



# Indigenous health: time for action

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Indigenous people in Canada have the worst health status and outcomes of any population in the country. The final report of the Truth and Reconciliation Commission of Canada includes calls to action for several health-related items, as well as many social determinants affecting the well-being of individuals and communities.<sup>1</sup> Important medical organizations have documented the facts and proposed specific actions that would help to create change.<sup>2,3</sup>

Our College is active in this realm. In February 2016, the College's Indigenous Health Working Group and the Indigenous Physicians Association of Canada released a fact sheet on systemic racism with insights and recommendations specifically for family physicians.<sup>4</sup> This past February, the CFPC and the Society of Rural Physicians of Canada convened the Summit to Improve Health Care Access and Equity for Rural Communities in Canada, where leaders in health care and in rural and indigenous communities came together to help launch *The Rural Road Map for Action*<sup>5</sup> and commit to actions that will ensure all Canadians living in rural and indigenous communities have equitable access to primary health care.

The thrust of all of these reports is inescapable: physicians have a role to play in improving the health of indigenous people—and the time to act is now. In its 2016 fact sheet, the Indigenous Health Working Group explains what you can do in your practice, in your community, in education and continuing professional development (CPD), and in advocacy and collaboration.<sup>4</sup> In your clinical practice, commit to providing culturally safe care. This builds on the well-known principles of patient-centred care, with special attention to the power relations between patient and physician and the role of unconscious bias.

In our local communities, family physicians can partner with indigenous organizations, which are not only in rural and remote predominantly indigenous communities, but also in almost every large city. This can lead to opportunities for advocacy at every level from the local to the national. Physicians who are involved in medical education can introduce trauma-informed care that teaches about the effects of colonial policies and how they affect not only historic medical services but also current ones. All of us can look for CPD that addresses racism, health inequities, and social determinants of health.

Perhaps the most challenging changes are at the personal level. Unconscious biases are difficult to manage precisely because we are unaware that we harbour them.

Self-reflection is a crucial value that can lead to greater awareness of the subconscious associations, stereotypes, and preferences that influence our clinical judgments and interactions. Fortunately, self-reflection is a skill that can be learned and developed.

On a clear, cold winter day in March I visited Alderville First Nation (<http://alderville.ca>) in south-central Ontario with Dr Sarah Funnell, Co-Chair of the Indigenous Health Working Group, and Artem Safarov, CFPC's Director of Health Policy and Government Relations. Dr Funnell grew up on the reserve, so our meetings with band council members, a health centre worker, and an elder were literally a homecoming for her. Alderville is a thriving community, where people are justly proud of their heritage. We learned of many programs and activities that bring people together for support, celebration, and care. Of course, there are also problems. One dedicated health worker described encountering numerous barriers in trying to create a First Nations agency to take over child welfare from the Children's Aid Society. But in everyone we met, there was a sense of honouring tradition, confidence in current achievements, and optimism for making the future better.

The 4 principles of family medicine are a solid foundation for the work family physicians can undertake to improve the health of indigenous people.<sup>6</sup> To make this effort explicit in our medical education and CPD, the College is working to address indigenous health issues in this year's update of the CanMEDS–Family Medicine roles.<sup>7</sup> Each of us can make a difference in our own practices and communities, helping to make care better for all people in Canada.

## References

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