



INDIGENOUS PHARMACY
PROFESSIONALS OF CANADA

Weaving INDIGENOUS PERSPECTIVES

into Pharmacy Practice to Strengthen Environmental Leadership, Stewardship & Sustainability

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Canada



Canadian Association of Pharmacy for the Environment



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ABOUT

The Playbook provides background information, resources, and considerations for integrating vital **Indigenous-led** perspectives, values, and wisdom into the guidance for climate mitigation, adaptation, and resilience of pharmacy practice.

These considerations have been compiled from a review of key literature, Indigenous-led health advocacy movements, and the perspectives, values and experiences of pharmacy and other health professionals with Indigenous ancestry.

This Playbook is intended for Canadian pharmacy professionals including pharmacists, pharmacy technicians, pharmacy assistants, educators and trainees. Foundational considerations for pharmacy practice can be found in the “Climate Resilient, Low Carbon, Sustainable Pharmacy” Playbook.



INDIGENOUS-LED means that the initiative has been developed and designed by or in direct partnership with Indigenous Peoples. The learnings from this Playbook are built upon Indigenous knowledge and experiences, and have been authored by Amy Lamb, the Executive Director of Indigenous Pharmacy Professionals of Canada and a member of the Métis Nation-Saskatchewan.



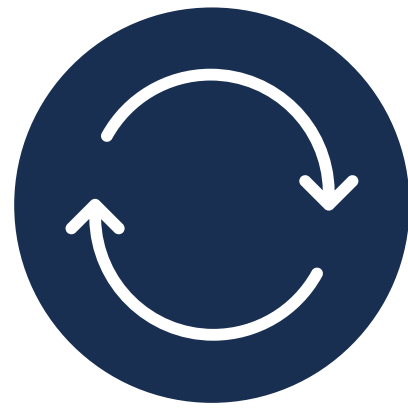
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PLAYBOOK STRUCTURE



WHY

The Case for Change

An introduction to the issue being addressed in the playbook



WHAT

The Tools for Change

A structured presentation of the opportunities for action and resources to plan and implement change



HOW

The Strategy for Change

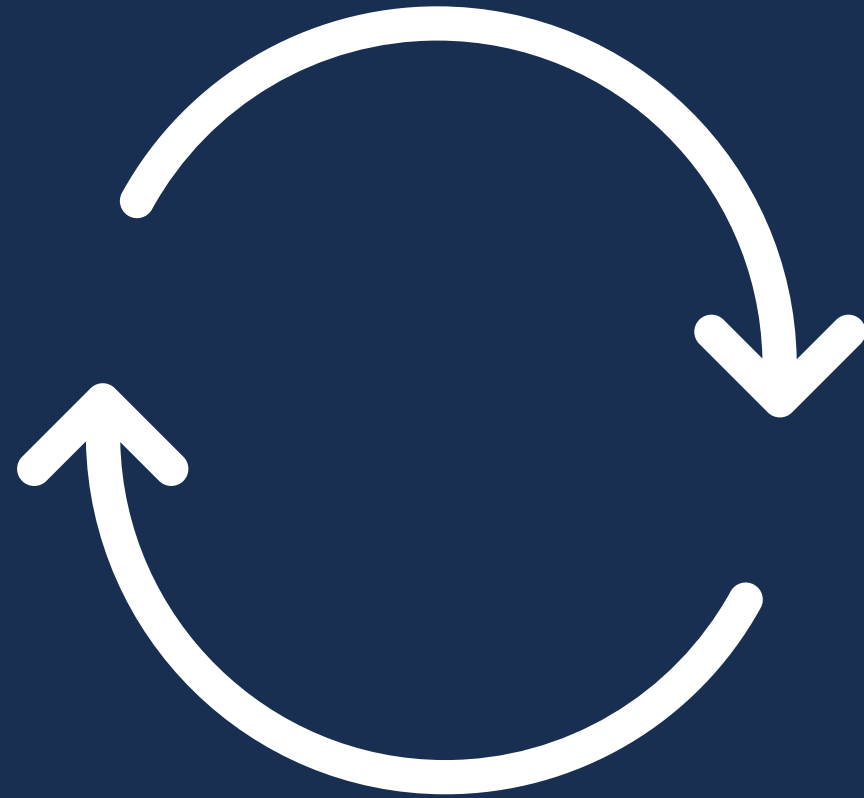
An outline of strategies for sustaining change





WHY

The Case for Change



- 1 Impact of Climate Change & Environmental Degradation on Indigenous Peoples
- 2 Environmental Influences on Indigenous Culture & Healing
- 3 Indigenous Wisdom Strengthens Climate and Sustainability Strategies





INDIGENOUS PERSPECTIVES

Indigenous Peoples have lived sustainably and in balance with their lands since time immemorial, and their ancestral wisdom is vital to understanding environmental crises and land management. As land-based Peoples, they face the greatest health harms from climate change and ecosystem disruption.

Indigenous Peoples in Canada face Environmental Racism, whereby their communities and land-bases are inequitably exposed to industrial pollution and extraction.

The silencing and disempowerment of Indigenous Peoples through colonization of Canada has resulted in an omission of critical and ancestral land-based systems of sustainability and health.

Integrating Indigenous perspectives is vital to healing the places and communities impacted by climate change, ecosystem destruction, and biodiversity disruption (1, 2).

“First Nations, Inuit, and Métis peoples in Canada are uniquely sensitive to the impacts of climate change, given their close relationships to land, waters, animals, plants, and natural resources; the tendency to live in geographic areas undergoing rapid climate change, especially Northern Canada; and greater existing burden of health inequities and related determinants of health.

The health impacts of climate change on First Nations, Inuit, and Métis peoples are interconnected and far-reaching. These health impacts result from direct and indirect impacts of climate change that exacerbate existing inequities and affect food and water security, air quality, infrastructure, personal safety, mental well-being, livelihoods, and identity, as well as increase exposure to organisms causing disease.”

(3) National Collaborating Centre for Indigenous Health (NCCIH). (2022). “Climate Change and Indigenous People’s health in Canada”.





INDIGENOUS PEOPLES ARE SUBJECTED TO ENVIRONMENTAL RACISM



Environmental Racism refers to environmental policy, practice, or directive that **differentially affects or disadvantages** (whether intended or unintended) individuals, groups, or communities based on **race or colour**.

(4) Bullard, R. (2002). "Confronting Environmental Racism in the 21st Century."

For Indigenous Peoples in Canada, and across the world, present-day environmental racism cannot be separated from the history of colonial dominion and the Canadian claim of ownership over Indigenous peoples and lands (3).

Access to a healthy environment and cultural protections are universal human rights. These protections do not exist in equal measure for marginalized communities. Indigenous communities are challenged with a history of colonial policy which has built, amplified, and perpetuated the impacts and implications of climate change and environmental degradation. In particular, these communities experience inequality by the imposition of structural access disparity and proximity to industry and pollutants (5).



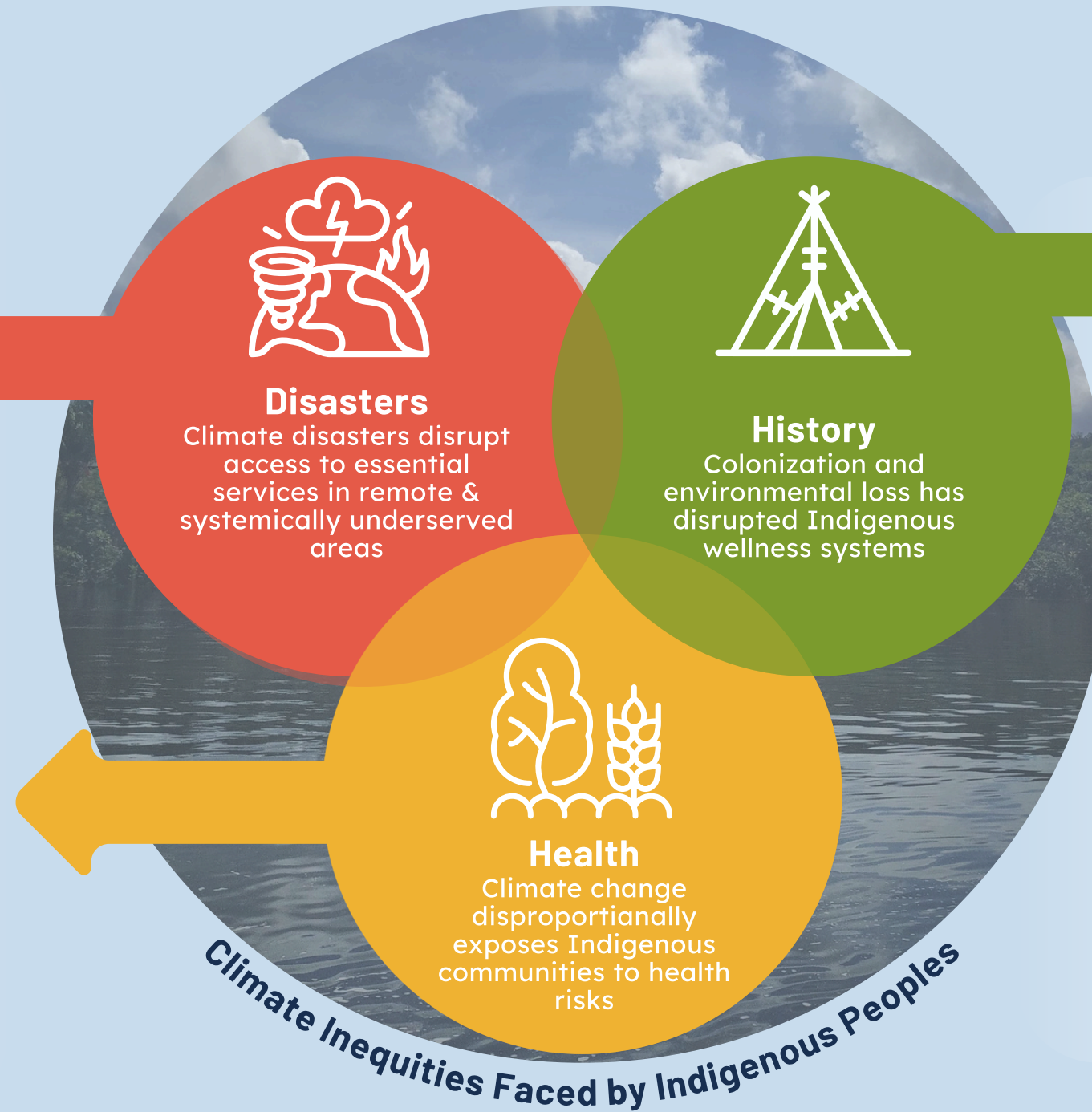


Impacts of Climate Change & Environmental Degradation on Indigenous Peoples



Climate disasters inequitably impact Indigenous communities due to their remote and rural locations. Climate disasters in remote and rural areas cause displacement, disrupt essential services, including communication and utility services, such as heating, water, and electricity. These disasters also disrupt access to health services, including health providers, medications, and medical supplies (3).

Climate change and climate disasters expose Indigenous communities to environmental harms including bacterial or mold growth from floods, smoke from fires, pollution of water or food sources, health consequences from heat (ground-level ozone, overheating, and dehydration). In the north, warming impacts ice quality and results in accidents and drownings. The impacts and implications of climate change create stresses that amplify mental health, addictions, and lateral violence issues, and exacerbate food insecurity, particularly in remote and isolated communities (3).



Throughout the process of colonization, ancestral and traditional sustainable environmental relationships have been significantly disrupted (3). There was a purposeful disempowerment of Indigenous perspectives in the land and resource management by the Canadian government. Health systems for Indigenous Peoples are historically and presently are underfunded, segregated, and contribute to health inequity (6). Indigenous research, which has traditionally been observational and orally translated, is vital to advising the worldviews, systems reform, and innovations to address the impacts of climate change, including the health consequences faced by Indigenous and non-Indigenous Peoples alike (3).



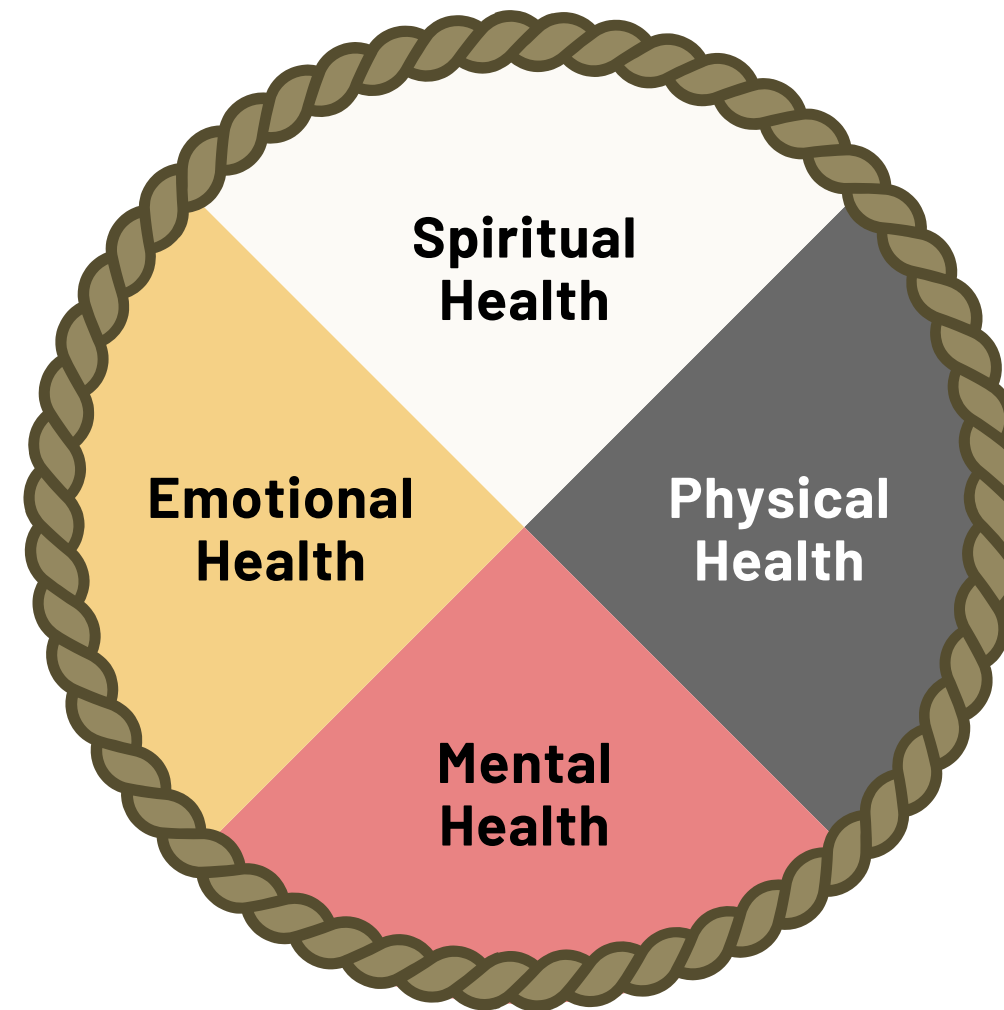


Environmental Influences on Indigenous Culture & Healing

Indigenous Peoples are unique in their experiences of health harms from climate change, climate disasters, and environmental degradation. Indigenous Peoples' holistic health is intimately connected to the land. Traditional territories serve as the foundation for holistically derived health and structural determinants of health, more specifically, Indigenous determinants of health (3).

HOLISTIC HEALTH

Indigenous Peoples' define their health in the context of holistic wellbeing. Although not all distinctions of Indigenous Peoples utilize or follow the Medicine Wheel, Indigenous Peoples acknowledge diverse illustrations of interconnected holistic health factors. The Medicine Wheel represents four holistic health themes intimately connected to the land. Traditional Indigenous healing interventions are sourced or applied on the land and support these four areas: Spiritual Health, Physical Health, Mental Health, and Emotional Health (7) and the practices are traditionally designed to be environmentally friendly. Indigenous healing practices have been developed in relationship with the land, and uphold principles of respect, relationship, and stewardship of the land, with the recognition that the health of the land is inherently tied with the health of the people.



The Case for Change



RESOURCES

- [Climate Change and Indigenous People's health in Canada](#). National Collaborating Centre for Indigenous Health (NCCIH)
- [First Nations Perspective on Health and Wellness](#) First Nations Health Authority
- [Indigenous Knowledges and Climate Change](#) Climate Atlas of Canada





INDIGENOUS PEOPLES' RELATIONSHIP TO LAND

Indigenous determinants of health are interconnected to land in every way. Environmental influences on health have the potential to amplify Indigenous health disparity through climate change and environmental degradation. In contrast, environmental health, protections and access to land-based healing supports, have the potential to amplify Indigenous healing and re-construct environments for thriving Indigenous communities (3).





Indigenous Wisdom Strengthens Climate and Sustainability Strategies



RECOGNITION OF TRADITIONAL INDIGENOUS KNOWLEDGES IN ENVIRONMENTAL AND HEALTH MANAGEMENT

Indigenous Peoples have been stewards of the land, living sustainably for thousands of years. Diverse Indigenous land-based knowledge(s) provide critical insight into understanding and mitigating climate change and ensuring sustainable and intergenerational resource use (3).

Unfortunately, systematic colonization suppressed and prohibited Indigenous cultural practices and traditional land use, with the knowledge transfer being forced into fearful secrecy. As a result, communities and knowledge keepers carefully protect Indigenous knowledge systems, ceremonies, and healing strategies. Until 1951, these practices were illegal and punishable by law under the Indian Act (8).

“First Nations, Inuit, and Métis Peoples have been actively observing and adapting to changing environments in diverse ways since time immemorial. Indigenous knowledge systems and practices are equal to scientific knowledge and have been, and continue to be, critical to Indigenous Peoples’ survival and resilience.

Indigenous knowledge systems are increasingly recognized nationally and internationally as necessary in adapting to climate change, monitoring impacts at the local and regional level, and informing climate change policy and research.”

(3) National Collaborating Centre for Indigenous Health (NCCIH). (2022). “Climate Change and Indigenous People’s health in Canada.”

RESOURCES

Learn more about the ecological teachings rooted in Indigenous communities, including the Laws of Sacred Harvest and Gift Economies by reading (or listening by audiobook) the following:

- Braiding Sweetgrass, Robin Wall Kimmerer
- The Serviceberry, Robin Wall Kimmerer

Learn about the Principles of OCAP

- First Nations Principles of OCAP





Indigenous Wisdom Strengthens Climate and Sustainability Strategies

PREVENTION AND MITIGATION OF EXTRACTION OF TRADITIONAL INDIGENOUS KNOWLEDGES

The validation of the efficacy of Indigenous wisdom, often passed down orally, is challenging to measure by Western methods. Thus, the value of **extensive land-based Indigenous knowledge** in health and resource industries has been minimally recognized. Western knowledge and methods are privileged, including in the study of healing and medicines, devaluing Indigenous research methods and apprenticeship transfer of land-based medicines knowledge and healing practices (9).

Instead, health research and associated funding are provided to institutions and practices that are not rooted in Indigenous methodologies. Thus, critical health ecosystem factors are harmed by the unsustainable or harmful extraction of resources for product development. Accepted standards favour health products and services that most commonly reflect profitable extraction, and the carbon footprint of medicines that produce pollutants, synthetics, and petrochemical-based products (10). The lack of a balanced approach to health, one which includes the preservation of land use for human health and healing, arguably harms Indigenous and non-Indigenous communities alike.

Ironically, a significant portion of modern medicines were derived from Indigenous traditional plant use. The sharing of Indigenous knowledge of medicines and healing practices includes the **risk of extraction and commercialization**. There is a misalignment of this knowledge by Western users to create profit or health for individuals or corporations, with little return to communities, particularly the communities of Indigenous knowledge stewards (11). This includes past experiences with the pharmaceutical industry and new-age practitioners.

The ongoing market evaluation of extracted medicines and practices is currently estimated to be billions of dollars annually (6). Therefore, any research on Indigenous peoples or practices is protected by the principles of ownership, control, access and possession (OCAP) (12). Indigenous-determined validation, reciprocity and the OCAP principles are vital to embedding Indigenous wisdom into the healing of communities and environments.



RESOURCES

Learn more about the ecological teachings rooted in Indigenous communities, including the Laws of Sacred Harvest and Gift Economies by reading (or listening by audiobook) the following:

- [Braiding Sweetgrass](#), Robin Wall Kimmerer
- [The Serviceberry](#), Robin Wall Kimmerer

Indigenous Research and Methodologies

- [First Nations Principles of OCAP](#)
- [At the Interface Indigenous Health Practitioners and Evidence-based Practice](#)
National Collaborating Centre for Indigenous Health





For Indigenous Peoples in Canada, the extraction of resources from, and development on, traditional lands has frequently occurred through extractive violence. This includes forced removal, lack of consent, lack of reciprocity or stewardship (13).

The National Inquiry heard testimony and examined evidence that suggested resource extraction projects can exacerbate the problem of violence against Indigenous women and girls.

Expert Witnesses told the National Inquiry that resource extraction can drive violence against Indigenous women and girls in several ways, including issues related to transient workers, harassment and assault in the workplace, rotational shift work, substance abuse/addictions, and economic insecurity.

They argued that resource extraction can lead to increased violence against Indigenous women at the hands of non-Indigenous men, as well as increased violence within First Nations, Métis, and Inuit communities (13).

Extractive violence impacts Indigenous Peoples in the following ways:

ECONOMIC

- Low-wage jobs
- Lower food security
- Inadequate housing

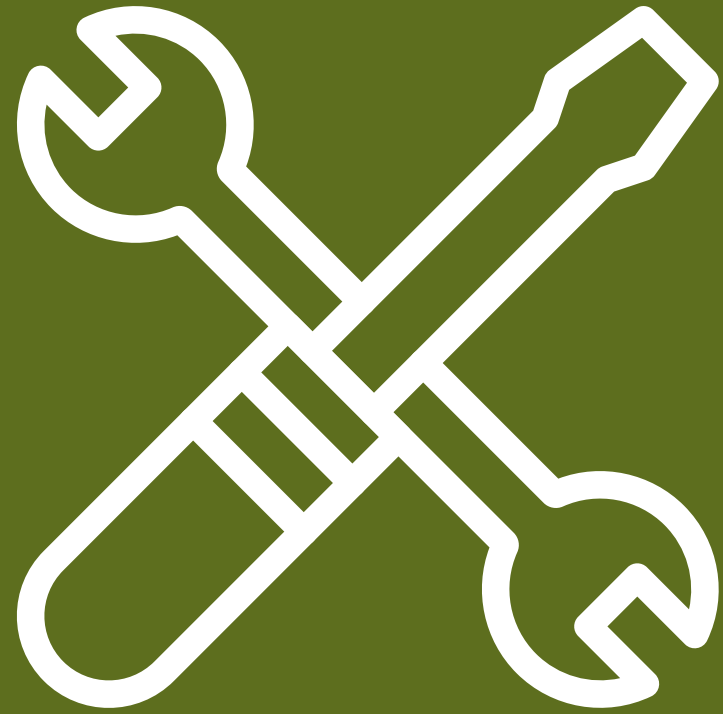
HEALTH AND WELLBEING

- Workplace racism
- Sexual harassment
- Domestic, sexual and gang violence
- Drug and alcohol related abuses



INDIGENOUS PEOPLES ARE SUBJECTED TO EXTRACTIVE VIOLENCE





WHAT

The Tools for Change

- 1 Patient-led, Culturally Competent Medication Management & Shared Decision-making
- 2 Health Access Optimization & Systems Navigation
- 3 Disaster Preparedness and Responses to Ensure Continuity of Care





Patient-led, Culturally Competent Medication Management & Shared Decision-making



Indigenous cultural competency must be embedded when implementing medication management 'Actions' described in the "Climate Resilient, Low-Carbon Sustainable Pharmacy" Playbook.

COLLABORATION WITH TRADITIONAL AND HOLISTIC HEALING TO FOSTER WELLBEING AND REDUCED RELIANCE ON PHARMACEUTICALS

Indigenous peoples' perspectives and practices for maintaining their health and healing were **historically omitted** from the development of Canadian healthcare systems. Cultural gatherings, ceremonies, and healing practices were made illegal by the Indian Act from 1885 to 1951 (8).

Canada's Truth and Reconciliation Commission (14) Call to Action 22, states:

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.

Similarly, the United Nations Declaration on the Rights of Indigenous Peoples (15), Article 24. 1, states:

Indigenous peoples have the **right to their traditional medicines and to maintain their health practices**, including the conservation of their vital medicinal plants, animals and minerals.

The privileging of Western biomedical health interventions and models omits the holistically derived health defined by Indigenous-led reports in the contemporary context (16). As healthcare providers, facilitating the collaboration of Western and cultural medicines and healing must be grounded in respect of cultural autonomy. As Western-trained health experts in contemporary spaces, applying Indigenous healing practices are beyond our scope. **We must evolve our own understanding from an omniscient expert to a collaborator with the humility to acknowledge that which we do not, or cannot understand.** This requires actively creating spaces and engagement strategies for health interventions that have the potential to reduce reliance on pharmaceuticals, particularly in conditions that have been evidenced to improve with lifestyle interventions, community supports, spiritual or cultural practices.

RESOURCES

- Indigenous-led Health Care Partnerships in Canada, Allen, L. et al





CULTURAL COMPETENCY IN RECOMMENDATIONS FOR DEPRESCRIBING AND LOWER CARBON EMISSION DRUGS

Cultural competency in Indigenous patient and community care requires an understanding of the historical relationship between Indigenous Peoples and the government of Canada. This includes promises made by the government, called treaties, which included the rights to health which were embedded into Canada's Constitution (17).

Even well-intentioned deprescribing, or drug formulation changes, could be seen as an infringement on access to constitutional health rights. It is important to learn and express an understanding of the health rights of Indigenous Peoples.

The connection between the health and wellbeing of Indigenous Peoples and the environment cannot be understated. Clinicians may be tempted to use this connection to motivate Indigenous patients to engage in environmentally friendly medication regimen changes. Unfortunately, the same colonial frameworks that created environmental and structural health disparity also built contemporary health systems which historically, and currently, underserve Indigenous patients and communities. When engaging in deprescribing and advising changes to environmentally friendly drug alternatives, such as switching from MDIs to dry-powder inhalers, pharmacy professionals must obtain adequate foundations in cultural competencies:

Autonomy

Empowering patient autonomy through “**Shared Decision Making**” (SDM) ensures the patient feels invited into the decision, rather than experiencing forced or coerced health changes, which were historically imposed upon Indigenous Peoples. According to Stiggelbout (18), the four steps of SDM include:

- 1 The professional informs the patient that a decision is to be made and that the patient's opinion is important;
- 2 The professional explains the options and their pros and cons using patient-friendly language;
- 3 The professional and the patient discuss the patient's preferences and the professional supports the patient in deliberation;
- 4 The professional and patient discuss the patient's wish to make the decision, they make or defer the decision, and discuss follow-up.

In practice, these steps are seen to occur to a limited extent (19).

Access

Indigenous patients experience diverse mechanisms of health access inequity. Any recommendations for appropriate deprescribing or climate-friendly drug alternatives must also consider geography and financial considerations. Understanding the coverage through Non-Insured Health Benefits for status First Nations patients is a foundational knowledge base.

RESOURCES

Understanding the history of Indigenous Peoples and how pharmacy professionals can empower the health and wellbeing of Indigenous communities is a lifelong learning journey. You can start this work through pharmacy-specific resources, such as the following:

- [Equity, Diversity, Inclusivity, and Indigenous Health for Pharmacy Professionals](#), Association of Faculties of Pharmacy of Canada & the Indigenous Pharmacy Professionals of Canada
- [Non-Insured Health Benefits Training Resources](#), Indigenous Pharmacy Professionals of Canada and the Canadian Pharmacists Association





Health Access Optimization & Systems Navigation



Primary care for Indigenous patients requires the recognition of health disparities occurring from barriers to cultural and Western health and healing supports. Indigenous-led and determined primary care models are designed to build community ecosystems that address holistic, cultural and environmental determinants of health.

Pharmacy professionals can support **health systems navigation** for Indigenous patients, including referrals for social determinants of health services. By addressing the circumstances in which health is provided, professionals can mitigate barriers to medications, medical supplies, and healthcare services. The most insidious access barrier to health services for Indigenous patients is **stigma and prejudice**. Indigenous patients have experienced anti-Indigenous racism in historical and contemporary Canadian health systems, including forced treatments, experimentation, neglect, and every form of dehumanizing abuse possible (20). Acknowledgement of these truths and cultural safety and humility training for providers is vital to improving health access.

Several Indigenous-led health clinics and entire health systems have been developed through innovative funding partnerships or transfer agreements with the federal government. These models exhibit innovations to weave Indigenous and Western health values, practitioners, medicines, and services. Health systems leaders and pharmacies can consult with local Indigenous Nations and health systems to embed Indigenous-led principles of healing, safety, and culture.

Health systems serving Indigenous patients must look at **culture as a mechanism** for improving health access and safety. For example, the First Nations Mental Wellness Continuum Framework Implementation Guide exhibits how Indigenous-led models can build a ‘strengths-based’ approach into a continuum of care (21). Pharmacy professionals can add to this approach through social prescribing, particularly for Indigenous patients in urban communities.

Strength-based approaches typically facilitate a manner of doing things that start from **beliefs**:



2

RESOURCES

- First Nations Mental Wellness Continuum Framework: Implementation Guide, Thunderbird Partnership Foundation
- Canadian Institute for Social Prescribing





Health Access Optimization & Systems Navigation

HEALTH ACCESS & OPTIMIZATION

Pharmacies and pharmacy professionals are geographically and professionally diverse health providers with a growing scope of practice to support Indigenous patients and communities. Whether located in urban centres or providing distribution to remote locations, pharmacy professionals are critical primary care providers and access points for Indigenous patients and historically underserved Indigenous communities.

Pharmacy practice offers supply chain and administration optimization to reduce waste and carbon emissions. Optimized pharmacy services similarly have the potential to prevent the climate impacts of patients travelling to access health services, including:

- Preventative screening and advice
- Point-of-care testing and devices
- Virtual appointments
- Prescribing and non-prescription recommendations
- Access to medical and nutritional supplies
- Health systems navigation and coordination of primary care services
- Compliance and distribution aids

LAND ACCESS IS HEALTH ACCESS

Indigenous Peoples consider the land, and its inhabitants, to be all their relations. Traditional cultures have been a symbiotic element of biodiverse landscapes, with evidence that methods of gathering, hunting, and shelters strengthened the growth and diversity of landscapes. Protecting the health and vitality of landscapes is inherently linked with the health and vitality of the communities that interact with them (3).

Indigenous Peoples' health and wellbeing benefit from the protection and preservation of landscapes that can host social, cultural, and healing experiences (3). Pharmacy professionals can ensure patients maintain their connection to their traditional territories, by supporting medical supplies and services access in remote and rural communities, reducing reliance on travel to urban centres. Pharmacists can be advocates for the protection of traditional territories, including affirming and advocating about the health harms from polluting or extractive industries, and the value of preserving traditional territories, as sources of water, food, medicines, and holistic healing. Pharmacists can also support the access to land-based healing through awareness of holistic health factors, and supporting connections to Indigenous knowledge keepers, land-based healing camps, and parks prescribing, such as the PaRx prescription for nature.



RESOURCES

- [Choosing wisely and climate action. \(2024\).](#)
- [PaRx Prescription for Nature](#)





ENVIRONMENTAL AND CULTURAL HEALTH FACILITATES HEALING



ADDING TRADITIONAL HEALING TO PATIENT SCREENING QUESTIONS

Evaluating the efficacy of Traditional healing practices or medicines is not the role of pharmacy professionals. The validation of these practices is determined by the communities themselves, and should be respected as mechanisms of health that are beyond the scope of pharmacy practice, and beyond the understanding of non-Indigenous worldviews (22).

Pharmacy providers can provide their support for these practices by asking culturally competent questions about traditional medicines and practices and screening for drug interactions and providing monitoring strategies. By creating safe spaces for the collaboration of Western and Indigenous healing, pharmacy professionals reduce the risk of adverse health events, support holistic health optimization, while creating collaborative and safe relationships with patients and healers.

Cultural, religious or spiritual practices or factors are important considerations in supporting holistic health. These next questions are meant to support our staff so that we can ensure the integrity of your health while maintaining your relationship with spiritual health elements.

“What cultural, religious or spiritual identities or practices do you engage in?”

“Are there particular ceremonies or sacred times where you engage in fasting, hot temperatures, or the use of traditional medicines?”

“Are you aware of anything that you have to avoid in your culture that may affect your health care? Some examples could include drawing blood, avoiding pork products, treatment of your hair, or the impact of your menstrual cycle.”



RESOURCES

- An Overview Of Traditional Knowledge And Medicine And Public Health In Canada. National Aboriginal Health Organization (Canada)
- Moontime. Anishnawbe Health Toronto
- Fasting. Anishnawbe Health Toronto
- Trusting, Compassionate, Therapeutic Relationships. Canadian Association of Schools of Nursing



VIDEO:
Indigenous Knowledge to Close Gaps in Indigenous Health
Marcia Anderson-DeCoteau
TEDxUManitoa





SUPPORT CLIMATE EFFICIENCIES IN HEALTH SYSTEMS NAVIGATION FOR INDIGENOUS PATIENTS



Indigenous patients face extensive challenges in access to healthcare delivery in Canada. Supporting health systems navigation, ensuring efficacy in the provision of health services by the most accessible healthcare professional is vital to reducing product distribution inefficiencies and waste.

DEVELOP SYSTEMS OF SUPPORT FOR INDIGENOUS PATIENTS IN ISOLATED, REMOTE OR RURAL COMMUNITIES

Distribution of pharmaceutical products and medical supplies to rural, remote, and isolated communities can be complicated by a variety of factors, including transportation methods (i.e. ground vs. air, direct vs. multiple stops), schedules, and delays (i.e. weather, mechanical, disaster-related).

Procedures and planning that optimize patient access through distribution while avoiding waste include considerations of the following:

Proper Administration

Adherence

Distribution Process

Discharge Planning



PROPER ADMINISTRATION

Training for patients on proper administration of medications improves efficacy and avoids wastage but can be difficult to achieve when providing distant pharmacy services (23). The key variable will depend on the best methods of communication available and accessible to the patient, recognizing language and technology barriers are more common for Indigenous patients. Options include:

- A virtual health station at the health centre where patients pick up their prescriptions, with a notice on the exterior of the bag to signify the need for patient counselling
- Providing leaflets with QR codes to training videos and phone numbers for the pharmacy
- Providing a tablet with data to be provided by the community or health center’s delivery driver to facilitate virtual consultations at drug delivery

RESOURCES

- [A challenge of access: Pharmacy services and remote First Nations communities](#) British Columbia Pharmacy Association
- [Innovative Models for the Delivery of Pharmacy Services in Rural and Remote Areas](#) McMaster Health Forum





SUPPORT CLIMATE EFFICIENCIES IN HEALTH SYSTEMS NAVIGATION FOR INDIGENOUS PATIENTS



MEDICATION ADHERENCE AND CULTURAL AWARENESS

Medication adherence has complex nuances for Indigenous patients. Cultural awareness and knowledge of historical harms help professionals recognize that not all patients will be adherent with their medications, and not all patients will inform their providers of their decisions. Non-adherence to medications risks health events, including emergency transportation from the community to urban centres for institutionalized care, with associated environmental impact. Non-adherence can also result in environmental harm when scheduled medications are regularly shipped to a patient who has elected not to use the intervention.

In rural and remote communities, pharmacy professionals may not always be able to communicate with patients receiving shipped medications. In the interest of ensuring the timely provision of medications, pharmacies often ‘auto-ship’ medications to Indigenous communities without confirming utilization or adherence to dosing as prescribed. Community health centres commonly receive shipped medications, and there can be multiple months of medications awaiting a patient, not only wasting product but risking confusion, dosage changes, and provision of expired products.

Supporting patient adherence to medication therapies requires trusting relationships. In the event of difficulty establishing relationships with patients, forming relationships with the health centres and other touchpoints in the distribution process is vital. There should be a mechanism to determine when a medication reaches a patient, including dated signing sheets or collection logs to verify that the medication reaches the intended recipient. Signing sheets should include the following:

- Patient identifiers, including name and date of birth, optimally confirming contact information such as phone numbers
- Date of pick-up
- Recipient name and signature
- Dispensed product identifiers such as the prescription number, date of shipping, and/or the number of items in a sealed package
- Cold-chain and hazardous indicators

These forms can be filled out manually or electronically in partnership with health centre staff and transmitted at the end of each day to the pharmacy for accurate scheduling based on real pick-up times, and based on distribution schedules and requirements. Pharmacy professionals can partner with local health facilities to streamline points of care, including coordinating the scheduling of clinic appointments, monitoring parameters (i.e. bloodwork) alongside the pick up of medications.

RESOURCES

- [Allyship and the Role of Pharmacists in Supporting Indigenous Peoples and Communities](#), Pharmacy Connection, Ontario College of Pharmacists
- [Pharmacy: Indigenous Research and Resources](#), University of Waterloo
- [Factors influencing medical adherence among First Nations patients and patients of European ancestry: Data from Canada](#), Levesque, A. et al





SUPPORT CLIMATE EFFICIENCIES IN HEALTH SYSTEMS NAVIGATION FOR INDIGENOUS PATIENTS



DISTRIBUTION PROCESS



Distribution requires navigating the challenges in delivering the product to the patient. Indigenous communities experience inequity in medical distribution, often rooted in uncoordinated systems and geography.

Whether a patient is in an urban or rural/remote setting, the delivery of medications should be synchronized to ensure a single distribution schedule for all medications and supplies being delivered to a patient. Optimally, all patients in a neighbourhood, community, or remote location should have a similar distribution schedule that optimizes the transportation infrastructure that is in place.

Optimized schedules reduce transportation emissions. Transportation delays should be considered and reasonably anticipated. Pharmacies should ship medications earlier than expected to negate potential delays, such as winter storms.

Given potential communication challenges, distribution should attempt to reach the patient without being dropped off at a community health centre for extended periods. Sourcing and supplementing home deliveries can confirm the receipt of the products and pair with technologies or procedures to track signature chains and reduce waste.

Pharmacy professionals can partner with local health centres to develop policies and procedures regarding ward-stock for use in emergencies and acute care situations. Develop prescribing processes that utilizes ward stock to provide the first few days of a prescription course through the health centre, and documentation procedures during dispensing to acknowledge the total duration/quantities dispensed to the patient.

DISCHARGE PLANNING



Discharge from institutionalized care to community risks significant wastage and inefficiencies.

To ensure medication access and distribution efficiencies, Swidrovich (19) offers a 'Discharge Medication Reconciliation Checklist for Patients being Discharged to a Reserve', which includes the following be completed:

- A complete medication assessment ensuring appropriateness before discharge
- Identify community pharmacy and understand distribution details
- Confirming medication insurance coverage for the discharge items
- Availability and schedule of healthcare providers and services on the reserve
- Language needs and services to ensure patient comprehension and compliance
- Interprofessional and community collaboration requirements for seamless care



RESOURCES

- [Discharge Medication Reconciliation for Patients Being Discharged to a First Nations Reserve Swidrovich, 2019](#)





Disaster Preparedness and Responses to Ensure Continuity of Care

Disaster preparedness involves planning for the pharmacy's own operations in the event of a disaster, but also implementing policies, procedures, and resource provision for disasters impacting any communities supported by pharmacy services.

COMMUNITY ENGAGEMENT AND CO-DEVELOPED STRATEGIES

Pharmacies and health systems serving these communities should co-create disaster policies and procedures with community representatives. In particular, pharmacies should offer solutions to address the continuity of healthcare access and pharmacy services during disasters.

Community engagement and co-developed strategies ensure that policies, procedures, and resources strengthen existing community-led processes and are distinct to the needs of the particular Indigenous Peoples and territories. For Indigenous communities this means not only engaging community leadership, but also Elders and youth, recognizing the importance of continuous knowledge transfer and intergenerational planning.

Disaster planning and response strategies require multi-lateral collaborations and partnerships with community representatives, emergency services partners (e.g. Red Cross), authorities in public health, and provincial and federal governments.

“There is sufficient evidence, nationally and internationally, that collaborative, multidisciplinary, and integrated models of care have improved Indigenous Peoples’ access to a diverse range of health and social services by facilitating a fusion of programs and services at the delivery level and ensuring that Indigenous traditions are considered.”

(24) Halseth, R. and Murdock, L. (2020). “Supporting Indigenous Self-determination in Health: Lessons Learned from a Review of Best Practices in Health Governance in Canada and Internationally.”



RESOURCES

- [Ensuring Continuity of Care During and After Emergencies and Natural Disasters](#) Canadian Pharmacists Association
- [Top Considerations for your Pharmacy: Planning for an Emergency Pharmacy Closure](#) Canadian Pharmacists Association





FOUR PILLARS OF EMERGENCY MANAGEMENT



Evacuations of remote communities, such as First Nations reserves, are coordinated by a multilateral strategy that includes governments, emergency partners (such as the Red Cross), and community leaders. Pharmacy partners should first determine the community representatives who manage disaster planning and request a review of pertinent procedures in place for evacuations to understand the role of the pharmacy in ensuring continuity of care.

The Indigenous Services Canada National On-reserve All Hazards Emergency Management Plan, includes 4 pillars of emergency management (25).

Pharmacy professionals can be active partners in this coordinated strategy, contributing via **practice themes** which supplement the needs of these pillars:



Distribution



Cognitive & Clinical



Navigation

FOUR PILLARS OF EMERGENCY MANAGEMENT



PREVENTION & MITIGATION

Adapt, eliminate or reduce risks of disasters and impact on lives, environment or infrastructure.



PREPAREDNESS

Prepared actions during the disaster, including emergency response plans, mutual assistance, resource inventories and training, public awareness activities, etc.



RECOVERY

Actions immediately before, during, or after an emergency to manage its consequences and minimize its impacts. For example, public communication, emergency medical assistance, & evacuations.



RESPONSE

Recovery to repair or restore conditions to an acceptable level through measures taken after a disaster. For example, the return of evacuees, trauma counselling, reconstruction, economic impact studies and financial assistance.

(25) Government of Canada (2024). "National On-reserve All Hazards Emergency Management Plan."





DISASTER PREPAREDNESS AND RESPONSES TO ENSURE CONTINUITY OF CARE



(25) Government of Canada (2024).
National On-reserve All Hazards
Emergency Management Plan.

HEALTH SYSTEMS NAVIGATION

Pharmacies' role in health systems navigation should be communicated effectively and built within prevention and mitigation plans as a vital resource. The following functions serve as critical access strategies in response to disasters:

- Prescription transfer, including distribution records, contact information, and any pertinent information about serving the community
- Pharmacist prescribing to ensure continuity of care and access to medical products that may have been left or misplaced in an evacuation
 - Emergency or interim supplies prescribing
 - Administrative prescriptions for non-prescription items covered by Non-Insured Health Benefits (e.g. acetaminophen)
- Providing virtual care as an option, when appropriate
- Adapting quantities to prevent, mitigate or address continuity of care during evacuations or distribution disruptions, including coordinating with benefits and prescribers
- Integrating processes between Public Health Departments & pharmacies to address role specification and resource sharing
- Conducting risk assessments for communities they serve to understand potential climate change risks and plan for adaptation strategies.

DISTRIBUTION OF MEDICATIONS AND MEDICAL SUPPLIES

Planning for and responding to disruptions in medical supply access is a key role that pharmacy professionals serve within the four pillars of emergency management (25), including:

- Adequate provision of emergency supplies and preventing stockpiling
- Added quantities of supplies for targeted emergencies (e.g. inhalers for wildfires)
- Dispensing quantities of chronic medications for anticipated distribution route barriers
- Alternative supply chain analysis and procurement strategies
- Loss of critical functions that can impact drug storage, like heat, humidity/flood, loss of electricity impacting cold chain, storage of controlled substances, and access to electronic records.

“There is a strong relationship between long-term sustainable recovery and prevention and mitigation of future disasters and recovery actions should be conducted with a view towards building back better and disaster risk reduction.”

RESOURCES

- Pharmacy Emergency Preparedness and Response (PEPR): a proposed framework for expanding pharmacy professionals' roles and contributions to emergency preparedness and response during the COVID-19 pandemic and beyond Aruru, M. et al.
- Emergency Exemptions for Prescribing Authority. Saskatchewan College of Pharmacy Professionals
- Canada's Top Climate Change Risk. Council of Canadian Academies
- NIHB Program: Recommending Non-prescription products, A Guide for Pharmacists. Indigenous Services Canada.



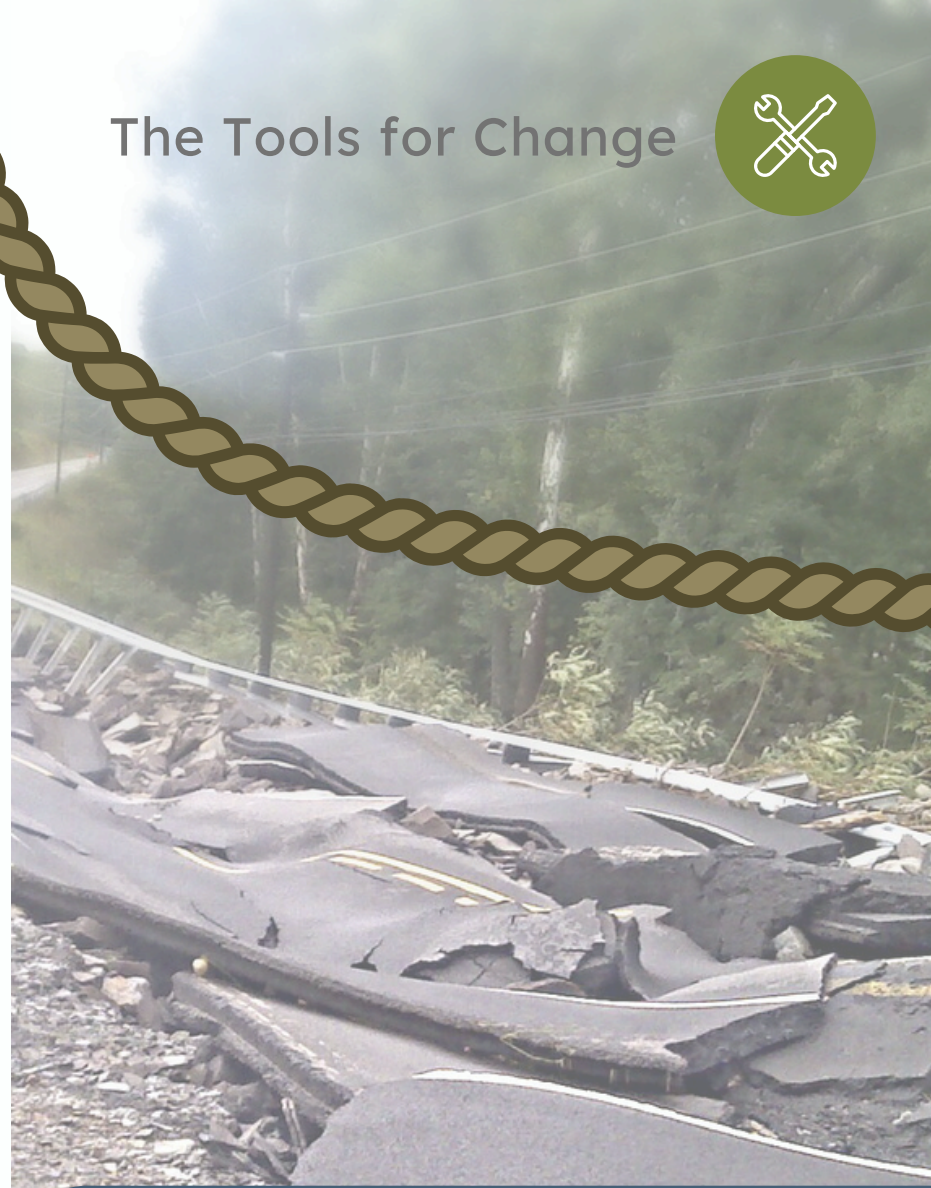
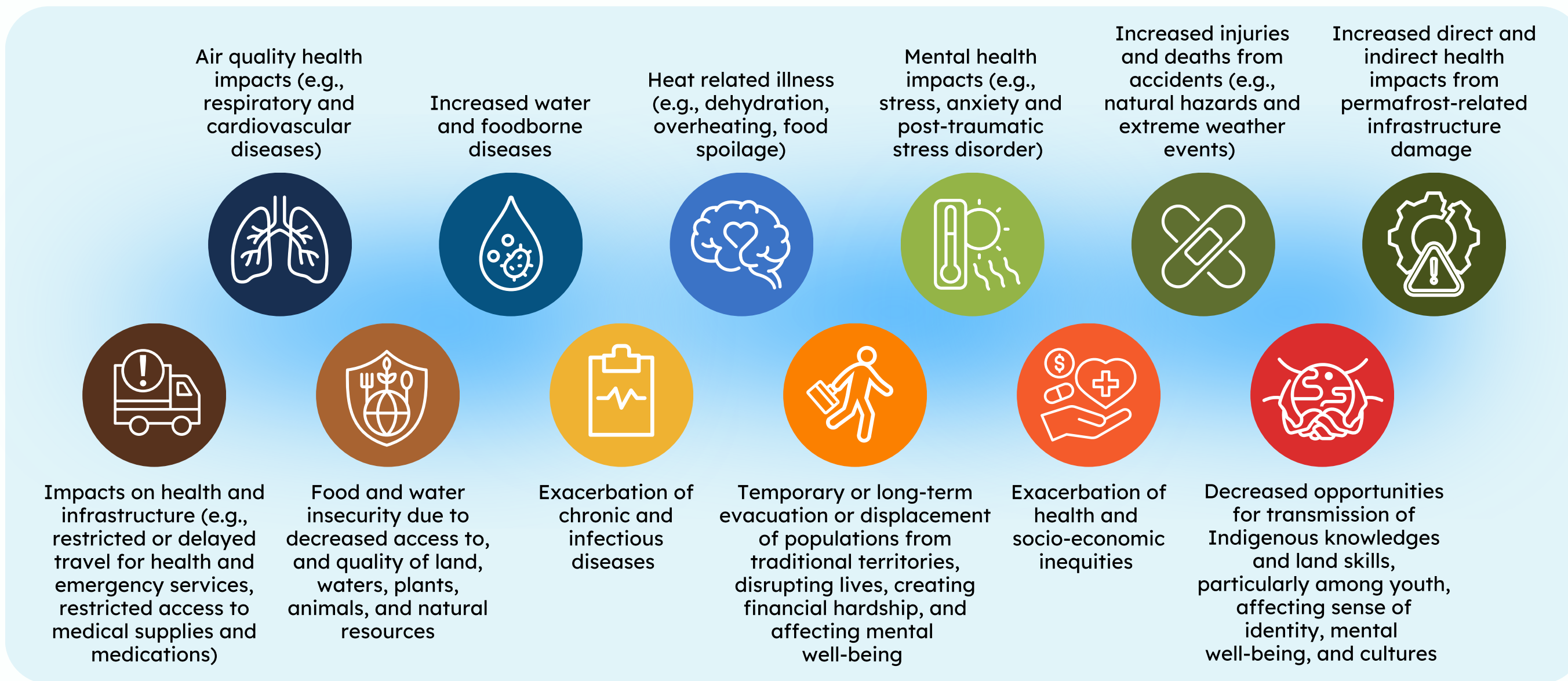


DISASTER PREPAREDNESS AND RESPONSES TO ENSURE CONTINUITY OF CARE



COGNITIVE AND CLINICAL PHARMACY SERVICES

During the prevention, mitigation, and preparedness phases, pharmacists can contribute to the education of patients on the health impacts of climate change or climate disasters that are reasonably anticipated for the Indigenous communities that they work with. The rural or remote positioning of Indigenous communities result in a greater likelihood of inadequate infrastructure for climate emergencies and disasters. Patients and communities should be supported in the understanding of health risks, as well as available and accessible mitigating strategies. This includes a collaborative assessment with community leaders to prepare for (26,27):



RESOURCES

- Environmental Health and Emergencies, First Nations Health Authority
- Emergency Preparedness for Indigenous Communities, Canadian Red Cross
- Wildfire evacuation information for Indigenous peoples, Government of Canada
- Flooding in First Nations communities, Government of Canada
- National On-reserve All Hazards Emergency Management Plan, Government of Canada





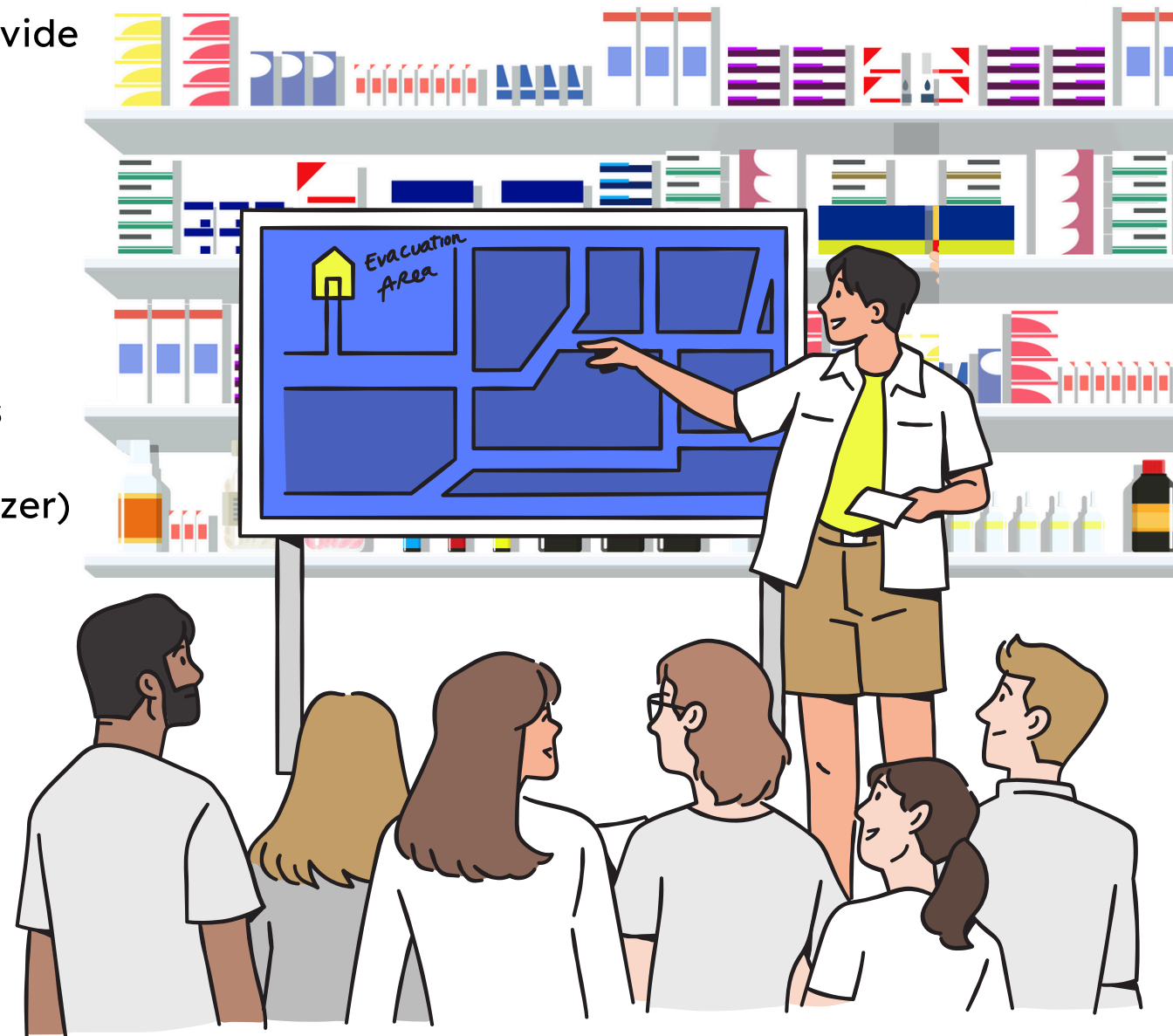
DISASTER PREPAREDNESS AND RESPONSES TO ENSURE CONTINUITY OF CARE



COGNITIVE AND CLINICAL PHARMACY SERVICES (CONTINUED)

During the Response and Recovery phases of environmental disasters, pharmacists can offer patients and communities a range of services (28):

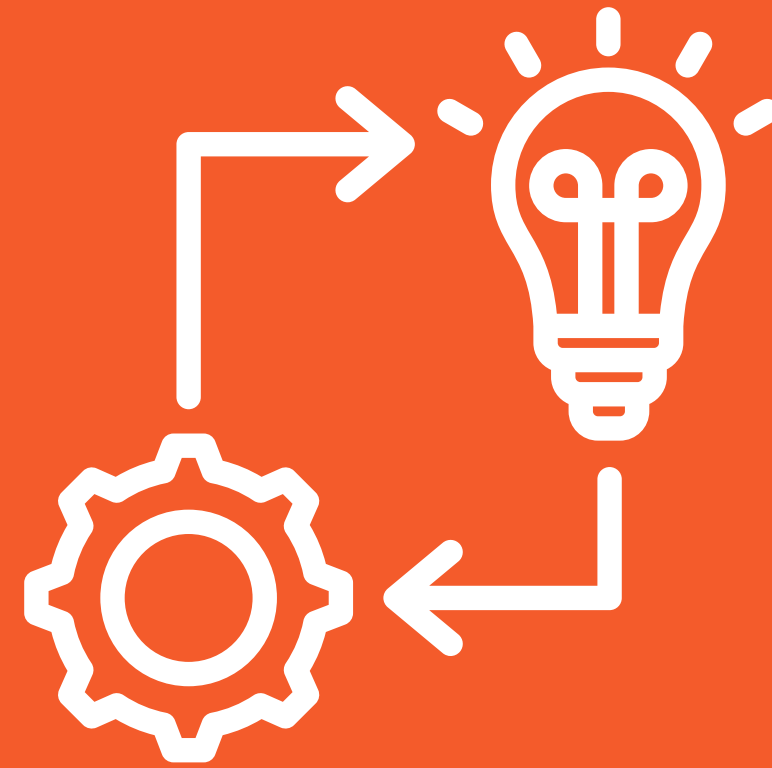
- Obtain a detailed patient health and medication history and provide medication lists and health summaries to patients and health partners
- Provide mental health resources and tools
- Prescribe for minor ailments
- Assess and refer emerging health conditions
- Address medication shortages and recommend alternatives
- Vaccination screening and immunizations
- Develop evidence-based patient education and communications
- Conduct medication and comprehensive health reviews
- Compound shorted medicines or other products (e.g. hand sanitizer)
- Monitor disease progression
- Provide chronic disease management
- Provide one-on-one patient counseling on new or existing drug therapies
- Identify and prioritize at-risk patient populations
- Combat misinformation
- Provide advice on medication storage during emergencies and evacuations
- Assess patient injuries
- Monitor for and respond to government alerts and declarations



RESOURCES

- [Natural Disasters and Pharmacy Practice](#). Canadian Pharmacists Association
- [Responding to Disasters, Guidelines for Pharmacies](#) International Pharmaceutical Federation





HOW

The Strategy for Change

- 1 Innovations and Advocacy
- 2 Partnerships in Climate Disaster Preparedness for Indigenous Communities
- 3 Collaborative Development & Quality Assurance





The Strategy for Change

Implementing effective and climate conscious care for Indigenous patients and communities require the fullest extent of the innovations, advocacy, collaborations and systems optimization within pharmacy practice.

As health systems leaders and influencers, pharmacy professionals are integral to strengthening effective and climate-conscious care for Indigenous patients and communities. As recognized and trusted experts, pharmacy professionals have a privileged position to advocate for the needs of Indigenous communities facing disproportionate harm from climate change, environmental destruction, and environmental racism.

To be effective and culturally safe, pharmacy professionals need to engage in professional and personal development to shape their understanding of Indigenous history and experiences via Indigenous-led cultural competency training and consultations.

Once prepared to authentically engage with Indigenous patients and communities, pharmacy professionals are in the position to invite Indigenous-led perspectives to strengthen environmental leadership, stewardship, and sustainability in evolving pharmacy policy, programming, services, and systems. Indigenous ecological and healing knowledge can be woven into pharmacy systems in order to add valuable diversity to the development of innovative models in effective and climate-conscious care.

As vital health systems navigators, pharmacy professionals are positioned to support the integration of innovations to strengthen climate conscious care for Indigenous patients and communities. Innovations in policy, procedures, programs, services and systems can then be co-created and measured in partnership and collaboration with the Indigenous communities involved.



RESOURCES

- Equity, Diversity, Inclusivity, and Indigenous Health for Pharmacy Professionals, Association of Faculties of Pharmacy of Canada & the Indigenous Pharmacy Professionals of Canada
- Indigenous Health, Wellness and Advocacy Certificate. Athabasca University.
- Indigenous Canada. University of Alberta





Innovations and Advocacy



Pharmacy professionals stand at the forefront of a transformative era in healthcare, one where their contributions can significantly bolster sustainability, climate-friendly practices, and Indigenous health equity through innovative approaches in their field. By embracing their full scope of practice, leveraging advanced technologies, and enhancing procedural efficiencies, pharmacists can play a pivotal role in fostering a healthier planet and promoting social well-being.

SCOPE OF PRACTICE

The potential of pharmacy professionals to innovate and respond to climate-friendly health needs of Indigenous communities includes a consistently growing scope of medication prescribing and administration, enhancing access to health professionals and health services. As health intervention and relationship experts, pharmacy professionals can co-create collaborative treatment programs and pathways that safely weave traditional Indigenous healing interventions. Innovations in programs that diversify health interventions and address the root causes of health disparity, including social, structural, and historical, have the potential to reduce reliance on symptomatic treatments and associated environmental impacts.

TECHNOLOGY

Innovations in health technologies that increase access and adherence are paramount to decreasing the environmental impacts that are disproportionately faced by remote and rural Indigenous communities. Pharmacy professionals can partner with Indigenous communities to create patient educational content that supports the comprehension for patients with language or comprehension challenges, decreasing medication harms, and promoting health, ultimately reducing likelihood of transportation to urban centres for acute and emergency care.

PROCEDURES

Pharmacy standards and regulations for processes require significant innovations for Indigenous communities. Innovations in procedural efficiencies should be co-developed with communities to ensure effective knowledge translation into the functions of the community members involved in the receipt of medications by a variety of transportation mechanisms. Developing checklists, training videos, and mechanisms for sharing documentation will ensure regulatory compliance and patient safety.

RESOURCES

- The Indigenous Pharmacy Professionals of Canada
- Pharmacists Scope of Practice in Canada, Canadian Pharmacists Association





Innovations and Advocacy

ADVOCACY

The importance of pharmacy professionals in the realm of climate justice cannot be overstated. Climate justice refers to the recognition of the systemic inequalities that exacerbate the vulnerability of marginalized communities to environmental degradation and climate change (29). It emphasizes that the rights of Indigenous Peoples must be prioritized, as they often bear the brunt of environmental impacts while possessing invaluable knowledge and practices for sustainable living. Indigenous-led directives are essential in addressing climate justice effectively, ensuring that Indigenous voices are not only heard but also respected in the development and implementation of policies. In this context, pharmacy professionals have an opportunity to advocate for and support these initiatives, aligning their practice with principles of equity, sustainability, and justice for all (3,4,30).

ADVOCACY IN PHARMACY PRACTICE

Pharmacy professionals are in the position to observe, document, and amplify their experiences in building effective and climate-conscious care for Indigenous patients and communities by advocating for change within the levers of pharmacy practice, including:

- Standards and Regulations
- Sustainability and Funding Models
- Research and Development
- Academia and Continuing Education
- Distribution and Manufacturing
- Business Practices, Organizational Culture, Leadership, and Governance

ADVOCACY FOR HEALTH & CLIMATE

As respected members of society, pharmacy professionals can use their voice and position to advocate for climate-conscious care for Indigenous patients and communities. Pharmacy professionals can develop targeted messaging through channels influencing political leaders, including:

- Messages to politicians (e.g. letter to Members of Parliament)
- Raising awareness
- Local Media
- Education
- Donation
- Volunteerism
- Pharmacy, health or climate advocacy and membership organizations

The Strategy for Change



RESOURCES

- Bill S-5, Strengthening Environmental Protection for a Healthier Canada Act, Government of Canada
- Canadian Association of Pharmacy for the Environment
- Canadian Association of Physicians for the Environment
- Indigenous Pharmacy Professionals of Canada





ENVIRONMENTAL JUSTICE MEANS ADDRESSING ENVIRONMENTAL RACISM



SIX TOOLS TO IMPROVE PRACTICES ON ENVIRONMENTAL RACISM (31)

Partnerships with national, provincial, and territorial organizations to develop environmental legislation

Government health promotion policies that address environmental health inequalities

Indigenous-led environmental assessments

Meaningful consultations with communities

Training and awareness raising on environmental racism and environmental justice

Coalitions for environmental justice organizing

The Environmental Noxiousness, Racial Inequities & Community Health Project (ENRICH) (32) describes a Multi-Method Approach for Addressing Environmental Racism. Pharmacy professionals can contribute to this approach in the following ways:

- Conducting community-based research on environmental racism
- Writing peer-reviewed articles on environmental racism
- Organizing community workshops in affected communities
- Organizing public engagement events to raise awareness about environmental racism
- Using social media to share research data
- Consulting with government
- Helping to develop environmental legislation, such as an environmental racism private members bill and environmental bill of rights

“Environmental Justice describes the strategies or remedies for addressing environmental racism and envisions what is achievable when the condition is treated through a variety of targeted policies. Limitations of the environmental justice lens in Canada include the tendency to conflate race and class, the focus on pollutants rather than the efforts of social and environmental stressors on health, and the lack of consideration of traditional ecological knowledge in environmental decision-making.”

(31) Waldron, I. (2020). “Environmental Racism in Canada.”

RESOURCES

- Bill S-5, Strengthening Environmental Protection for a Healthier Canada Act, Government of Canada





Partnerships in Climate Disaster Preparedness for Indigenous Communities



Partnering with Indigenous communities requires organizations first to ensure internal Indigenous cultural competency training, including recognizing appropriate protocols for engagement, reciprocity, and meeting format. Each distinct Indigenous Nation has different protocols. You can supplement your understanding through research, including determining the offering to provide to a member of that Nation (such as tobacco) to ask further questions. When meeting with Indigenous leaders, such as the Chief and Council members, the meetings are often structured as talking circles, beginning and ending with prayers by Indigenous Elders. Talking circles allow all representatives to speak in turn without interruption. The duration of meetings can vary significantly depending on the attendees' perspectives, and it is essential to respect the speakers and not rush the timelines of the meeting.

Disaster planning will include sourcing information from community representatives, emergency services partners (e.g. Red Cross), authorities in public health, and provincial and federal governments. Some introductory questions could include:

- Has this community or near-by communities experienced evacuations before?
- What is the demographic breakdown of the community, and how does this community demographic relate to medical supply needs? For example, what is the proportion of elders, prenatal, children, and those with complex medical needs?
- What are the likely timelines and potential disasters, and what kinds of preventative and responsive supplies would be required in what quantities? For example, flooding in spring requiring treatments for gastrointestinal infections, or wildfires in summer requiring inhalers and antihistamines.
- What are the alternative distribution routes or supply chains in the event of a disaster? For example, could you provide a map of alternative roads to the communities? Are fly-in or water-based services provided during flooding where medical supplies could be added to the transported essentials?
- What is the most likely location for community evacuees? Many communities will have relationships with evacuation sheltering sites, such as hotels or urban setting community infrastructure. This may mean selecting and planning with a community pharmacy partner in an urban setting of an anticipated evacuation.

RESOURCES

- [Medication Checklist for Emergency Preparedness, Canadian Pharmacists Association](#)
- [Indigenous-led Healthcare Partnerships in Canada, CMAJ](#)
- [Canadian Wildland Fire Information System Natural Resources Canada](#)





COMMUNITY COMMUNICATION

STRATEGIES FOR COMMUNICATION

Members of Indigenous communities may face challenges in receiving effective communication in the preparation, response, or aftermath of climate emergencies and disasters, including:

- Access to technologies
- Access to cellular or internet service
- Language barriers (e.g. traditional language users)
- Accessibility barriers (e.g. vision, hearing, or cognitive disabilities)
- Reading comprehension

Collaborate with community communications strategies to supplement all pillars of the emergency management strategy. Knowledge dissemination is most effective if it is embedded in the community's own communications framework, including printed materials in community centres and social media outlets that inform community members of critical information. Preventative and response strategies should be communicated through these networks where possible. Provide information regarding any changes to pharmacy services or supply and the cognitive and clinical service offerings throughout the continuum of disaster planning and responses.

For example, during the [Lac La Ronge, Saskatchewan fire evacuations in 2015](#), Chief [Tammy-Cook Searson's](#) Facebook page was a vital and timely source for information on the fire sites and movement, the sources of emergency services for the community, and other vital updates. Her personal page was a vital source for community members to be linked to their leaderships' knowledge about the emergency, including medical and prescription access, triaging of community members, care of pets and domesticated animals, and health advice in the presence of wildfire smoke.

Visual and infographic translation of knowledge is a critical feature that can be used to deliver communications in a way that transcends language, reading comprehension, or education level. Partnering with Indigenous artists and communities to develop materials which reflect Indigenous imagery and ways of knowing and being help to provide an understanding of complex topics for large populations.



RESOURCES

- [Ensuring Continuity of Care During and After Emergencies and Natural Disasters](#) Canadian Pharmacists Association
- [Top Considerations for your Pharmacy: Planning for an Emergency Pharmacy Closure](#) Canadian Pharmacists Association





**YOUR PLANS
ARE ONLY AS
GOOD AS YOUR
ABILITY TO
COMMUNICATE
THEM**



Rural and Remote

INDIGENOUS COMMUNITY ACCESS to Substance Use Medication



This [digital illustration](#) represents the complexity of the issues surrounding Indigenous community access to substance use medications, co-created by the First Nations Health Authority. Artistic and process illustrations enhance the knowledge translation of complex concepts and are particularly important when informing community partners and grassroots communities (33).



Collaborative Quality Assurance



CO-DEVELOPMENT

Building relationships with Indigenous community leaders and health systems administrators for Indigenous communities is vital to collaborating to develop plans for delivering and distributing preventative health services and responsive actions during a health or climate emergency or disaster.

Policy Development for distribution, pharmacy services, and emergency preparedness must assure the input and representation from the Indigenous communities being served. Co-development and creation ensures that the distinct values and needs of the community are upheld in the planning, development, and implementation of climate-friendly pharmacy partnerships and disaster preparedness.

Community engagement and co-developed strategies ensure that policies, procedures, and resources strengthen existing processes and are distinct to the particular community's needs. The Culturally Safe Engagement: What Matters to Indigenous (First Nations, Métis and Inuit) Patient Partners Companion Guide by Health Quality BC lists the Key Principles for Culturally Safe Engagement (34) as:



“First Nations, Inuit, and Métis peoples are rights holders. Preparing for the health impacts of climate change requires that Indigenous Peoples’ rights and responsibilities over their lands, natural resources, and ways of life are respected, protected, and advanced through distinctions-based, Indigenous-led, climate change adaptation, policy, and research.”

(3) National Collaborating Centre for Indigenous Health (NCCIH). (2022). “Climate Change and Indigenous People’s health in Canada.”

RESOURCES

- Truth and Reconciliation Commission of Canada: Calls to Action
- Indigenous Patient, Family, and Community Engagement Toolkit, Indigenous Primary Healthcare Council
- Culturally Safe Engagement: What Matters to Indigenous (First Nations, Métis and Inuit) Patient Partners Companion Guide, Health Quality, BC





Collaborative Quality Assurance

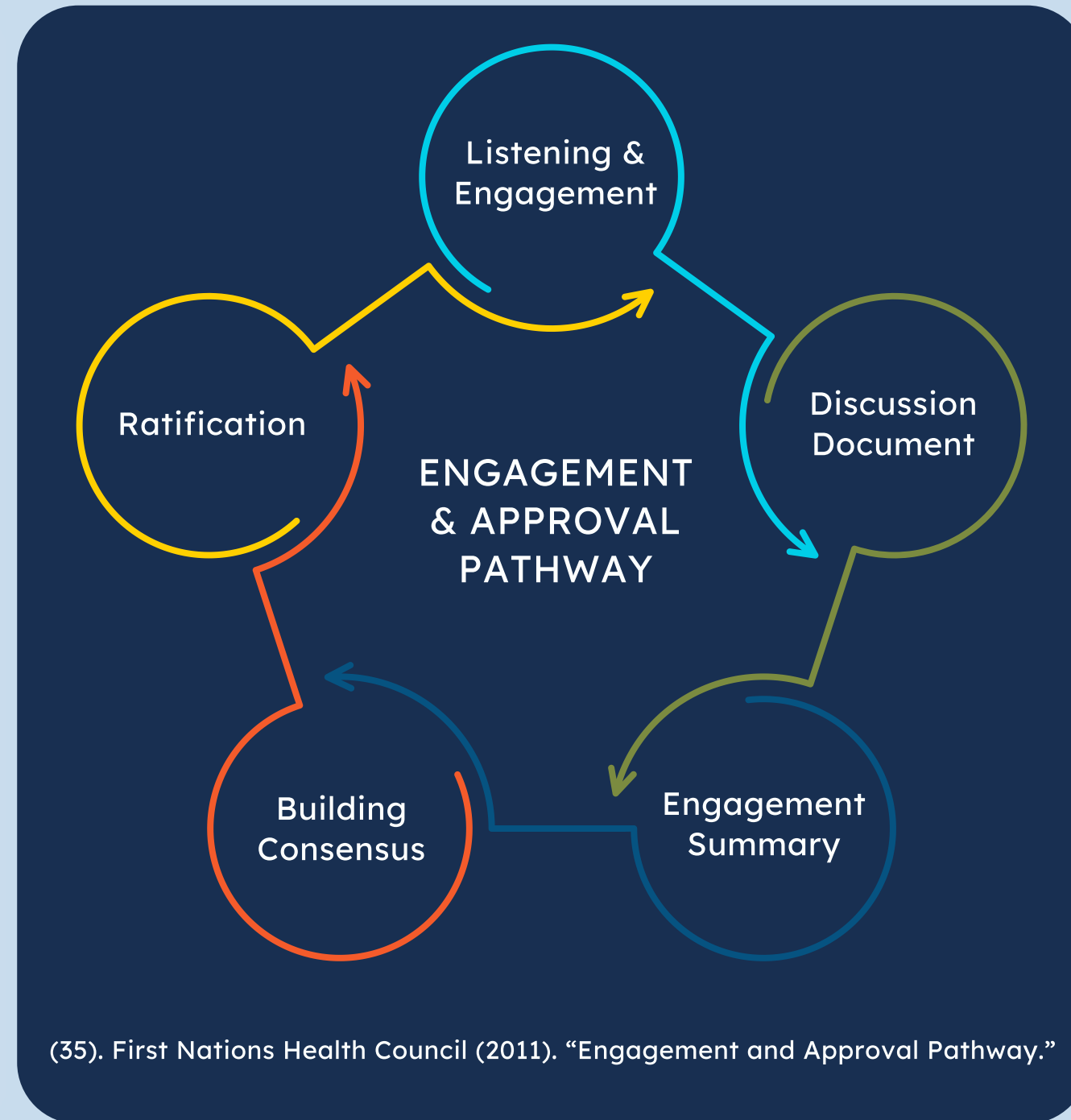


QUALITY ASSURANCE FRAMEWORKS

Any programs, procedures, policies, or other interventions to embed climate-action and disaster-preparedness require quality assurance processes. Quality assurance metrics should reflect monitoring and evaluation criteria determined by the communities served, with full participation of the community leaders in the design and implementation of quality assurance measures and reconciling factors.

The First Nations Health Authority's engagement and approval pathway describes a process of reciprocal accountability to build consensus on key decisions (35). These and other Indigenous-led models of communities and partners equally sharing in the review, evaluation, and addressing of quality assurance issues arising from implemented changes, reflect living and adaptable engagement frameworks with full Indigenous participation.

The engagement process of collecting wisdom, advice, feedback and guidance from community leaders and members would determine key indicators in the quality assurance assessments and be outlined in a discussion document modelling options for measurement and what could be defined as measures of success. Through each cycle and engagement process, partners and communities continue to build collaborative quality assessments and mitigation strategies through a process of engagement and dialogues. Ratification of pathways proceed when consensus is achieved, and the cycle repeats to continue to adapt as needs evolve to changing circumstances.



RESOURCES

- Truth and Reconciliation Commission of Canada: Calls to Action
- Training for Better Health Outcomes: Integrating Sustainability into Healthcare Quality Improvement Education CASCADES
- A conceptual framework for Indigenous cultural safety measurement National Collaborating Centre for Indigenous Health



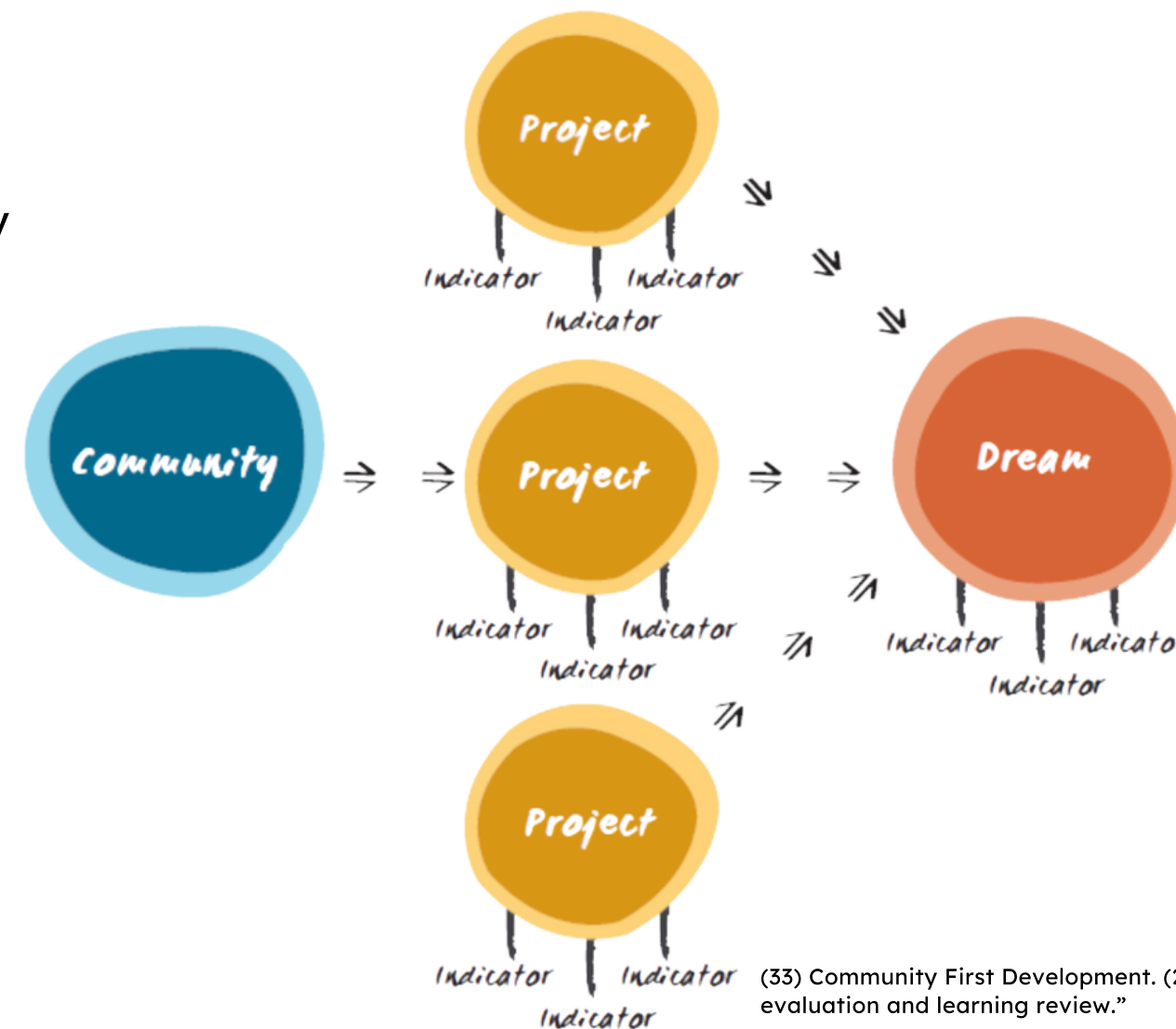


MONITORING & EVALUATION

Measuring the efficacy of pharmacy collaborations and partnerships requires a monitoring and evaluation strategy involving the patients, professionals, and systems leaders. Ideally, the monitoring process is continuous and cyclical, involving the perspectives of Indigenous community members and leaders on the intervention's efficacy.

Innovations in Indigenous health should be built into shared decision-making models, where Indigenous communities or representative organizations are involved at all stages of planning, development, implementation, monitoring, and evaluation. Innovation models should reflect the priorities, goals, and metrics of success of the communities they serve (36).

Including Indigenous health professionals or health policy experts can streamline the safe translation of community-led values and principles into structural frameworks of healthcare delivery. The Indigenous Pharmacy Professionals of Canada is one such organization that facilitates weaving Indigenous perspectives into pharmacy practice. Indigenous-led health organizations also provide critical context to the advocacy strategies required to navigate complex jurisdictional disputes that complicate standards, regulations, funding, innovations, and required partnerships.



(33) Community First Development. (2019). "Monitoring, evaluation and learning review."



(38) Community First Development. (2022). "Another deadly research report is on its way!" Community First Development.

Community First Development works with Indigenous communities in Australia to develop community-led processes which allow the development of the priorities that mean the most to the communities and honour the value of their traditional knowledge. They have illustrated the Community Development Framework, as well as Frameworks for Monitoring, Evaluation and Learning that could be used as a foundation for community-led development approaches for pharmacy professionals working with Indigenous communities (33,37).





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