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### **Aboriginal Health is top issue for CMA's new Office for Public Health**

*Yellowknife, February 8, 2002*--The Canadian Medical Association (CMA) launched its Office for Public Health and announced a series of initiatives aimed at improving the health status of Aboriginal People in Canada. The announcement was made at a reception last evening during the Northwest Territories Medical Association Annual General Meeting.

“The first challenge of our Office for Public Health will be to work with First Nations, Métis and Inuit communities to find solutions to their particular health needs and challenges,” said Dr. Henry Haddad, President of the CMA.

The newly created Office for Public Health, under the direction of Dr. Isra Levy, will undertake a broad array of activities to advance population health status through measures that address the broad determinants of health. This focus on public health will address the untapped potential within our health care system to improve health status by educating and equipping the public, and advocating for effective disease prevention and health promotion in addition to the treatment of disease, injuries and disabilities.

Dr. Stanley Vollant, President of the Quebec Medical Association and a surgeon of First Nations origin, announced the signing of a letter of intent between the CMA and the National Aboriginal Health Organization (NAHO).

“Our two organizations have agreed to work collaboratively in four broad areas of mutual interest. This is a very exciting challenge for the CMA and one that I am personally dedicated to,” noted Dr. Vollant.

Workforce initiatives will aim to increase the recruitment and retention of physicians and other health professionals, particularly of First Nations, Métis or Inuit descent, to serve Aboriginal communities. Research and Practice Enhancement Initiatives will promote research into Aboriginal health issues, particularly type II diabetes, and develop and disseminate best practice information and user-friendly tools for the practicing physician.

Working together with governments, other health care providers and local communities, CMA and NAHO will develop Public and Community Health programs that focus on healthy living, particularly related to smoking cessation in a way that respects cultural and regional sensitivities. The fourth area of collaboration is Leadership Development including mentoring programs.

NAHO, an Aboriginal-designed and controlled organization, focuses on understanding the causes of ill health and the fundamentals of good health among Aboriginal Peoples.

"We look forward to working with the Canadian Medical Association on areas of mutual interest," said Dr. Judith G. Bartlett, Chair of the National Aboriginal Health Organization. "At NAHO, we recognize that promoting the involvement of Aboriginal Peoples at all levels in the health care field, furthering useful research in areas of concern to Aboriginal Peoples and cooperating with others to encourage healthy living are all required to improve Aboriginal peoples health. We are delighted the Canadian Medical Association is establishing an Office of Public Health dedicated to these same goals," said Dr. Bartlett.

According to the Northwest Territories Medical Association President, Dr. Ken Seethram, this partnership can fill a gap by addressing the critical shortage of physicians and other health care providers.

"Recruitment and training of physicians and other health care professionals of First Nations, Métis or Inuit descent will provide a culturally sensitive approach to Aboriginal health issues and enhance cross cultural communication skills for all health care providers," concluded Dr. Ken Seethram, President of the NWTMA.

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