



**Title:** Promoting and Increasing Native American Representation in Family Medicine at All Levels in Michigan

**Introduced by:** Frank Animikwam, MD

**Original Author:** Frank Animikwam, MD

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- 1 **WHEREAS**, according to a 2018 AMA Council on Med Ed Report, 3,400 physicians identified as American  
 2 Indian/Alaskan Native (AI/AN), which was 0.065% of the total AI/AN population (~5.7 million) at that time and 0.4% of  
 3 the total physician workforce, which is not reflective of the 1% of AI/AN population nationally, nor 1% in Michigan, and
- 4 **WHEREAS**, the term American Indians/Alaskan Natives is a federal designation for statistical purposes, and
- 5 **WHEREAS**, Native Americans is a more acceptable term among Native American Communities, and
- 6 **WHEREAS**, Native Americans have some of the highest rates of disease and mortality, and
- 7 **WHEREAS**, many family physicians not practicing in Native American communities do not know where to look for  
 8 accurate data, and
- 9 **WHEREAS**, there are no formal partnerships between Michigan Academy of Family Physicians (MAFP) and other  
 10 Native American health organizations that promote the health and well-being of Native Americans, and
- 11 **WHEREAS**, MAFP does not have formal relationships with Tribal Nations, who exercise their sovereignty, self-  
 12 determining what their healthcare looks like, and
- 13 **WHEREAS**, American Academy of Family Physicians' (AAFP) Policy on Diversity in the Workforce (2005)  
 14 (September 2020 COD), promotes going beyond diverse representation to embrace, support, and promote diversity  
 15 in all forms, allowing all family physicians to provide improved care to address health disparities, and
- 16 **WHEREAS**, Congress adopted Resolution No. S1-102 and Resolution No. S1-212, and
- 17 **WHEREAS**, the AAFP Congress of Delegates, AAFP National Conference, and American Medical Association do  
 18 indigenous land acknowledgments at the start of their conferences, now, therefore, be it
- 19 **RESOLVED**, that Michigan Academy of Family Physicians identify and explore partnerships with Tribal Nations in  
 20 Michigan and organizations such as the Indian Health Services and regional Tribal Epidemiology Centers, who have  
 21 networks and historical relationship with Native American communities, to be better informed on health disparities  
 22 impacting Native Americans; and be it further
- 23 **RESOLVED**, that Michigan Academy of Family Physicians maintain and expand upon culturally, linguistic,  
 24 appropriate services toolkits, including supporting the creation of a Native American healthcare Member Interest  
 25 Group and other resources to highlight Native American health; and be it further

26 **RESOLVED**, that Michigan Academy of Family Physicians do land acknowledgements at the start of their  
27 conferences.