiya? Miiyayow Métis Saantii Pi Miyooayaan Didaan BC / How are you? Improving Métis health and wellness in BC* – an extensive undertaking by the Métis Nation British Columbia, the BC Office of the Provincial Health Officer, and the BC Ministry of Health that includes health data, priorities, recommendations, and targets to achieve by 2030, including specific sections on rheumatoid arthritis and osteoarthritis. In 2024, a unique arthritis-focused report on *Epidemiological and Health Services Indicators of Arthritis Among the Métis Population of Alberta* was published through a meaningful partnership between the Otipemisiwak Métis Government: the Government of the Métis Nation within Alberta (MNA), researchers at the University of Alberta, and the Alberta Health Analytics and Reporting Branch.

Several research groups have also published on the population-based epidemiology of inflammatory arthritis in First Nations peoples, highlighting a disproportionate prevalence, earlier onset, and gaps in access to care for rheumatoid arthritis in Manitoba (work led by Dr. Carol Hitchon, Dr. Christine Peschken and colleagues at the University of Manitoba) and similarly disproportionate prevalence and gaps in care for several types of autoimmune arthritis in Alberta (work led by Dr. Cheryl Barnabe and colleagues at the University of Calgary). First Nations communities were engaged in these analyses in line with OCAP® principles.

While not arthritis-specific, co-led by Indigenous health researchers Dr. John R. Sylliboy and Dr. Margot Latimer at the IWK, and Tajikeimik, the [Etuaptmu'k W'loti initiative](#) will enhance access to culturally safe health and healing experiences for Mi'kmaw children and youth across Mi'kma'ki. The project upholds OCAP® and Inuit Qaujimajatuqangit (IQ) principles, ensuring Indigenous self-determination and governance in health research.

Call to Action #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.

Acknowledgement:

The Arthritis Ecosystem Champions support the need to recognize, respect, and address the distinct health needs of First Nations, Inuit, and Métis Peoples living in all communities, on and off reserve, urban, rural, and remote. The Arthritis Ecosystem Champions also recognize that accessing arthritis care, whether it be consultation for diagnosis, ongoing management of rheumatologic disease, allied health supports, orthopedic surgery, and/or accessing medications, has distinct and diverse realities for Métis, Inuit, and First Nations Peoples, including those who reside in urban communities. Each have unique challenges, as well as supports, to access the care that is required for their arthritis conditions.

Commitment:

The Arthritis Ecosystem Champions commit to recognizing the diversity of Indigenous Peoples and communities in their research approaches and to tailoring health strategies to reflect unique geographic and cultural needs. Additionally, recognizing that most healthcare in Canada is funded and delivered by government, the Arthritis Ecosystem Champions will, as informed by Indigenous leaders, advocate for health policies, innovative programs, and sustained funding to address gaps in care pathways and improve arthritis health outcomes for Indigenous Peoples and communities.

Illustrative Actions:

In 2018, Dr. Allyson Jones started the Indigenous Wellness Clinic at the University of Alberta, creating a safe, supportive space for urban Indigenous participants to pursue fitness and wellness. The clinic offers tailored exercises to address health concerns like joint stiffness, while student volunteers engage in active listening to support clients' distinct needs. By fostering community and prioritizing holistic well-being, the clinic enhances accessibility and continuity of care.

Since the 1950s, the Mary Pack Arthritis Program, now part of Vancouver Coastal Health, has coordinated a travelling clinic program bringing rheumatology and other arthritis specialty care providers into rural and remote communities several times a year, including those with predominantly First Nations populations. This is now complemented by a Real-Time Virtual Support (RTVS) Rheumatology program through the Rural Coordination Centre of British Columbia, which provides quick access to three-way virtual consultations (RheumVision) between rural and remote healthcare providers, their patient, and rheumatologist Dr. Brent Ohata.

In response to a desire for in-person connections, Arthritis Rehabilitation & Education Program (AREP) has been working with community health clinics in Indigenous communities to provide in-person learning instead of the virtual learning options more commonly available to people living in Ontario. AREP staff have spent years building person to person relationships in communities with a clinic day where they provide in-person education, followed by open clinic hours where community members can sign up for a same day assessment instead of needing to attend a pre-scheduled appointment.

Call to Action #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.

Acknowledgement:

The Arthritis Ecosystem Champions recognize the profound impact of intergenerational trauma caused by residential schools on the physical, mental, emotional, and spiritual health and well-being of Indigenous Peoples. The Arthritis Ecosystem Champions acknowledge the connection between this trauma and the unique health challenges faced by Indigenous communities, as well as its impact on access to and delivery of meaningful, culturally safe arthritis care. The Champions support the call for sustainable funding for Indigenous healing centers and culturally grounded health solutions that address these impacts.

Commitment:

The Arthritis Ecosystem Champions commit to fostering trusting partnerships with Indigenous communities to help deliver culturally safe, trauma-informed arthritis care and to raising awareness on the importance of Indigenous healing centres. This includes ongoing discussions and collaborations with Indigenous partners, supporting impactful federal efforts like Indigenous-language helplines, and advocating for sustainable funding, as informed by Indigenous leaders, to scale up existing and proposed healing centres, particularly in Nunavut and the Northwest Territories.

Illustrative Actions:

The arthritis liaison model (Umaefulam et al., 2021), co-developed with Treaty First Nations Peoples, is an important example of care delivery that extends beyond the biomedical model. This model demonstrates how personalized support and cultural integration can build bridges between clinicians and Indigenous patients to foster continuity and coordination of care (co-authors include Dr. Diane Lacaille of Arthritis Research Canada and Dr. Cheryl Barnabe).

Cassie + Friends launched a [program in Northern B.C.](#) that promotes more localized connections to care for children navigating JIA and their caregivers. They have been working with BC Children's hospital to attend remote clinics in-person, helping to foster a sense of community among families navigating JIA and address the additional challenges of accessing care in rural and remote regions. Before having an in-person presence, Cassie + Friends reached out to families in Northern B.C. to listen and learn about the challenges they are facing in managing and accessing care for JIA. One outcome was to host an in-person family day that connected 20 families from northern B.C. communities. Many of the families living in remote and rural communities across Canada are Indigenous Peoples. You can read more about Cassie + Friends' commitment to Truth & Reconciliation and deepen your understanding of the unique challenges facing Indigenous families at cassieandfriends.ca/truth-reconciliation.

Call to Action #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.

Acknowledgement:

The Arthritis Ecosystem Champions recognize the value of Indigenous healing practices and the right to incorporate them into arthritis care for Indigenous patients, in collaboration with Indigenous healers and Elders, as requested by patients and in alignment with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). The Arthritis Ecosystem Champions support the integration of these practices and the need for funding to scale these efforts. True collaboration with Indigenous communities is essential to ensure these practices are incorporated respectfully and meaningfully.

Commitment:

The Arthritis Ecosystem Champions commit to advocating for the integration of Indigenous healing practices into arthritis care, as informed by Indigenous leaders and in partnership with Indigenous healers and Elders. The Arthritis Ecosystem Champions will advocate and educate the arthritis provider community about how Indigenous healing practices can supplement and synergize a patient's arthritis care plan. The Champions will also take actionable steps to work with caregiving communities to create respectful and culturally safe healthcare environments for Indigenous patients.

Illustrative Actions:

Dr. Diane Lacaille (ARC), in partnership with the Old Masset Village, in Haida Gwaii and Kwakiutl District Council communities on Vancouver Island, co-developed and piloted a culturally relevant Arthritis Wellness Program. The program is rooted in an Indigenous approach to health that encompasses physical, mental, emotional and spiritual dimensions of health. It aims to improve health and wellness for Indigenous peoples with arthritis by involving family members and integrating Indigenous knowledge and practices, to enhance knowledge, skills, healthy behaviors and social support. Pilot testing in 2016 demonstrated the program's feasibility, effectiveness in improving health outcomes, and high satisfaction among participants. Dr. Lacaille has also worked on an Arthritis Wellness Coordinator pilot project in Old Masset Village to promote culturally safe comprehensive community-based care of arthritis and other chronic conditions experienced by people with arthritis.

A 2018 survey of Canadian Rheumatology Association (CRA) members indicated that most respondents were interested in creating space for Indigenous healing practices in rheumatology care plans but also highlighted lack of awareness of these healing practices and hesitations related to how to safely integrate them into patient-centred care. Beginning in 2020, all clinical practice guidelines developed by or in partnership with the CRA using the GRADE framework integrate an equity lens that includes Indigenous Peoples as a priority population for consideration in terms of the benefits and potential harms of treatments for these specific communities, and treatment acceptability and feasibility, among other domains. This has been applied in recent treatment guidelines for both rheumatoid arthritis (updated 2024) and axial spondyloarthritis (new 2024).

In 2021, Arthritis Consumer Experts formed the Arthritis Community Learning Circle. The Learning Circle focuses on taking meaningful steps with Indigenous Leaders to inform and educate non-Indigenous people and call for Reconcili-actions within the arthritis community. In 2023, the Learning Circle launched the Arthritis Call to Action website which features content specific to Call to Action #22. To date, over 2,000 people have engaged with the content on the web site and in Learning Circle activities.

Call to Action #23

We call upon all levels of government to:

- i. 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.*

Acknowledgement:

The Arthritis Ecosystem Champions support increasing the number of Indigenous healthcare professionals and ensuring their retention in Indigenous communities. The Arthritis Ecosystem Champions recognize that a healthcare workforce reflective of the diverse communities it serves – including in arthritis care – is essential to delivering culturally respectful, safe and effective care. Addressing arthritis health disparities requires infrastructure that supports Indigenous professionals, ensures adequate resources and community-based support systems, and provides cultural safety training for all arthritis healthcare professionals.

Commitment:

As informed by Indigenous leaders, the Arthritis Ecosystem Champions commit to advocating for increased Indigenous representation in the healthcare workforce, including in arthritis care. The Arthritis Ecosystem Champions will support efforts to retain Indigenous healthcare providers in their communities and promote cultural safety training as a requirement for all arthritis care professionals. Additionally, the Champions commit to completing virtual and in-person (where possible) cultural safety training within their respective organizations to foster ongoing learning and unlearning.

Illustrative Actions:

To build capacity in cultural safety among the rheumatology workforce, the Canadian Rheumatology Association (CRA) collaborated with rheumatology researchers, arthritis patient research partners, and the University of Calgary to develop a suite of online, self-paced continuing medical education course modules on Equity in Rheumatology Care.

To be more culturally humble, AREP staff have implemented mandatory training sessions with all staff. As part of this training, they have completed cultural mindfulness training, Indigenous Awareness Introduction, and have participated in Indigenous Awareness: Truth and Reconciliation learning session. Some staff members also have San'yas training.

Call to Action #24

We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Acknowledgement:

The Arthritis Ecosystem Champions recognize the importance of integrating Indigenous health issues into healthcare education across Canada. While acknowledging their limited influence over medical curricula, the Champions support efforts to include training on the legacy of residential schools, Indigenous rights, and teachings, as well as skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism and equally encourage incorporating these topics into continuing education and continuing medical education (CME) for healthcare professionals in arthritis and rheumatology.

Commitment:

As informed by Indigenous leaders, the Arthritis Ecosystem Champions commit to advocating for Indigenous health training in medical and nursing curricula through active allyship, including supporting initiatives like the Canadian Nurses Association Declaration Against Anti-Indigenous Racism in Nursing and Health Care. The Arthritis Ecosystem Champions also commit to strengthening engagement with medical schools and professional bodies to advance these efforts, including increasing direct communication with these schools and bodies, and creating space for open discussions on public position statements, where possible.

Illustrative Actions:

The Arthritis Health Professions Association (AHPA) is committed to advocating for Indigenous health training and awareness among healthcare professionals. In early 2025, AHPA partnered with Doctors of BC to share a symbolic art poster titled *The Light of Irene*, created by s̓təm̓əx^w (Rain Pierre) from Katzie First Nation in British Columbia, at the Canadian Rheumatology Association Annual Scientific Meeting. Designed for healthcare providers to display in their offices or points of care, the poster serves as a visible gesture of inclusivity, honoring the commitment to providing culturally safe healthcare for Indigenous patients. Although not linked to mandatory training, an estimated 100 copies were made available to delegates: half were distributed directly to AHPA members, and the other half was made available to all at the registration desk. Looking ahead, AHPA is also reviewing its approach to land acknowledgments, striving to make them more intentional and meaningful, rather than performative.

Participating Organizations:

