Alberta Doctors' Digest

Indigenous health still awaits meaningful action

When the Government of Alberta held a press conference on March 20, 2026, to announce that they were “Strengthening Indigenous health care,” physicians were hopeful that it would contain changes that would better support access to primary care for Indigenous Peoples in Alberta. Instead, many physicians were disappointed to realize the announcement was simply repeating funding that had previously been announced, with no new initiatives or information.

Dr. Esther Tailfeathers, the president of the Section of Indigenous Health at the Alberta Medical Association, wrote an op-ed in response that explained why the announcement was not what most Albertans might think. In it, she explained the realities of Indigenous health in Alberta, including the ongoing barriers Indigenous Peoples face in trying to access care, as well as the overall lack of primary care in most Indigenous communities.

“As I noted in the op-ed, none of Alberta’s eight Métis settlements have a primary care clinic at all,” explains Dr. Tailfeathers, “something that wasn’t mentioned in this announcement.”

What was mentioned during the announcement and the accompanying press release is that if passed, Budget 2026 will provide “more than $34 million to strengthen primary care initiatives and programs dedicated specifically to improving the health and well-being of First Nations, Métis and Inuit in Alberta.” As Minister LaGrange noted during the press conference, “this includes nearly $16 million next year to support more than 95 physicians, several of whom are Indigenous, to help deliver reliable and accessible primary care.”

Nothing new in the announcement

While Dr. Tailfeathers welcomes any government attention to Indigenous health, she stresses that the $34 million is all previously announced money. “There was nothing new in the announcement. It was all money that we knew about previously.”

Likewise, the mention of $16 million to fund more than 95 physicians in 18 communities is also old news. “The Indigenous Wellness Program Clinical Alternative Remuneration Plan was started by five doctors in 2012. I know, because I was one of them, and we recruited Indigenous and allied physicians to provide care in underserved communities across Alberta. It grew to include over 95 physicians, which I assume is where that number comes from, and it eventually spread to encompass 45 communities … this is neither a new idea nor new funding.”

Dr. Tailfeathers is also concerned about the lack of attention on issues that should be front and centre, including the absence of a concrete plan to increase primary care access for Indigenous Peoples living in rural and remote areas. “We have areas of this province where distance makes it almost impossible for them to access primary care. Places where physicians have to fly in and out and stay for extended periods to even

begin to address the needs of the people in the community. Forget access to facilities or specialists – people living in these remote communities don't even have a family doctor." Dr. Tailfeathers explains that even in communities closer to larger centres, people struggle to access medical care, with many having to hitchhike on busy highways simply to see a physician.

Acknowledging the growing mortality gap

Those barriers to care are one of the main reasons behind a growing, and deeply concerning, mortality gap. In 2023, the average life expectancy for First Nations in Alberta was 62.81 years, compared to Non-First Nations Albertans' life expectancy of 81.88 years. That's a 19-year gap, something that should be alarming to all levels of government.

While Minister LaGrange acknowledged the mortality gap during the press conference, she got it wrong twice, notes Dr. Cassandra Felske-Durksen, a family physician who works out of the Indigenous Wellness Clinic at the Royal Alexandra Hospital and is the chair of the Indigenous Health Committee at the AMA.

"It's an important and deeply concerning number, and the Minister twice referred to it as being a 15-year gap instead of a 19-year gap."

Dr. Felske-Durksen echoes many of Dr. Tailfeathers' concerns about the announcement simply reiterating previously announced funds and initiatives. "We were hoping for something new, something that would demonstrate that there is actual progress that would support Indigenous patients and the physicians who care for them."

One of the issues that needs to be considered is that there are associated costs for physicians who provide care in Indigenous communities. Dr. Tailfeathers described some of those geographic barriers in her op-ed, noting that some communities raise funds for physicians' travel and housing. "Things like travel and accommodations can be prohibitive to delivering care, and the provincial government has a role and responsibility to make sure those barriers are addressed. We were hoping that the March announcement would have dealt with that, but it didn't," says Dr. Felske-Durksen.

An ongoing lack of consultation

They were also hoping there would be acknowledgement that investing in both the Indigenous MAPS stream – part of the province's Modernizing Alberta's Primary Health Care System initiative – and Indigenous Health across Alberta's four health organizations would be a cost-saving measure to the entire system. A recent study showed that while First Nations people comprise approximately 4% of Alberta's population, they accounted for 9.4% of provincial ED visits during the study period. This means the population rate of ED visits is approximately three times higher for First Nations people than for non–First Nations people, a disparity that can be attributed to the many barriers to care that Dr. Tailfeathers and Dr. Felske-Durksen have been so vocal about.

"At an Indigenous MAPS town hall on March 31, government priorities and action plans were discussed, and those included optimizing access and flow of the emergency departments," explains Dr. Felske-Durksen, who was in attendance. "Yet there was no mention of Indigenous consultation, let alone Indigenous-forward actions within that

action plan. With everything we know about how barriers in primary care lead to higher ED utilization, why has that consultation not happened?”

Dr. Felske-Durksen notes that at the start of the press conference, Minister LaGrange said “First Nations, Métis and Inuit peoples … must have a health care system that is built with them and that meets their needs. That means listening to and partnering with Indigenous leaders and communities. It means delivering care that reflects the unique needs, priorities and experiences of Indigenous communities.”

Both Dr. Tailfeathers and Dr. Felske-Durksen indicate that they hope First Nation, Inuit and Métis communities, and their health directors, understand that none of what was announced was actually an announcement.

“What we heard was a repeat of an existing budget that maintains a status quo that has led Alberta to having a 19-year mortality gap. I’m curious if government has any plans to adequately and appropriately fund services that would address inequities in health care delivery,” says Dr. Felske-Durksen. “Because that’s an announcement that would be worth making.”