

FOR DECISION

PRESENTED BY:	Airini, Provost and Vice-President Academic
DATE OF MEETING:	April 22, 2023
SUBJECT:	Proposal to establish a Department of Indigenous Health and Wellness in the College of Medicine.
PROPOSED MOTION:	Pending the approval of University Council and the Board of Governors, Senate recommends the establishment of a Department of Indigenous Health and Wellness in the College of Medicine.

BACKGROUND/RATIONALE:

The establishment of the Department of Indigenous Health and Wellness (DIHW) directly supports the vision and mission articulated in the College of Medicine's Strategic Plan 2017-2025. The proposed Indigenous-led department has an exceptionally high degree of linkages to institutional plans and strategies including the University Plan 2025; *ohpahotân / oohpaahotaan* – The Indigenous Strategy; the USask Strategic Research Plan and the USask Learning, Teaching and Student Experience Plan.

Through the academic, scholarly, and administrative work of the department, along with a foundational and enduring commitment to authentic community engagement, the goals of this Indigenous-led department will be to meaningfully address: existing health inequities; the scarcity of strength-based Indigenous health research; knowledge translation in community; and systemic racism in the health system and health education system.

Creating the DIHW provides the College of Medicine with the space to position Indigenous Peoples to lead this work. Indigenous and non-Indigenous faculty alike will undertake the comprehensive engagement, coordination, facilitation, and mentorship that will be required to foster an environment that can meaningfully improve Indigenous community health outcomes by advancing pedagogy, creating new clinical tools and frameworks that will strengthen the training of medical learners, augment the resources for faculty and ultimately serve the communities. Focusing the department's education, research and service activities in this way will serve to advance the college's social accountability mandate.

Through, the support of areas including, but not limited to, admissions, curriculum, administration, recruitment, retention, mentorship, relationship, faculty development, undergraduate and postgraduate programming and most critically Indigenous health scholarship, the department will effectively respond to the TRC Calls to Action. The department will influence how medical education and scholarship incorporates Indigenous Knowledges and systems to equip practitioners to provide informed and appropriate medical services to Indigenous communities. It will foster an environment where physicians and scholars are prepared to practice in the Saskatchewan health system through high-quality learning opportunities and research with the goal of providing safe, equitable, ethical, and relational care to community.

The creation of the DIHW will serve as a permanent and formal structure that contributes to a sense of place, both an ethical and relational space, for faculty, staff, learners, and community, best suited to support the work required within our college, university, and health system. The uniqueness and expertise of this unit will reside in its' respectful connection to Indigenous community voices.

The department will work to holistically contribute to aspects of medical education, research, and engagement that touch upon Indigenous Health and Wellness in a manner that aligns with Indigenous ideology and methodology and in so doing will demonstrate the unique value proposition offered by the department.

It is anticipated that this department will be heavily engaged in the co-creation of materials for academic programs across the College of Medicine and in transdisciplinary partnerships across the health sciences, the campus, and the nation. Academic programs from across the college anticipate calling upon or partnering with the faculty of the DIHW to consult on curricular content and deliver parts of their programming. As the department grows and builds capacity there are many future-state opportunities for new post-graduate programming including a Family Medicine Enhanced skills training program, and a new Indigenous Health stream within the Health Science Graduate Program.

The department will be wide in scope and interdisciplinary in nature. It will be a nexus point where community, researchers, learners and educators come together. The goals and objectives of the proposed department will require broad-ranging collaborations and linkages to varied departments within the college, university, and beyond. Robust consultations with stakeholders have underscored the importance of this wide-ranging and inclusive approach to partnerships.

The DIHW creates the space to establish a transdisciplinary research hub. The research hub will be a place for those who share a passion for strengths-based, community-engaged Indigenous health and wellness work to converge, share ideas, coordinate community engagement approaches and develop partnerships that can help to create new tools for clinicians and scholars that incorporate Indigenous Knowledges and systems. The research hub may serve as a catalyst for action related to the signature research areas as there are many opportunities for the faculty to engage with these areas of research and scholarship.

For more than 20 years faculty and staff serving on the College of Medicine's Indigenous Health Committee have been working to strengthen culturally based linkages between Indigenous world views and the medical community. Building upon the decades of dedicated "work done in good ways" the Vice-Dean Indigenous Health has engaged in significant stakeholder engagement and established a working group comprised of Indigenous and non-Indigenous faculty and staff to scope the work of the department and prepare the proposal for its establishment. Broad stakeholder engagement has been undertaken since mid-May 2022 and more than 80 stakeholders or groups of stakeholders have been engaged.

CONSULTATION AND GOVERNANCE TIMELINE:

Governing Body	Request for Input	Notice of Motion	Request for Decision/Confirmation
College of Medicine Faculty Council		September 28, 2022	January 25, 2023
Planning and Priorities Committee	February 8, 2023		
Academic Programs Committee	March 8, 2023		
University Council		March 16, 2023	April 20, 2023
Board of Governors			April 18, 2023
Senate		March 23, 2023	April 22, 2023

ATTACHMENTS:

1. Proposal

Proposal to Establish the Department of Indigenous Health and Wellness

March 2023

1. Name of Department

The proposed name for the department is the Department of Indigenous Health and Wellness in the College of Medicine at the University of Saskatchewan.

The name for the department was carefully considered and importantly incorporates the word, “*wellness*”. The use of the term wellness stems from the utilization of the word by Indigenous communitiesⁱ, Health Canada, and scholars. Wellness is used to replace, or in addition to the words, “*Indigenous health*”, to signify a shift away from the deficit-based understanding of Indigenous health in publications. The working group members felt well advised to include wellness, in the name of the new department. The term Indigenous is used in recognition of the diversity of Indigenous groups and is inclusive of First Nations, Métis and Inuit Peoples. The name provides clarity to the broader college and university membership, regarding the department’s, form and function.

2. Academic Rationale

2.1. Terms of Reference

2.1.1. GOALS OF THE DEPARTMENT

Through the academic, scholarly, and administrative work of the department, along with a foundational and enduring commitment to *authentic community engagement*ⁱⁱ, the goals of this *Indigenous-led*ⁱⁱⁱ department will be to meaningfully address:

- existing health inequities (Public Health Agency of Canada, 2018);
- the scarcity of strength-based Indigenous health research (Lafontaine, 2018);
- knowledge translation in community; and
- systemic racism in the health system and health education system.

The establishment of this department and the articulation of its goals have been many years in the making. Establishing an administrative home for Indigenous Health in the College of Medicine was identified as a priority in the [Strategic Plan \(2017-2025\)](#). The plan speaks to establishing a structure that ensures Indigenous voices are included and heard; increasing the number of Indigenous people in senior leadership positions across the College of Medicine; and investing in the development of Indigenous faculty, learners, residents and staff. To honour, the College of Medicine’s [Indigenous Health Committee](#)’s (IHC) vision and the commitments made in the College Plan, the Office of the Vice-Dean Indigenous Health (OVDIH) was established in May 2022. The Vice-Dean position is an integral member of the senior leadership team, responsible for work on strategic objectives and accountable for positioning the College of Medicine in a place of prominence to achieve its long-term Indigenous strategies. Through deliberation with IHC members, senior leaders, and university officials the OVDIH determined that a **department structure** is best suited to meet the Indigenous health goals of the college (to establish an administrative home). A department will facilitate the building of capacity that is necessary to effectively respond to the [Truth and Reconciliation Commission of Canada \(TRC\): Calls to Action](#).

Through, the support of areas including, but not limited to, admissions, curriculum, administration, recruitment, retention, mentorship, relationship, faculty development, undergraduate and postgraduate programming and most critically Indigenous health scholarship, the department will effectively respond to the TRC Calls to Action.

The department will influence how medical education and scholarship incorporates Indigenous Knowledges and systems to equip practitioners to provide informed and appropriate medical services to Indigenous communities. It will foster an environment where physicians and scholars are prepared to practice in the Saskatchewan health system through high-quality learning opportunities and research with the goal of providing safe, equitable, ethical, and relational care to community.

2.1.2. STRATEGIC LINKS TO UNIVERSITY AND COLLEGE PLANS

The proposed Department of Indigenous Health and Wellness will be the first of its kind in Canada^{iv} and will serve as a sentinel and advisory structure for the College of Medicine to identify opportunities to operationalize, support, and integrate or *weave* the [University Plan 2025](#) Aspirations of Transformative Decolonization, Productive Collaboration, and Meaningful Impact through the fabric of the college and beyond. The department will create space to make the aspirations articulated in “Transformative Decolonization” real – this will be the everyday work of the department. The DIHW is intended to be wide in scope and interdisciplinary in nature. Addressing the goals of the department will require a *community-first perspective*. The department’s commitment to authentic community engagement will allow it to be a hub for “productive collaboration” and “meaningful impact”.

Transformative Decolonization leading to Reconciliation: *The world needs a university in which Indigenous concepts, methodologies, pedagogies, languages, and philosophies are respectfully woven into the tapestry of learning, research, scholarship, creativity, and community engagement*

Productive Collaboration: *The world needs a university in which research and innovation are inspired by and accountable to community partners.*

Meaningful Impact: *The world needs a university resolutely committed to measuring its own success in terms of the aspirations of the communities it serves. (University of Saskatchewan, 2018)*

The department will ground itself in the fundamental commitments articulated in [ohpahotân I oohpaahotaan – The Indigenous Strategy](#). The strategy was gifted to USask on behalf of the Indigenous people who created it and by accepting this gift, USask committed to working to uplift the seven fundamental commitments articulated in the plan. These commitments are mutually reinforcing and core to Indigenous ways of knowing and being. As outlined within section 2.1.3, the department objectives will link to each of these commitments and will be working in an especially purposeful way to move forward while acknowledging past harms to create an environment of:

Safety: *Creating and realizing inviting, welcoming and safe spaces for Indigenous Peoples, free from racism and oppression.*

Wellness: *Integrating wholistic healing supports for the University’s Indigenous community, including students, staff, faculty and leaders.*

Stewardship: *Preserving and amplifying Indigenous cultures, languages and protocol learnings.*

Representation: *Uplifting Indigenous Peoples in University spaces and places.*

Right Relations: *Supporting active and respectful partnerships and engagement with Indigenous Peoples—ethical and relational spaces.*

Creation: *Acknowledging, resourcing and investing in wise practices and activities—conjuring the creative spirit that inspires innovation.*

Renewal: *Strengthening and sustaining pathways of access and success—connecting with Indigenous youth. (University of Saskatchewan, 2021)*

Establishing the DIHW contributes to the strategic priorities and directions of the College of Medicine. The College of Medicine [Strategic Plan \(2017-2025\)](#) specifically addresses the College's plans to Respond to the Calls to Action and meet our social accountability mandate from the World Health Organization^v (1995).

Indigenous Health: Respond to the Calls to Action in Canada's Truth and Reconciliation report, and work in a mutually beneficial and collaborative manner with the Indigenous Peoples of Saskatchewan to define and address the present and emerging health needs in their communities. Promote wellness, balance and teachings that will lead to positive and improved outcomes in communities.

Social Accountability: Address the priority health concerns of the communities the college is mandated to serve, incorporating authentic community engagement and mutually beneficial partnerships. Focus on equity and community engagement by interweaving social accountability throughout the college's operations.

The [Truth and Reconciliation Commission of Canada: Calls to Action](#) most directly related to the College of Medicine and the DIHW are those calls related to Health (calls 18, 19, 20, 21, 22, 23, 24). While many initiatives to address the TRC Calls to Action are underway the Indigenous Physicians Association of Canada (IPAC) published a [Medical School Report Card: Summary of 2020-2021](#) and results indicate that significant work remains. The findings of this type of report will be important considerations for the department, and college.

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.

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.

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.

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.

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.

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.

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.

The USask [Strategic Research Plan](#) speaks to tackling five pivotal commitments deemed essential for strengthening the research enterprise at USask these are: build institutional fortitude, uplift

Indigenization, invigorate our health cluster, embolden our strengths and put our knowledge to work. The Department of Indigenous Health and Wellness has the potential to support each of these commitments but importantly it will serve as an opportunity to show progress against the guideposts of the Uplift Indigenization and Invigorate our Health Cluster commitments as these concepts are integral to the proposed department.

***Uplift Indigenization:** We will support flourishing Indigenous scholarship rooted in reciprocal, respectful and relational academic and community partnerships to guide our journey of transformative decolonization and reconciliation.*

***Invigorate our Health Cluster:** We will unlock the creativity, innovation and community potential of interdisciplinary health and wellness research.*

The department anticipates vibrant and robust interconnections with many of the USask [Signature Areas of Research](#). These “areas of research and scholarship ... bring the University of Saskatchewan distinct recognition and help to position USask among the most distinguished universities in Canada and among the very best in the world.” The department can provide infrastructure and a home for scholars, learners and academic programs that will enable signature research area growth. It is anticipated that the faculty of the department will have especially important connections to the following signature areas.



Health and Wellness: *Combining the Arts, Social Sciences, Biomedical Sciences, and Medicine to Make Humans Healthier. Research that combines aspects of the arts, population health, public health, biomedical, clinical, Indigenous, social and political science has the potential to increase the effectiveness of health care, health promotion and disease prevention in society.*



Indigenous Peoples: *Engagement and Scholarship. By 2050, half of Saskatchewan's population may be of Indigenous ancestry, a demographic shift that creates challenge and opportunity. Our shared journey will help advance Indigenous and non-Indigenous ways of knowing and prepare a new generation of Indigenous youth for the global knowledge economy.*



Communities and Sustainability: *Exploring the Interrelatedness of Human Communities and Natural Ecologies. Understanding the relationships among different peoples and the natural world and ensuring that they are maintained in a good way — a philosophy embodied in the Cree/Saulteaux concept of wahkohtowin — is crucial to overcoming urgent environmental, social, and political hurdles.*

The USask [Learning, Teaching and Student Experience Plan](#) addresses “walking the talk” of reconciliation and “co-creating a climate of inclusion, empowerment and support”. The plan describes aligned pursuits as measurably enhancing feelings of engagement and safety, enhancing recruitment and retention and academic programming grounded in Indigenous worldviews.

The proposed Indigenous-led department has an exceptionally high degree of linkages to institutional and college strategies, these plans articulate numerous aspirations, commitments, and priorities regarding Indigenization at USask. The goals of the department, resonate with numerous colleges, schools, units, groups and individuals across campus (see section 2.2 Impact and Relationships). It is envisioned that the department will serve as a hub to unite those on our campus who wish to work towards the goals of the department. These shared goals and plans remind us that “we are all in this together” (University of Saskatchewan, 2021, p. 21). Significant work lies ahead and establishing the Department of Indigenous Health and Wellness provides the College of Medicine with the space to position Indigenous Peoples to lead this work, Indigenous and non-Indigenous faculty alike will undertake the comprehensive engagement, coordination, facilitation, and mentorship that will be required to foster an environment that can meaningfully improve Indigenous community health outcomes by advancing pedagogy, creating new clinical tools and frameworks that will strengthen the training of medical learners, augment the resources for faculty and **ultimately serve the communities**.

2.1.3. THE DEPARTMENT – OBJECTIVES, EXPERTISE, DEMAND AND UNIQUENESS

The creation of the Department of Indigenous Health and Wellness will serve as a permanent and formal structure that contributes to a sense of place, both an ethical and relational space (Ermine, 2000) for faculty, staff, learners, and community, best suited to support the work required within our college, university, and health system. The uniqueness and expertise of this unit will reside in its' respectful connection to Indigenous community voices. Community in this context refers to Indigenous Peoples, Knowledge Holders, Elders, and/or Healers. The launch of this new department will begin a cascade of outputs that will, be reflective of department capacity and priority and demonstrate the new department's other distinctive elements. Specific academic objectives are addressed in sections 2.1.4, 2.2.2, and 2.2.3.



Figure 1: Members of the Department of Indigenous Health and Wellness will serve in many ways

The members of the Department of Indigenous Health and Wellness will be called upon to serve in many roles; Figure 1 identifies some of the types of roles they will serve in, they will be educators and learners, community members, and mentors, facilitators, partners and researchers. Pre-launch and during phase one of implementation, faculty, community, learner, and staff recruitment, retention, mentorship and support will be mission critical. Phase one will also need to support work in admissions and creating respectful engagement processes for authentic community engagement. The establishment of dedicated faculty, community, and staff to provide leadership, coordination, facilitation, and subject matter expertise is essential capacity building to address the ever-increasing demands related to Indigenous Health and Wellness, as the demands span the full spectrum of college activities. *(Safety, Wellness, Representation, Right Relations and Renewal – ohpahotân I oohpaahotaan)*

Phase two and three of establishment will see continued capacity building through successful recruitment of dedicated faculty, community, and staff to work on advanced objectives of the department including but not limited to understanding and incorporating Indigenous knowledge systems, designing models with community to improve knowledge mobilization, advancing the TRC calls to action, developing, and delivering on academic programs. The phased development of the department and its' people will result in new learnings for the College, that shared through publications, will position USask as a courageously curious innovator, uplifting Indigenousization. *(Creation, Stewardship, and Right Relations – ohpahotân I oohpaahotaan and University Plan 2025)*

"Indigenous People[s] face systemic issues, including racism, discrimination, and bias within institutions (e.g, hospitals and health-care facilities) related to [the Canadian] historical context" (Durand-Moreau,

Lafontaine, & Ward, 2022). Tragic occurrences, linked to systemic racism, happen all too frequently in our health system. The death of Joyce Echaquan on September 28, 2020, sparked the establishment of [Joyce's Principle](#), a brief presented by the Council of the Atikamekw of Manawan to the Government of Canada (2020). The brief provides specific recommendations regarding the relationship between Indigenous People and teaching institutions in the fields of health and social services. Addressing systemic racism in the health system is a complex, multifaceted and monumental task that becomes out of reach without dedicated resourcing. By pursuing the DIHW, the College of Medicine is building essential capacity to effectively respond, when Indigenous communities so clearly articulate the changes needed for equitable health as is the case with Joyce's Principle. The new department's role is to support the College of Medicine in its' efforts to understand and continue addressing systemic racism. A DIHW facilitated, proactive implementation of recommendations arising from Joyce's Principle is one example of how this new department will support the college and its' aspirations. (*Safety – ohpahotân / oohpaahotaan*)

Dedicated interdisciplinary faculty connected to community voice offer multiple avenues for the collaborative enhancement of the department's objectives. Building a unit that allows for the participation of Indigenous scholars, Knowledge Holders, and Elders as valued members of the department would serve to support the continued development and implementation of new and innovative programming that meets learner and provincial needs and accreditation standards while ensuring that all programming continues to support our equity, diversity, and social accountability mandate.

Embracing Mentorship

Academic achievement often comes as the result of structured mentorship. Mentorship activities in the department will have a strong focus on being in-relationship, a focus on recognizing the unique talents and skills of individuals regardless of their positional power and taking a capacity-building approach. It is envisioned that alumni of the department would be encouraged to see themselves as having a kinship-type tie to the department and to see themselves as having long-term opportunities to serve as role models and mentors.

- **Community members** will be encouraged to see themselves and their children as potentially having a future in healthcare and as authentic partners in research projects. Opportunities will be established for them to develop relationships with members of the department, to help break down barriers and make the university environment more welcoming.
- **Learners** are currently mentored from the time they demonstrate an interest in a career in healthcare. There are opportunities to build on the existing learner peer mentorship events and to engage a wider array of faculty and staff in learner mentorship.
- **Members** of the department will work to establish a structured approach to mentorship for learners, early career researchers and faculty. This will include introductions to influential research networks and people, opportunities for co-applicant status on grants, and exposure to the project management and leadership elements of research projects. Members of the department will also provide trust-based mentorship related to career progression including workshop-type support for how to: become published, write a successful research grant and prepare files for tenure, and promotion.

Creating Safe Spaces

The physical spaces of the department, alongside the Office of Vice-Dean Indigenous Health, and the CFI-funded Indigenous Wellness Space called *miyo maskihkēwiyiniwak* (Good Medicine People) will serve as a welcoming safe space for Indigenous faculty, staff, learners, and community. Lessons on creating safe spaces can be drawn from patient-oriented research and will include a philosophical orientation geared towards safety, right relations, and away from unnecessary competition. Support offices and cultural coordinators will be integrated into or co-located near the department, contributing to a wellness

environment to support Indigenous learners, residents, physicians, faculty and staff success, fostering commitment and satisfaction.

Being in Relationship

Great attention will be paid to establishing and maintaining relationships as part of a continual effort to create and maintain truly safe, ethical and relational spaces. Core values statements may include concepts like valuing the guidance of the Seven Sacred Grandfather teachings: Love, Respect, Courage, Honesty, Wisdom, Humility, and Truth in conduct towards others. These values will exist alongside philosophical agreements about wise practices that can be used to help members of the department engage in respectful, insightful and critical dialogue as they work together to address challenging topics related to Indigenous Health and Wellness.

Using Restorative Processes

From time to time every workplace and every partnership encounters conflict and too often disagreements become entrenched. The academic environment often encourages a climate of internal competition, but the work of this department is of tremendous importance to the community and members of the department will use restorative processes to address and manage these differences in pursuit of the greater good.

Research

Scholars working with community will develop “new” and innovative approaches to this pedagogical area and in so doing they will bring Indigenous community-identified health priorities to the forefront of their scholarly work and teaching and focus on knowledge translation and knowledge mobilization that is of value to community members.

Unique Value Proposition

The Department of Indigenous Health and Wellness, based in the College of Medicine at the University of Saskatchewan has a unique opportunity to meaningfully improve health outcomes and reduce health disparities experienced by Indigenous Peoples. While this is a bold statement and will take some time to achieve - it is feasible - in part because of the clinical dimensions of the college’s work and its unique integration with the health system. The faculty of the department and those who engage in the research hub supported by the department will be the subject matter experts called upon by the academic programs of the college to contribute to curriculum in service of improved health outcomes for patients.

The primacy of this work means that it cannot be confined to one college, one student body or one type of healthcare professional but the work must start, the community cannot wait, and the College of Medicine has made this work a strategic and financial priority. The DIHW will create a formal academic structure to further uplift and enrich work that has been underway in the College of Medicine for at least the last 20 years. It has always been the case that the best of the Indigenous initiatives at USask come from the collaborative efforts of many people committed to working with community in good ways and this department will continue in that tradition – it will fund and formalize a collaborative space where we can work together in culturally appropriate ways for the greater good.

The department will work to holistically contribute to aspects of medical education, research, and engagement that touch upon Indigenous Health and Wellness in a manner that aligns with Indigenous ideology and methodology and in so doing will demonstrate the unique value proposition offered by the department. The department will work to respectfully and authentically integrate Indigenous and Western frameworks for the ways in which the department conducts itself. In some ways, the department will be very much like other departments – it will manage institutional processes; provide a home for subject matter expertise and faculty of the department will be called upon to share their expertise with

academic programs. What will make this department different/unique is that it will place a high value on and seek to operate using Indigenous frameworks and models of relational accountability like the 4Rs: respect, relevance, reciprocity and responsibility (Kirkness & Barnhardt, 1991). Essential institutional matters like faculty career progression and the development of academic programming will be addressed in an environment that respectfully weaves in and uplifts Indigenous approaches like being in relationship, using restorative processes, sharing, creating safe spaces and embracing mentorship.

2.1.4. A BRIEF DISCUSSION OF PROGRAMS THAT WILL BE DEVELOPED AND DELIVERED BY THE DEPARTMENT

It is anticipated that this department will be heavily engaged in the co-creation of materials for academic programs across the College of Medicine and in transdisciplinary partnerships across the health sciences, the campus, and the nation. Academic programs from across the college anticipate calling upon or partnering with the faculty of the DIHW to consult on curricular content and deliver parts of their programming.

Undergraduate Medicinal Education (UGME):

*“We anticipate that the department will serve as a key resource for medical program curriculum, providing consultation on curriculum content, and teaching by department members including on critical topics such as Indigenous [perspectives on] health and wellness, ..., cultural safety, colonization and decolonization, and truth and reconciliation. The department will also support engagement with communities for curricular opportunities, such as pre-clerkship learning experiences within Indigenous organizations and communities and electives for both Indigenous and non-Indigenous students)”.
Dr Meredith McKague, Associate Dean Undergraduate Medical Education, College of Medicine*

Postgraduate Medical Education (PGME):

“The PGME ... would certainly benefit from collaborations with the new department for curricular changes (incorporating Indigenous perspectives, learning from Elders and Knowledge Keepers, and integrative medicine), developing new sites of training and recruitment and retention.” Dr. Anurag Saxena, Associate Dean, Postgraduate Medical Education, College of Medicine

The Department will create the space for experts in the field to design and deliver other programming. In the future, as the department grows and builds capacity there are many future-state opportunities for new post-graduate programming including a Family Medicine Enhanced skills training program, and a new Indigenous Health stream within the Health Science Graduate Program.

***New* Enhanced Skills Program^{vi} – Indigenous Health and Wellness through the Department of Academic Family Medicine.** This enhanced skill year is a comprehensive learning experience for family medicine physicians focusing on Indigenous health and wellness. The Residency Program would adhere to the goals and objectives articulated in [CanMEDS Family Medicine Indigenous Health Supplement](#). Residents would enter the program via the Canadian Resident Matching Service (CaRMS^{vii}), meaning residents would apply specifically for this program.

Master of Science (M.Sc.) or Doctor of Philosophy (Ph.D.) in Health Sciences – Indigenous Health and Wellness (new stream). The [Health Sciences Graduate Program](#) (HSGP) is a unique research-based program open to all departments in the College of Medicine. The M.Sc. and Ph.D. programs in Health Sciences are thesis-based graduate programs for graduate students performing intensive research within the College of Medicine. Research projects primarily investigate translational and/or clinical aspects of human disease, health, healthy living, and/or translational research but may also include more biomedical research projects with clinical translation. Areas of research are dependent on the research interests and expertise of the student and their research supervisor. The HSGP offers relevant, centrally managed programs that provide research skills, and knowledge necessary for any life and health science graduate.

Other programming opportunities that have been discussed during the creation of this proposal include:

- Collaborating with the Royal College of Physicians and Surgeons of Canada on a certificate in Indigenous Health and Wellness
- Collaborating with the [Clinician Investigator Program \(CIP\)](#) to contribute to academic programming specific to Indigenous health, wellness and healing practices.

2.2. Impact and Relationships

2.2.1. RELATIONSHIPS WITH OTHER DEPARTMENTS OR ACTIVITIES IN THE COLLEGE

The department will be a nexus point where community, researchers, learners and educators come together (see Figure 2). The goals and objectives of the proposed department will require broad-ranging collaborations and linkages to varied departments within the college and university, and beyond. Robust consultations with stakeholders have underscored the importance of this wide ranging and inclusive approach to partnerships. Like many elements of this department, relationships will take shape as department leadership and operations evolve. The forecasted collaborators of the department are depicted in the centre of Figure 4: Proposed CoM Indigenous Health Relational Organization Chart, as mentors, advisors, partners, and collaborators. Details regarding the opportunities for impactful collaboration with other units cannot be captured concisely, nor is it fully known at this stage of the process. For these reasons we have chosen to highlight impacts relating to the OVDIH, FD, CME and UGME areas, the departments of Obstetrics and Gynecology, Community Health and Epidemiology, and the Division of Social Accountability as well as colleagues, learners, and external partners, to provide insight into the anticipated impacts foreseeable by stakeholders and the project team. It is assumed that the department will have many more connections with local, provincial and national level organizations dedicated to the promotion of Indigenous Health and Wellness concepts.

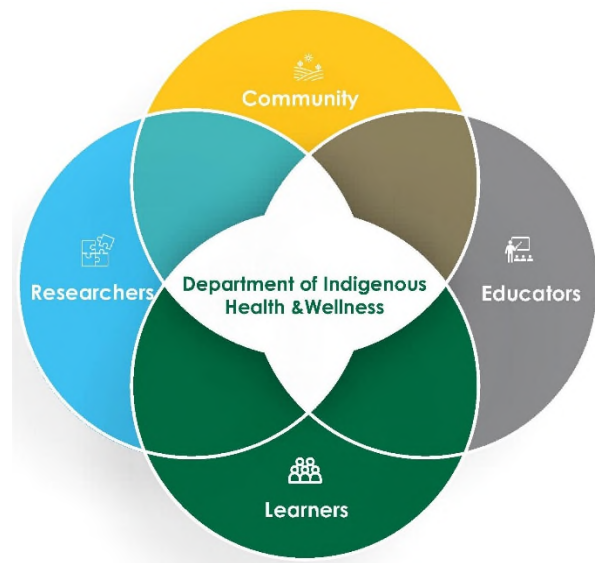


Figure 2: the Department of Indigenous Health and Wellness is a place where community, researchers, educators, and learners will collaborate

Links to Office of the Vice-Dean Indigenous Health (OVDIH) and Community

Being *in relationship* is of fundamental importance in Indigenous culture and the department will have a wide array of linkages and impacts. A relationship deemed to be of high importance by the working group is the one between the Department of Indigenous Health and Wellness (DIHW) and the Office of the Vice-Dean Indigenous Health (OVDIH). The relationship needs to be close, to ensure that high level aspirations of the college and objectives of the department, related to Indigenous health, are met. In many cases, the vice-dean will be a conduit for the DIHW to become engaged in new partnerships and opportunities. Relational ties will also exist through staff, the cultural coordinator, and the community advisors, with many roles being shared positions in the early phase of development. The OVDIH, will support a coordinated approach to community engagement for priority projects of the department and college. Community links will be made and/or recognized in a wide array of ways including recognition that Indigenous faculty, staff and learners are our *internal Indigenous community* and that in many cases they will be uniquely positioned to reflect on the work of the department. Individual researchers, faculty, staff and learners have pre-existing professional relationships and kinship ties to *external Indigenous*

communities and those ties may lead to more formal community engagement arrangements like community-led research partnerships, and/or community placements for learners.

A fundamental initial step in achieving authentic community engagement is creating safe, ethical and relational spaces within the college. Once the space is established, safe respectful community engagement can commence on a broader scale. Both the OVDIH and DIHW will work with others internally and externally to uplift Indigenous concepts, methodologies, and pedagogies. Indigenous and non-Indigenous clinicians and scholars must partner with members of Indigenous communities to be gifted the knowledge required, to achieve this. Such a framework is foundational to the DIHW and in keeping with [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans: Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada](#) (TCPS 2-Chapter 9). Indigenous-led establishment of partnerships through, respectful Indigenous community engagement protocols that reflect the diversity of the population, building access to networks of community partners, and determining respectful sustainable resource strategies, will be the distinctive work of the OVDIH and DIHW.

"The building of relationships with the community is integral to engaging in research with the community ... this has the potential to engage Indigenous Elders, Knowledge Keepers and communities in co-creating questions with researchers that will work with them to answer the questions in a meaningful way." Dr. Vivian R Ramsden, Professor, Research Director, Department of Family Medicine, University of Saskatchewan.

Links to Other Departments/Units/Portfolios of the College

The College of Medicine is large and complex with many parts including: clinical departments where Provincial Department Heads provide fundamental links to and leadership within the Saskatchewan Health Authority (SHA); academic departments; the School of Rehabilitation Sciences and cross-cutting portfolios like rural health. The following section articulates some of the ways that the proposed new department will link to other units in the college.

Leaders from many clinical departments including Medicine, Surgery, Obstetrics and Gynecology, Psychiatry, and Family Medicine identify that the DIHW offers much-needed complimentary support to their department's clinical work and research. Provincial Department Heads^{viii} relay an eagerness and impatience for the DIHW to launch. The prospect of learning from Indigenous-developed processes and employing authentic community engagement approaches excites clinical scholars; many see this as an opportunity to move closer to improved clinical outcomes for Indigenous Peoples.

"The Department of Obstetrics and Gynecology would welcome the opportunity to learn from and work alongside partners in Indigenous health. Indigenous communities in Saskatchewan are seeking to revitalize and promote traditional birth practices. As a system, we need to explore opportunities to support this work, ensuring culturally safe and respectful processes and alliances." Dr. Joanne Sivertson, Provincial Department Head, Obstetrics and Gynecology, College of Medicine/SHA.

Similarly, there is an opportunity for the faculty of the DIHW to partner with other academic departments such as Community Health and Epidemiology known for its community-engaged research, social justice lens and collaborative approaches and the Division of Social Accountability (DSA). The DSA is a unit with the vision of inspiring transformative learning, research, and action to achieve health equity. These relationships would build and amplify existing sector-leading practices or to co-create new ways of conveying Indigenous health and wellness practices in educational and clinical settings using Indigenous community-led innovations as a foundation. The DSA notes the critical need for Indigenous-led medical education, both as a necessary response to calls such as the TRC Calls to Actions, and as an innovative and paradigm-shifting solution to many of the challenges currently plaguing Canada's healthcare systems.

“The Division of Social Accountability is pleased to support the establishment of a Department of Indigenous Health and Wellness at the University of Saskatchewan, in the interest of advancing health equity and justice in the province of Saskatchewan. As a resource unit made of non-Indigenous staff, we strive to practice responsibility and allyship towards interrupting the harms of colonialism and racism in the health outcomes of Indigenous Peoples, and we recognize that there must be dedicated and focused resources to advance the research and academic development of Indigenous faculty in ways that are culturally safe and guided by the knowledge and values of Indigenous Peoples.” Dr. Manuela Valle-Castro, Division of Social Accountability.

Beyond the department’s enduring commitment to respectful community relations, Heads of departments also note that a department designed to be welcoming of Indigenous faculty and complementary to other departments would aid in the recruitment and retention of Indigenous faculty in all departments.

“I see needs in the [School of Rehabilitation Science] that would be supported and guided by this department in improving the culture and supports for Indigenous students, attracting Indigenous faculty to the school, and increasing opportunities for innovative education and research in Indigenous health and wellness for the betterment of rehabilitation in the province and beyond.” Teresa Paslawski, Associate Dean, School of Rehabilitation Science, College of Medicine, USask

It is anticipated that the future DIHW will have many points of common interest and will collaborate frequently with the Rural Medicine portfolio. Like the DIHW the Rural Medicine portfolio has a province-wide mandate, working to address topics that transcend disciplinary boundaries with a goal of improving healthcare delivery in rural communities, including rural Indigenous communities. The Associate Dean, Rural Medicine, identifies the establishment of a Department of Indigenous Health and Wellness with scholars who have dedicated time to engage in the co-creation of new value-added programming as a tremendous asset to the rural portfolio, and the academic programs of the college. New co-created programming may include opportunities for: a new Longitudinal Integrated Clerkship (LIC) experience based in a rural, remote Indigenous community; or new community experience offerings for the Undergraduate Medical Education Program.

2.2.2. LINKS TO ACADEMIC PROGRAMS OF THE COLLEGE

Links to Undergraduate Medical Education Admissions

Starting in the 2022 application cycle, the College of Medicine, Undergraduate Medical Education (UGME) program introduced a new process to evaluate Indigenous applicants called the Indigenous Admissions Circle (IAC). The IAC supports Indigenous applicants, who meet all posted admission requirements, by reviewing and evaluating applicants through an Indigenous lens. The IAC process, established in part to address *TRC Call to action 23(i)* is designed to support self-declared First Nations, Métis, and Inuit learners to gain admission to medicine. The UGME admissions team anticipates the new DIHW will be a tremendous resource for the UGME and the IAC in part due to the expanded internal capacity as currently, the demand for services exceeds the available resource on topics related to learner supports, programming and quality improvement projects. Mentorship is central to the work of the DIHW and there will be opportunities to support and mentor Indigenous learners from the time that they are interested in a career in medicine and throughout their medical school application, to acceptance to medical school. These mentorship opportunities are extremely important in building relationships and trust. The director of admissions for the UGME program explains that:

“Having a culturally-safe space that is Indigenous-led and focused on Indigenous Peoples demonstrates to our future and current applicants that the College of Medicine fosters a supportive and learner-friendly environment. Not only is this helpful from an Indigenous student recruitment perspective, but improving the learning environment to make it culturally and psychologically safe for our Indigenous students is absolutely critical for their development as future physicians.” Dr. Trustin Domes, Admissions Director, College of Medicine.

Links to UGME Curriculum

As required by the Committee on Accreditation of Canadian Medical Schools (CACMS), the College of Medicine is committed to addressing the priority health concerns of the Indigenous population it has identified as its responsibility to serve. The Curriculum Committee (CC) for the UGME program recognized the importance of Indigenous health and therefore have supported the inclusion of a vertical theme throughout the four-year program with a dedicated faculty vertical theme lead, who is responsible for overseeing the vertical integration of Indigenous health into the curriculum. The department will add to the existing Indigenous health expertise and collaborate with existing medical education leaders to support this vital work. As it becomes established the department will build capacity for and facilitate the delivery of medical education courses. This facilitation and design will be guided by Indigenous community knowledge through inclusion of community members with lived experience, Elders, Knowledge Holders, Indigenous practitioners and scholars ensuring the work is grounded in Indigenous ways of knowing and doing. It is anticipated that the department will be engaged in and facilitate aspects of curricular content related to: *Clinical Integration, Clinical Skills, Medicine and Society, Foundations, Selected Topics in Medicine, Core Clinical Rotations, and Preparation for residency.*

Indigenous health is embedded in the UGME curriculum through a variety of types of learning experiences including guest lectures from leading experts, case studies, community service-learning projects, group work, panels, and clinical experiences (College of Medicine, Indigenous Health Roadmap, 2018). These learning opportunities that take place in a variety of locations throughout the province would be examples of where the department would help the UGME coordinate and make connections with community.

Links to Faculty Development and Continuing Medical Education

The DIHW will nurture a strong connection to both the Faculty Development (FD) and Continuing Medical Education (CME) units; both units have articulated strong support for the department and will be important partners for the DIHW.

The FD unit is a community of practice of staff, faculty including physicians and other providers, educators and learners around the province who are interested in supporting and facilitating medical education, using best practices and evidence for work in all domains - clinical, administrative, teaching and learning, research and leadership. The FD unit works in the area of quality improvement, and they are key change agents within the medical school. The DIHW objective to establish processes for authentic community engagement will directly support the work of Faculty Development.

"Increasingly the demands on faculty development require a strong understanding of the needs of our First Nations and Métis communities and how to engage and support all faculty in this work." Dr. Cathy MacLean, Faculty Development Director, College of Medicine.

The CME unit is committed to providing high-quality education to support the professional lives of physicians and other healthcare providers on a provincial scale with the mission to enhance healthcare outcomes. CME is home to award-winning cultural safety courses that serve as an important example of the college's commitment to addressing TRC Call to Action 23(iii) to *"...Provide cultural competency training for all health-care professionals"*. In the spirit of the expression, "a rising tide lifts all boats" it is anticipated, that the DIHW will bolster existing Indigenous CME content through collaboration with community and contribute to new and existing Indigenous Health and Wellness programs and courses offered by CME. Faculty are an essential piece of advancing pedagogical changes and CME provides an avenue for the DIHW to reach out to medical faculty enabling them to be a key part of the knowledge mobilization efforts undertaken by the DIHW.

2.2.3. IMPACT ON COLLEAGUES, ON LEARNERS AND ON OTHER DEPARTMENTS OR COLLEGES OUTSIDE OF THE SPONSORING COLLEGE

Impacts on Colleagues and Learners

Perhaps the greatest internal impact of the DIHW will be experienced by colleagues, learners, and staff. The need to focus on recruitment and retention; mentorship and the establishment of a truly welcoming and inclusive space - a home - has long been recognized as important and is specifically addressed in the college plan. Former faculty report that creating a safe supportive mentoring environment for Indigenous clinicians, scholars, learners, and staff within the College of Medicine would be a key recruitment and retention driver to advance the academic and research agenda of the college through the development of its people.

Advancing Indigenous Knowledges and stretching epistemology^{ix} will be foundational to the work of the department and permeate every level of the department. Academic programs, faculty, leaders and learners are dedicated to moving curriculum forward and to supporting and responding to student advocacy efforts. Together they grapple with ways to weave topics like the complexity of mental health care and the articulation of diverse and powerful Indigenous healing practices into curricula. Medical learners are advocating for a continuous improvement approach to the topic recognizing that while much has been done, more work remains (Student Medical Society of Saskatchewan (SMSS) Governance and Advocacy Affairs Committee, 2022). There is an opportunity to learn from the *mind, body and spirit* approaches of Integrative Medicine^x and *Indigenous ways of knowing and doing* to support improved health outcomes for communities. Faculty and scholars in the department will become integral extra resources to guide this work.

Links to the Other Departments, Colleges and Schools outside of the College of Medicine

The topic of Indigenous Health and Wellness transcends disciplinary boundaries. There are currently many productive partnerships across the full spectrum of the health sciences and numerous departments in the College of Arts and Sciences, especially with the Department of Indigenous Studies. The work of Indigenous Health and Wellness encompasses many other areas across campus including education, law, and policy. As such, the department will benefit from establishing extensive networks and partnerships and generally being in relationship with scholars from across campus and the nation. It is anticipated that the Department Head of the future Department of Indigenous Health and Wellness will invite/nominate a number of associate members^{xi} and adjunct professors^{xii} to contribute their expertise to the department (see Figure 6).

The health sciences colleges, schools, and administrative units represented on the [Health Sciences Deans Committee](#) work to foster collaboration — and to help educate health professionals through a team-centered approach. They have long sought ways to collaborate on Indigenous initiatives. It is anticipated that the capacity building that comes from the DIHW will add more points of connection and more robustness to networks that have spanned our campus and energized many initiatives over the past two or three decades.

“Establishment of the DIHW has significant implications for the health sciences. We have ... striven to improve our listening to Indigenous voices and perspectives in our practices, policies, and spaces in the health sciences. Much of the guidance and wisdom towards these efforts has come from the College of Medicines Indigenous Health Committee ... Future collaborations will hopefully include but not be limited to, consultation on health science spaces, infrastructure, and art installations, planning and producing The Gathering event for Indigenous health research, collaborating on the Life and Health Sciences Expo, and contributing to the development of a shared vision and strategic goals for the health sciences.” Dr. Adam Baxter-Jones, Interim Associate Provost, Health USask Health Sciences

2.2.4. ANTICIPATED LINKS TO INDIVIDUALS, GROUPS OR ORGANIZATIONS AT OTHER INSTITUTIONS OR OUTSIDE THE UNIVERSITY

Links to Community

Sustainable, foundational, and authentic community engagement will be essential for the department. The department will collaborate with the Office of the Vice-Dean Indigenous Health to build and sustain these partnerships. The OVDIH will establish an Indigenous Community Advisory Council with Elders, Knowledge Keepers, and Advisors etc. for representation from communities across the province.

Links to Important National Discussions on Indigenous Medical Education and beyond

The department presents an opportunity to support an increased focus on building internal capacity. The college has relied heavily on a few highly skilled and dedicated individuals to support, advise, and lead Indigenization efforts. There is a desire to share this work enabling more people to use their individual gifts and talents. An expanded capacity means more fulsome and sustainable engagement at local, provincial and national levels. There is a need to more fully engage in and learn from groups like the [National Consortium for Indigenous Medical Education](#) (NCIME). The NCIME was formed to advance Indigenous medical education and leadership in health care; this Indigenous-led work will transform Indigenous medical education and contribute to the delivery of culturally safe care. The NCIME has established working groups covering topics that are highly aligned with the strategic directions of the college, topics like Indigenous learner admissions and transitions; Indigenous faculty recruitment and retention; improving cultural safety in curriculum; and anti-racism, policies, processes, and implementation support. All of these topics are essential to deliver on the strategic directions of the college, and the work of the department and will help to ensure that the work done locally is linked to national best practices. Opportunities also exist to share learnings with and learn from international groups like the [Leaders in Indigenous Medical Education Network](#) (LIME Network).

Links to Indigenous Governance Groups and Indigenous-led Educational Institutions

Leaders from Indigenous governance groups like the Federation of Sovereign Indigenous Nations (FSIN) are calling on the University and the College to do more to support *TRC Call to action 23(i) to increase the number of Aboriginal professionals working in the health-care field*. They highlight the importance of productive partnerships with institutions like the Saskatchewan Indian Institute of Technologies (SIIT) and First Nations University of Canada (FNU) in forging new paths and creating the necessary space for those wishing to pursue medicine.

2.3. Consultation

For more than 20 years faculty and staff serving on the College of Medicine's Indigenous Health Committee have been working to strengthen culturally-based linkages between Indigenous world views and the medical community. The committee was also integral in ensuring that Indigenous Health priorities were embedded into the College of Medicine's strategic plan. As a result of the college's commitment to increase the number of Indigenous People in senior leadership positions, the inaugural Vice-Dean Indigenous Health was appointed on an interim basis in May 2022. One of the vice-dean's primary accountabilities has been to lead the establishment of a home for Indigenous Health. Building upon the decades of dedicated "*work done in good ways*" the vice-dean has engaged in significant stakeholder engagement and established a working group comprised of Indigenous and non-Indigenous faculty and staff to scope the work of the department and draft this proposal.

Those working group members include:

- Valerie Arnault-Pelletier, Senior Lead, Indigenous Initiatives and Program, College of Medicine
- Marianne Bell, Manager, Office of the Vice-Dean Indigenous Health, College of Medicine
- Dr. Holly Graham, Indigenous Research Chair in Nursing, College of Nursing

- Dr. Robert (Bobby) Henry, Executive Director and Principal Investigator of natawihowin and mamawiikikiayaahk Research Networks (SK-NEIHR) and CRC Tier II in Indigenous Justice and Wellbeing. Faculty Member in the Department of Indigenous Studies, College of Arts and Science
- Dr. Malcolm King, Scientific Director of Saskatchewan Centre for Patient-Oriented Research
- Dr. Anne Leis, Department Head, Community Health and Epidemiology, College of Medicine
- Fleur Macqueen Smith, Manager, natawihowin (First Nations) and mamawiikikayaahk (Métis) Research, Training and Mentorship Networks, Saskatchewan NEIHR (Network Environments for Indigenous Health Research)
- Crystal Maslin, Director, Planning and Projects, College of Medicine
- Dr. Veronica McKinney, Director, Northern Medical Services
- Joann Potie, Executive Assistant, Office of the Vice-Dean Indigenous Health, College of Medicine
- Harvey Thunderchild, Indigenous Cultural Coordinator, Office of the Vice-Dean Indigenous Health, College of Medicine
- Dr. Janet Tootoosis, Vice-Dean, Indigenous Health, College of Medicine

The vice-dean and members of the working group met with more than 80 stakeholders or groups of stakeholders including:

- Leaders from across the College of Medicine (vice-deans, associate-deans, provincial heads, department heads and directors)
- Leaders from across the USask campus (vice-president research, deputy provost, dean of graduate studies, associate provost health, Health Science Deans Committee, research signature area co-lead for the health and wellness cluster)
- Leaders from across the Saskatchewan Health Authority including the Chief Medical Officer, and many people from First Nations and Métis Health
- Faculty from the College of Medicine including current and past Indigenous Faculty members
- Indigenous and non-Indigenous scholars like the Cameco Chair and the Indigenous Research Chair, and allies with long histories of undertaking authentic community-engaged scholarship
- Indigenous community leaders representing local and provincial Indigenous governance groups like Federation of Sovereign Indigenous Nations, Métis Nation - Saskatchewan, First Nations Tribal Councils and Grand Councils
- Leaders of Indigenous educational institutions like the First Nations University of Canada, and the Saskatchewan Indian Institute of Technologies (SIIT)
- Indigenous Physicians Associations of Canada (IPAC)

Key Messages from these consultations include:

- Engagement with internal and external Indigenous communities must be foundational, authentic, and sustained.
- Commitment to community-led academic and scholarly work is of vital importance.
- There is an urgent front-line healthcare need to better equip practitioners to provide informed and appropriate medical services to Indigenous communities.
- More needs to be done in relation to TRC Calls to Action.
- Creating a safe and welcoming environment for Indigenous faculty, staff and learners will be essential for the success of both the people and the department itself. The lack of a safe and welcoming space has led to recruitment and retention issues in the past. The need for more safe spaces is a campus wide issue.

- That currently the programmatic demand for support related to Indigenous health and wellness subject matter expertise exceeds the available resource. New resources need to be established and early career faculty and staff need to be mentored to build capacity.
- The goals of the department are wide in scope and interdisciplinary in nature. They have generated significant enthusiasm and present numerous opportunities for transdisciplinary partnerships that span our campus, province, nation and beyond. Many potential collaborators have demonstrated a desire to be engaged with the work of the department. A sampling of these potential partnerships are shown in Figure 5: Proposed CoM Indigenous Health Relational Organization Chart.
- The department will be small and care will be needed to ensure that the core purpose and goals of the department are not overwhelmed by the many and varied needs and demands of the campus.

2.4. Scholarly Work

The proposed Department of Indigenous Health and Wellness creates the space to establish a transdisciplinary research hub. The research hub will be a place for those who share a passion for strengths-based, community-engaged Indigenous health and wellness work to converge, share ideas, coordinate community engagement approaches and develop partnerships that can help to create new tools for clinicians and scholars that incorporate Indigenous Knowledges and systems.

The research hub may serve as a catalyst for action related to the signature research areas as there are many opportunities for the faculty to engage with these areas of research and scholarship see Figure 3: Anticipated engagement of DIHW with Signature Research Areas.

In many cases faculty associated with the research hub will spark partnerships, community engagement, community led research and ultimately real-world health and wellness benefits that link to the USask Signature Research Areas.

With the overarching and fundamental acknowledgement that research driven by community can be transformational, that community members have extensive subject matter expertise and that community members are best positioned to offer endorsement of approaches: the hub will work to improve the value of USask research to communities.

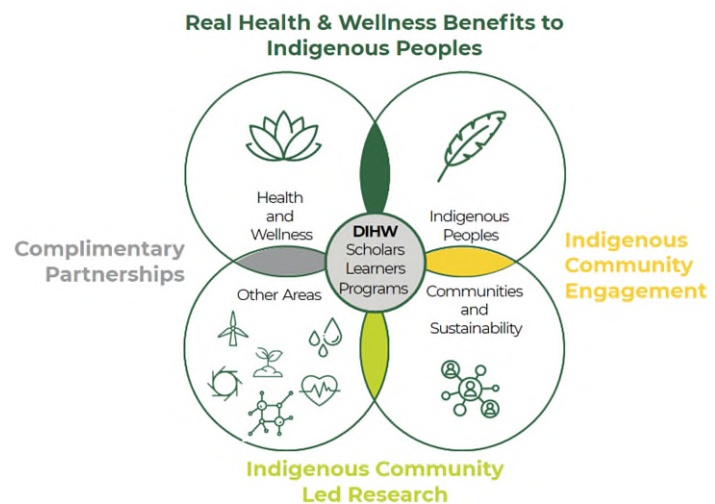


Figure 3: Anticipated engagement of DIHW with Signature Research Areas

The research hub will:

- Create opportunities for prominent researchers and research groups from across campus (for example the [Saskatchewan NEIHR Network](#), [Pewasekwan Indigenous Wellness Research Group](#), [Waniska Centre](#), and the planned Indigenous research hub in the College of Arts and Science) to connect with each other and with learners
- Establish and reinforce mentorship opportunities to support community members, learners and members of the department to thrive (*Safety, Representation, Right Relations and Renewal – ohpahotân I oohpaahotaan*)
- Foster a culture to advance authentic community engagement (*Safety, Wellness, Stewardship, Representation, Right Relations, Creation and Renewal – ohpahotân I oohpaahotaan*)
- Increase the occurrence of community-driven research in Indigenous communities and capacity-building partnerships based on trust and a shared vision; finding opportunities to serve the communities and support them to leverage existing community-enhancing funding opportunities and grants (*Right Relations and Renewal – ohpahotân I oohpaahotaan*)
- Advance knowledge mobilization
- Serve to increase the occurrence of Tri-Agency and other prestigious national grant submissions, awards, and funding
- Collaborate to establish new opportunities for scholars like a Canada Research Chair in Indigenous health and wellness

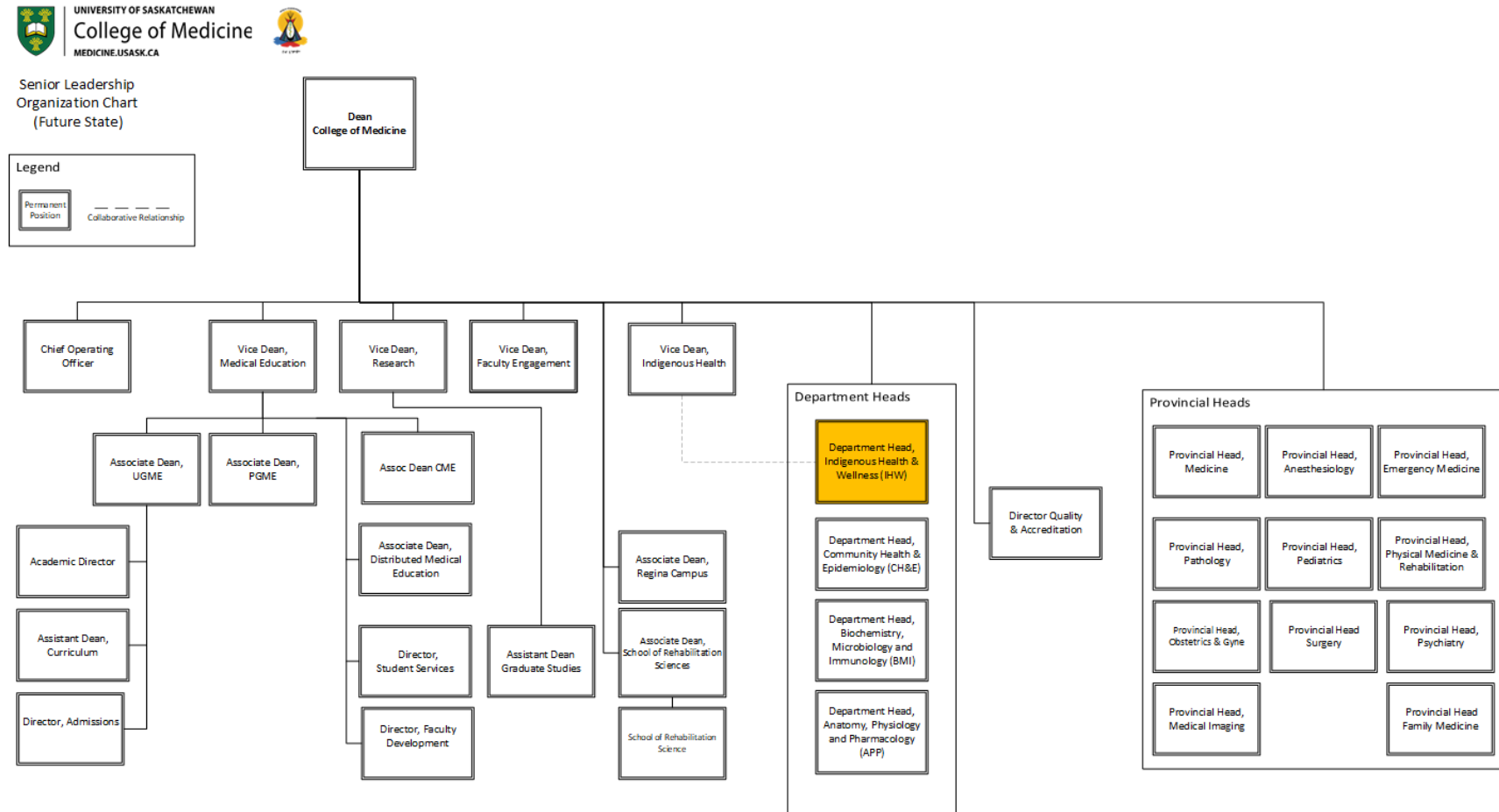
Like the department, the research hub will be grounded in the fundamental commitments articulated in [ohpahotân I oohpaahotaan – The Indigenous Strategy](#) and will work to uplift the seven fundamental and mutually reinforcing commitments articulated in the strategy. The research hub will also be guided by the department's commitment to relational accountability, restorative processes, and the emphasis on mentorship.

Scholars of the department (and affiliated with the department via the hub) will bring together wide-ranging and extensive expertise in the areas of Indigenous research methodologies, research ethics and community-engaged research. They will be able to provide advice, guidance and advocacy on research using relevant Indigenous research principles, such as the [First Nations Principles of OCAP®](#) (ownership, control, access, and possession) of data, the Saskatchewan Métis Data Governance Principles (in development with Métis Nation-Saskatchewan), and the TCPS 2-Chapter 9.

3. Department Management

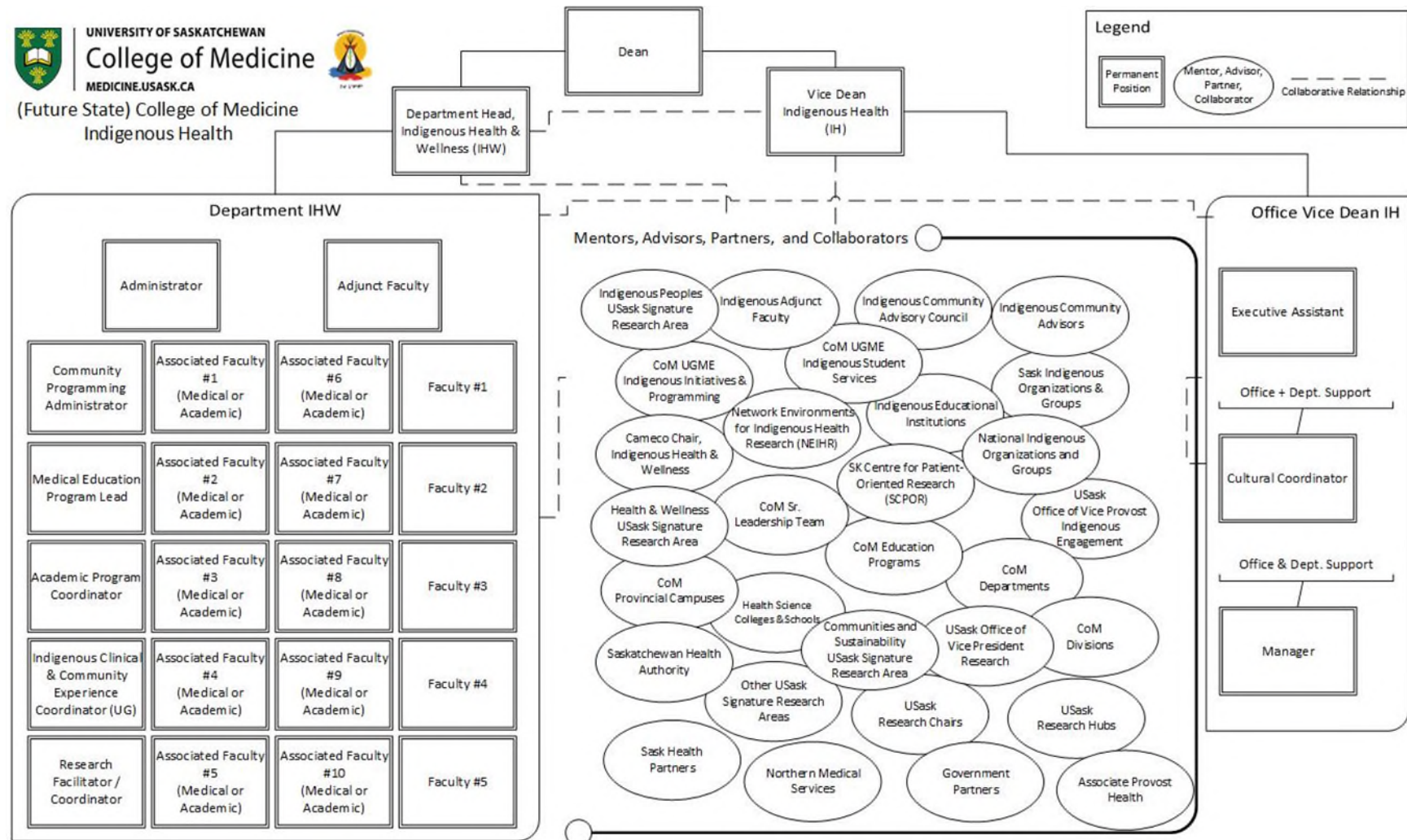
As shown in Figure 4: Proposed CoM Senior Leadership Organizational Chart, the department head will report directly to the CoM Dean, Dr. Preston Smith and have an important collaborative relationship with the Vice-Dean Indigenous Health. As members of the College's Senior Leadership team both the Department Head and Vice-Dean will have many connections to other leaders in the college.

Figure 4: Proposed CoM Senior Leadership Organizational Chart



The close relationship between the senior Indigenous Health leaders and their respective teams will enable them to maintain a shared vision and lead change together are shown in Figure 5: Proposed CoM Indigenous Health Relational Organization Chart.

Figure 5: Proposed CoM Indigenous Health Relational Organization Chart



Key points about the Relational Organization Chart include:

- The partnership between the Department Head and Vice-Dean is of fundamental importance. The relationship needs to be close, resulting in bidirectional augmentation of the work of each unit, to ensure that high level aspirations of the college and objectives of the department, related to Indigenous health can be achieved. This is represented by the dotted line between the Department Head and Vice-Dean in Figure 4.
- In the “Department IHW” box
 - After careful consideration and extensive discussion, the working group chose not to include the typical lines of a reporting hierarchy and instead included the entire team in one box. This choice is intended to signify the importance of the non-hierarchical structure that is anticipated in the department as alluded to in section 2.1.3 *The Department – objectives, expertise, demand and uniqueness*. Reporting lines essential for human resources management will exist and be articulated in job profiles.
 - The faculty and staff complement for the department is expected to grow in phases – it is assumed it will take five years to have the full complement of faculty and staff. The growth plan is itemized in Figure 6: Proposed Resource Plan.
- The many Mentors, Advisors, Partners and Collaborators are depicted in the centre of Figure 4 as a nest-of-eggs and are intended to symbolize the broad range of support and offers of in-kind support that have been made to the department – the nest egg. The list is not exhaustive.
- In the “Office Vice Dean IH” box
 - The Cultural Coordinator and Manager positions are embedded in the OVDIH, but it is anticipated that they will provide support for strategically important work in both the Department and the Office of Vice-Dean.
- Importantly the many dotted lines that connect the leaders and units to each other and to the Mentors, Advisors, Partners and Collaborators are intended to signify the importance of collaborative partnerships. Relational ties will be extremely important.

Department Leadership and Administration

Once approved, the launch of the department will require an interim department head to be appointed while a formal search for a permanent head of the department is initiated. This ensures the search and selection process follows the appropriate university procedure and honours the guidance of the Indigenous Community Advisory Council.

The selected department head will formalize and grow the department faculty and staff complement to the proposed future state shown in the DIHW section of Figure 4. To help set up and grow the department in a sustainable and good way, the OVDIH’s team will work closely with the department head and department faculty. Thus, building capacity to support and advance the Indigenous Health Strategy of the college. A key consideration of sustainability will be for the department to leverage existing USask resources.

Community Engagement and Coordination Support

The strong connection with community voice and vision of having a positive impact on the health and wellness of the Indigenous Peoples of Saskatchewan requires a team of dedicated resources focused on supporting the engagement with and coordination of our college’s work with communities. Indigenous community advisors such as Knowledge Keepers or Elders will also be invited to participate in education of graduate students within the department.

Some of the work within this area includes, but is not limited to:

- Providing clerical support for undergrad and postgrad Indigenous community and experience programming.
- Supporting the development and coordination of Indigenous health related teaching activities.
- Coordination of the community engagement work of the department; community advisors, strategy, and establishment of processes.
- Providing first point of contact with faculty, students, staff and community members who utilize the 'Good Medicine People' space.
- Supporting the organization of cultural programming, artistic and scholarly presentations, performances and events.

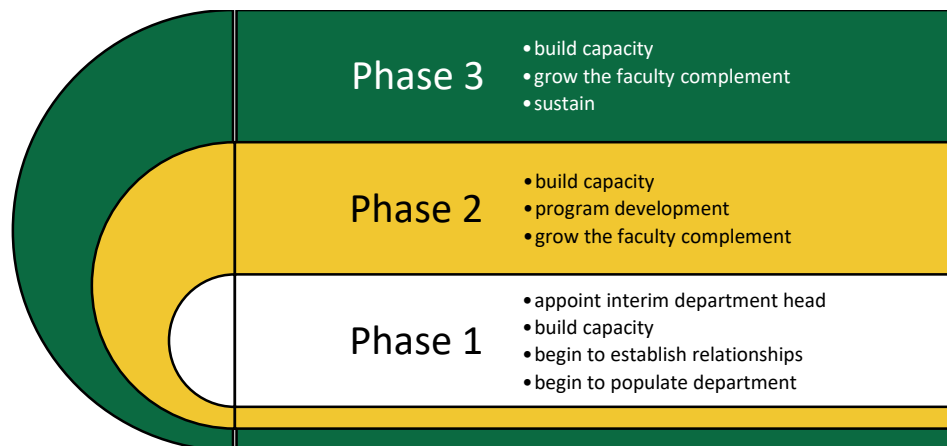
Faculty Structure

- It is anticipated that the department will build a complement of members including academic and medical faculty to contribute their expertise to the department. Refer to bottom of Figure 6 for proposed faculty complement details.

4. Resources and Budget

Subject to the approval of the Board of Governors, the college has a multi-faceted approach to funding the Indigenous health implementation and supporting the phased growth of the DIHW over the next 3-5 years as per Figure 6: Phased implementation of DIHW.

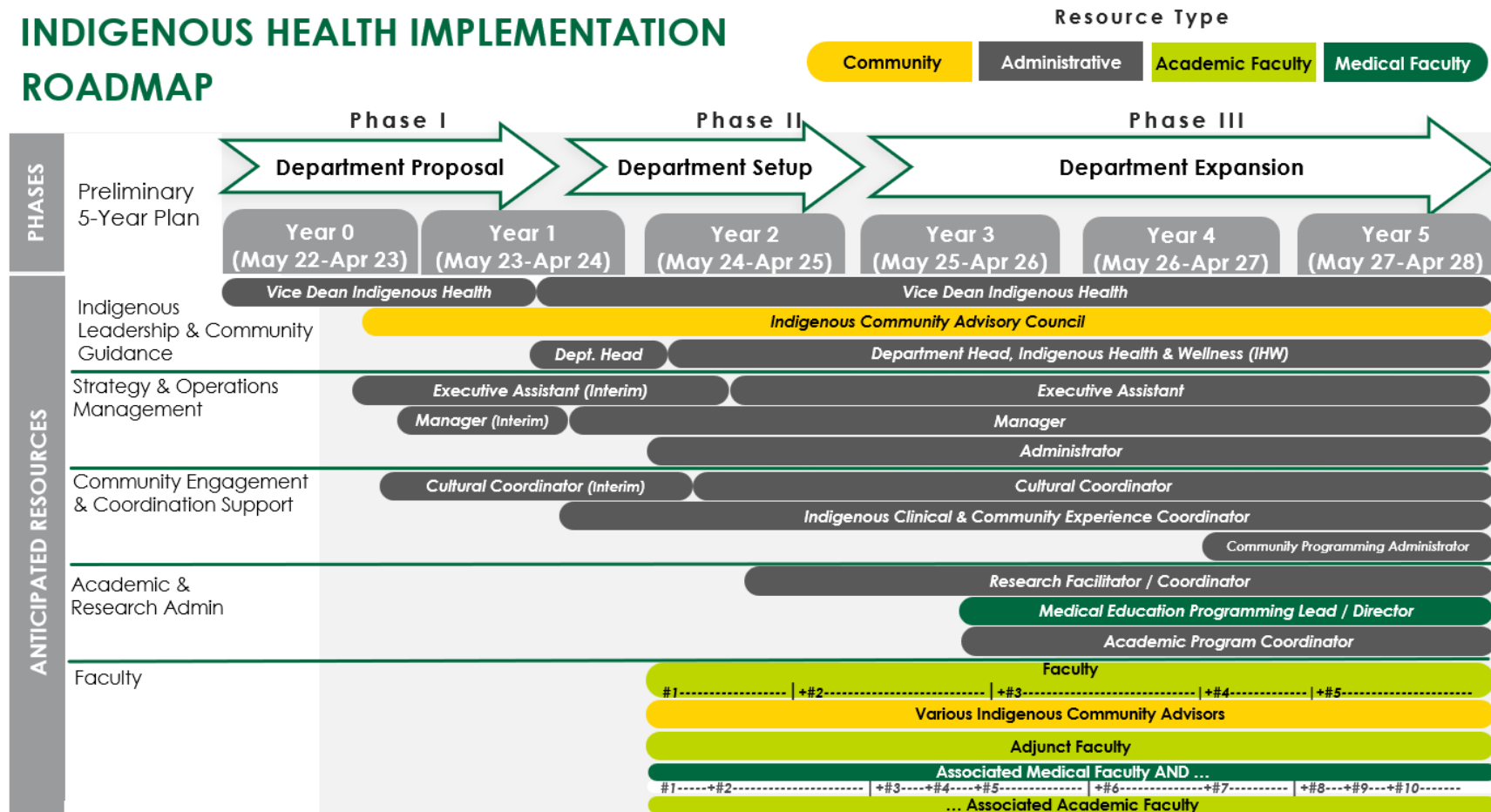
Figure 6: Phased implementation of DIHW



A summary of the anticipated resources required to support the department's phased growth is shown in Figure 7: Proposed Resource Plan.

Figure 7: Proposed Resource Plan

INDIGENOUS HEALTH IMPLEMENTATION ROADMAP



4.1. Funding

The plan for funding the department's staged growth includes:

Initial Start-up Funding

Through spending decisions and savings resulting from college pandemic operations, the CoM established a \$1.5M fund in April 2021 (designated fund number 120198). As a top priority of the college, this fund was created to support the establishment and initial operations of the DIHW as well as a dedicated vice-dean role and supporting administrative staff. As of November 30, 2022, this fund has a remaining balance of \$1.26M which will fund the operations of the DIHW through the end of the 2023/24 fiscal year and into the early parts of the 2024/25 fiscal year. By establishing this fund, it will provide dedicated and protected funding to this crucial initiative and establish the DIHW with a source of funds for a period of 12 months or more for future operations.

Funding for Physician Protected Academic Time

After a realignment of the provincial funding for the CoM, all costs related to physician protected academic time are the responsibility of the Ministry of Health (MoH) via a funding contract (the "Agreement for Clinical Departments and Post Graduate Medical Education"). This funding is separate and distinct from college funding received via the Ministry of Advanced Education and supports clinical/medical education related costs across the college. Through this funding source the college secures an annual incremental funding stream equal to approximately 3.0 FTE of protected academic time for physicians (depending on physician specialty and provincial compensation rates, this is an annual amount of at least \$1.2M). This will support funding of physician participation in the DIHW in a cross-appointment fashion between their established clinical department in which they will perform clinical duties and the DIHW. Subject to discussions with MoH, this funding agreement can also be used to support various clinical department infrastructure and staffing requirements as the mission of the DIHW grows in the coming years.

CoM Restricted Funding via the USask Provincial Grant

Subject to approval by the Board of Governors, the college will use a combination of funding and allocation strategies within its restricted funding, resource allocation and tuition revenues to support the resourcing of the DIHW.

- Resource reallocation – Through established college annual budgeting and strategic investment processes, the college is committed to reallocating funding each year to transition the DIHW away from one-time to permanent operational funding. Currently, the college strives to have the ongoing/permanent incremental funding in place 12 months before it is fully required. The college is working with our colleagues in university government relations on strategies around USask and CoM funding for the transition to a new Ministry of Advanced Education (MAE) funding agreement in the next two years.
- Funding advocacy – Using the inter-ministerial structures that have been established among the college, MoH and MAE, the college continues to advocate for incremental funding for the DIHW as a crucial component of the role it plays in an integrated health care system. In addition to this, the college participates in other funding advocacy and request processes in partnership with the Saskatchewan Health Authority (SHA) who share this strategic direction.
- College expansion – In conjunction with the MoH and MAE, the college is currently participating in a number of discussions and proposals relating to expansion of academic programs to support the health human resource needs of Saskatchewan. In each of these, budgets and funding outlining DIHW

requirements are included and discussed as a critical component of educational expansion to address the training and clinical care needs of Saskatchewan.

- In-kind resources – Supporting the relational model of the DIHW, many college resources in other departments will participate in departmental work across the educational, research and clinical service spectrum. Those resources are made up of faculty across the college, research chairs/leads and administrative staff.
- Commitment to consider future open faculty positions to support DIHW – as future Indigenous faculty positions become open, consideration of these positions to support DIHW will be made in collaboration with the respective department/provincial head.

Federal Health Funding

The college has work underway with the USask Office of Government Relations to pursue federal funding opportunities. Through a community partnership approach, the college is seeking ways in which the expertise of our research community and faculty can enhance discovery and knowledge translation for positive community impact. It is expected funding in this area will be research and specific initiative oriented.

National Collaborations

In partnership with the Association of Faculties of Medicine of Canada (AFMC); (a consortium of the 17 medical schools in Canada), college faculty and staff broadly participate in various committees, working groups and other related partner organizations working on responding to the TRC Calls to Action including work on curriculum, research and clinical service. These partnerships will provide real, tangible resources to our DIHW through national collaboration, cost and resource-sharing on key initiatives and through broad consultation that would not be possible without these national relationships.

College Collaborations

Through the relational model of the DIHW, other existing aspects of the college's and partner organization operations and research teams will be key collaborators and resources moving forward and will provide and receive bi-directional support. Those include Northern Medical Services, the Saskatchewan Centre for Patient Oriented Research, Saskatchewan Health Quality Council, the Saskatchewan Medical Association, among others.

Canada Foundation for Innovation (CFI) Proposal for *miyo maskihkēwiyiniwak* (Good Medicine People)

Led by Dr. Holly Graham, this project is funded for approximately \$640K in capital and \$30K of ongoing operational costs. These protected funds are fully committed over the next five years to support research facilities and labs.

5. Support

Dr. Janet Tootoosis, Vice-Dean Indigenous Health, presented a Notice of Motion for the establishment of a Department of Indigenous Health and Wellness to the College of Medicine Faculty Council on September 28, 2022. The notice of motion was enthusiastically received by the members of Faculty Council. Excerpts from the meeting minutes are included in the endnotes^{xiii}.

On January 25, 2023, the "Motion: that Faculty Council approve the proposal for the formation of the Department of Indigenous Health and Wellness in the College of Medicine" was made by Dr. Janet Tootoosis and seconded by Dr. Kathy Lawrence. The motion was carried^{xiv}. Dean Preston Smith commended Dr. Tootoosis, and the working group on the high-quality proposal.

On February 8, 2023, Drs. Tootoosis and Smith presented the proposal to the Planning and Priorities Committee of Council. Following the presentation and discussion of the proposal the following motion

was made “(Jaime/Storey-Gamble): PPC recommends to University Council the establishment of the Department of Indigenous Health and Wellness in the College of Medicine pending feedback from APC. CARRIED. (Unanimously with one abstention on February 8, 2023)”

The following table outlines further action that is required including the anticipated dates.

Governing Body	Request for Input	Notice of Motion	Request for Decision
Academic Programs Committee	March 8, 2023		
University Council		March 16, 2023	April 20, 2023
Board of Governors			April 18, 2023
Senate			April 22, 2023

The Dean of the College received letters of support from leaders within the College of Medicine for the development of the Department of Indigenous Health and Wellness as well as letters from key provincial stakeholders. These letters can be found in Appendix A – Comprehensive List of Letters of Support and letter from Dean Preston Smith.

6. Appendices and Attachments

Appendix A – Comprehensive List of Letters of Support & Letter from Dean Preston Smith

Appendix B – Works Cited

Appendix C - Footnotes

Appendix A – Comprehensive List of Letters of Support & Letter from Dean Preston Smith

Contact Name	Title	Dept/Organization
Ahmed, Shahid Ahmed	Professor & Medical Director Academic	Head Division of Oncology
Baetz, Marilyn	Vice Dean Faculty Engagement	College of Medicine
Barton, James	Associate Dean	Continuing Medical Education
Baxter Jones, Adams	Professor College of Kinesiology & Interim Associate Provost, Health	College of Kinesiology
Burshtyn, Debby	Dean	College of Post Graduate Postdoctoral Studies
Domes, Trustin	Director, Admissions	College of Medicine
Graham, Holly	Indigenous Research Chair	College of Nursing
Haddad, Haissam	Provincial Department Head	Medicine
King, Alexandra	MD Office of the Cameco Chair in Indigenous Health and Wellness	
Laliberte, Tavia	Vice President, Academics	Saskatchewan Indian Institute of Technologies
Lawrence, Kathy	Provincial Department Head	Family Medicine
Lee, Tara	Associate Dean	Rural Medicine
Leis, Anne	Department Head	Community Health & Epidemiology
Linassi, Gary	Provincial Department Head	Physical Medicine & Rehabilitation
Longneck, Thona	Executive Director, Saskatchewan Health Authority	First Nations Metis Health
Lukong, Erique	Assistant Dean	Graduate Studies
MacLean, Cathy	Faculty Development Director	College of Medicine
Mirasty, Marcia	Senior Director Health	Meadow Lake Tribal Council
McKague, Meredith	Associate Dean	Undergraduate Medical Education
Mendez, Ivar	Provincial Department Head	Surgery
Paslawski, Teresa	Associate Dean	School of Rehabilitation Science
Pratt, David	Vice Chief	Federation of Sovereign Indigenous Nations
Radomski, Marek	Vice Dean Research	College of Medicine
Ramsden, Vivian	Professor & Director, Research Division	Family Medicine
Saxena, Anurag	Associate Dean	Postgraduate Medical Education
Sivertson, Joanne	Provincial Department Head	Oncology and Gynecology
Skinner, Stuart	Infectious Disease Specialist	Head, Division of Infectious Diseases
Stempien, James	Provincial Department Head	Emergency Medicine
Stobart, Kent	Vice Dean Education	College of Medicine
Valle-Castro, Manuela	Director	Division of Social Accountability
White, Gill	Associate Dean	Regina Campus
Woods, Shirley	Director of Health & Social Development	Prince Albert Grand Council



March 28, 2023

As Dean of the College of Medicine, it is my honour and privilege to write to you to convey the absolute and unwavering support that the College of Medicine has for the development of the Department of Indigenous Health and Wellness.

When asked about my top priorities for the year Indigenous Health, EDI and Anti-Racism and program growth are at the top of the list. In 2017 the College of Medicine's Strategic plan identified Indigenous Health and Social Accountability as two of our foundational strategic directions and the establishment of this department will serve as fundamental capacity building to enable the college to effectively respond to these commitments.

Indigenous Health: Respond to the Calls to Action in Canada's Truth and Reconciliation report, and work in a mutually beneficial and collaborative manner with the Indigenous Peoples of Saskatchewan to define and address the present and emerging health needs in their communities. Promote wellness, balance and teachings that will lead to positive and improved outcomes in communities.

Social Accountability: Address the priority health concerns of the communities the college is mandated to serve, incorporating authentic community engagement and mutually beneficial partnerships. Focus on equity and community engagement by interweaving social accountability throughout the college's operations.

The strategic plan speaks to establishing a structure that ensures Indigenous voices are included and heard; increasing the number of Indigenous people in senior leadership positions across the College of Medicine; and investing in the development of Indigenous faculty, learners, residents, and staff. In 2022 the appointment of the inaugural Vice-Dean Indigenous Health served as a catalyst to advance this work and pending approval the establishment of the Department of Indigenous Health and Wellness will mark an important step in entrenching Indigenous leadership in the college. Academic programs, faculty, leaders, and learners are dedicated to moving forward and there is a collective recognition that while much has been done, more work remains. The department will work to create the safe and welcoming spaces necessary to foster transformative learning experiences so this important work can be done in a good way.

I wish to convey my most sincere thanks to Dr. Janet Tootoosis, Vice-Dean Indigenous Health, and the team she assembled to draft the proposal before you. Their work was informed by, builds upon and uplifts the decades of dedicated work and advocacy done by the College of Medicine's Indigenous Health Committee – this proposal comes to you from the dedication and collective wisdom of many.

Kind regards,

Preston Smith, MD, MEd, CCFP, FCFP, CCPE

Appendix B – Works Cited

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Appendix C - Footnotes

ⁱ Thunderchild Wellness Centre <https://www.iaac-aeic.gc.ca/050/evaluations/proj/80204>

ⁱⁱ Authentic community engagement is inherently long-term, sustainable, and relationship-based community engagement that focuses on co-creation, mutual learning and equal partnerships (Ramsden, et al., 2017). The concept draws on lessons learned from participatory health researchers and links to knowledge translation. “Authentic engagement in research has been shown to enhance, patients/individuals and/or the community’s ability to address their, own health needs and health disparities while ensuring that researchers are aware of the patient’s/individual’s and/or community’s priorities” (Ramsden, et al., 2017: p260).

ⁱⁱⁱ Definition of an Indigenous-led [Department] adapted from the Ontario Trillium Foundations definition of Indigenous-led Grassroots Group

The majority of [the department’s] core team are Indigenous, identifying as First Nation, Métis, or Inuit. Indigenous [faculty and staff] initiated the project, and are central to the project’s vision, design, delivery, and decision-making. [The department] ... emerged ... by design from the efforts of Indigenous community members impacted by and dedicated to improving access and opportunities for Indigenous Peoples. [The department] is committed to engaging, listening, and learning from Indigenous community members on an ongoing basis... Through [its] work, [the department] addresses, or aims to address, the impacts of colonization and anti-Indigenous racism at systemic, ideological and/or individual levels. [The department] recognizes the diversity of experiences, both in the urban and rural context, and the ways oppressions intersect resulting in specific experiences of marginalization. (Ontario Trillium Foundation, 2022)

^{iv} Based on a review of others in the U15. The U15 Group of Canadian Research Universities is a collective of some of Canada’s most research-intensive universities. <https://u15.ca/>

^v WHO (1995) has defined the Social Accountability of Medical Schools as “the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public”.

^{vi} “Enhanced Skills - The Family Medicine/Enhanced Skills Match (FM/ES match) is for applicants who are completing or have completed postgraduate training in Family Medicine in Canada and want to pursue enhanced skills training.” <https://medicine.usask.ca/familymedicine/learners/postgraduate.php#EnhancedSkills>

^{vii} The Canadian Resident Matching Service (CaRMS) is a national, independent, not-for-profit, fee-for-service organization that provides a fair, objective and transparent application and matching service for medical training throughout Canada.” <https://www.carms.ca/>

^{viii} Provincial Department Heads oversee the academic, quality, safety and human resource needs of their departments, working across both the academic setting of the College of Medicine and the clinical care setting of the Saskatchewan Health Authority.

^{ix} “epistemological stretching – a pedagogical orientation which focuses on expanding the ways of knowing that someone respects, understands, and/or engages with. With a particular emphasis on decolonizing relations between humans and the more-than-human, epistemological stretching enables students to articulate and critically engage with the epistemologies of their academic fields, gain new(old) perspectives on relations with the more-than-human, and interact with Indigenous Knowledges in more effective and ethical ways.” (Harmin, Barrett, & Hoessler, 2017)

^x The Cleveland Clinic describes Integrative Medicine as “Integrative medicine uses an evidence-based approach to treat the whole person — your mind, body and soul. Your physical, emotional, mental and spiritual needs are all involved, so integrative medicine uses a combination of therapies. It “integrates” conventional approaches and complementary therapies to achieve optimal health and healing.”

<https://my.clevelandclinic.org/health/treatments/21683-integrative-medicine>

^{xi} An Associate Member is “a faculty member or librarian with tenure, or a probationary appointment in one department, College or the Library, or a person holding a permanent academic or professional appointment in the University, in a teaching hospital, or in an institution federated or affiliated with the University in accordance with The University of Saskatchewan Act, may be given an associate appointment in a department or College.” [Article 13.8.1] <https://vpfaculty.usask.ca/appointments/associate-members.php#About>

^{xii} An adjunct professor is a faculty member appointed on the recommendation of the College of Graduate and Postdoctoral Studies to participate in graduate student supervision and instruction, and who receives no salary from the University. <https://careers.usask.ca/agreements/usfa/usfa-13-appointments.php#131AppointmentstotheFaculty>

^{xiii} Excerpts from the September 28, 2022 Faculty Council meeting.

College of Medicine Faculty Council
5:00 p.m.
September 28, 2022
Meeting Attendees by Zoom only

13. New Business –

a) Notice of Motion: Creation of the Department of Indigenous Health and Wellness by Dr. Janet Tootoosis – see attachments

Dr. Tootoosis presented a notice of motion for the establishment of a Department of Indigenous Health and Wellness. Briefing notes were circulated with the meeting materials earlier. This department will be the first of its kind in Canada. Currently, is no other department in the U15 and Dr. Tootoosis believes this is a tangible step towards fulfilling the aspirations articulated in the 2025 University plan. The outputs of the department will support areas including, but not limited to admissions, student supports, curriculum development, research, administration, advancement, faculty recruitment and development. Both undergraduate medical education and postgraduate medical education programs will be an integral part of the department.

Question: A question was raised regarding the funding request to government for the department and if Dr. Tootoosis had any information to share.

Answer: Greg Power reported that the College has a comprehensive funding strategy that is in place for the department. Savings from the pandemic over the last couple of years were set aside and there are also designated funds for the department. There is currently funding to support the initial approximately two years of this department. Discussions are ongoing with the Ministry of Health regarding the infrastructure and for protected academic time for physicians that would support this department. Greg indicated that the College will not hear about any subsequent dollars until Budget Day in March 2023.

Dr. Radomski, Dr. McKague, Dr. Barton, Dr. Domes and Dr. MacLean shared their support of the notice of motion and thanked Dr. Tootoosis for her work on the establishment of the department.

^{xiv} Approved meeting minutes were not available when this version of the proposal was created. Attached is a screenshot from the draft minutes. Approved Faculty Council minutes will not be available until the next Faculty Council meeting (March 29, 2023).

College of Medicine Faculty Council

5:00 p.m.

January 25, 2023

Meeting Attendees by Zoom only

a) Indigenous Health and Wellness - MOTION

Dr. Tootoosis presented a notice of motion for the establishment of a Department of Indigenous Health and Wellness. Briefing notes were circulated with the meeting materials. Dr. Smith shared his support for the motion, noting that establishing this department is very significant for the College of Medicine in terms of addressing the health needs of the people of Saskatchewan and, in particular, the health needs of Indigenous people of Saskatchewan. Dr. Smith stated that the establishment of this department will be very impactful, and that it would establish the College as a national leader in this work.

MOTION: THAT FACULTY COUNCIL APPROVE THE PROPOSAL FOR THE FORMATION OF THE DEPARTMENT OF INDIGENOUS HEALTH & WELLNESS IN THE COLLEGE OF MEDICINE TOOTOOSIS/Lawrence

31 in favor, 1 opposed, 2 abstained

MOTION CARRIED