CCDR Highlights

Improving the clinical care of Indigenous peoples

Case scenario

You have been trying to help a middle-aged woman manage her diabetes without success. When you discuss this with a colleague, he tells you he recently treated a woman with the same description for an infection and a high serum glucose level in your acute care clinic. He notes that she is Indigenous and lived on a reserve in the north, but moved to the city a few years ago. You check her chart and realize this is the same woman, but you did not know she was Indigenous and had never thought to ask. You wonder how to build a therapeutic alliance with her.

Evidence

Clinicians are aware that, on average, Indigenous peoples in Canada have more chronic and infectious diseases and a shorter life expectancy than other Canadians do, but generally attribute this to a complex mix of factors that are difficult to change. However, some interesting research is shedding light on this area, and specific clinical guidance is now available.

Two areas of research have been illuminating why Indigenous peoples have poorer health outcomes. First, there is growing evidence on social determinants of health and how poverty, overcrowding, and inadequate access to clean water can all contribute to ill health.1 Second, research has shown that Indigenous peoples in Canada frequently experience racism, which might affect their access to health care.^{2,3} There is also evidence that experiencing racism is stressful and coping with it depletes both mental and physical resources,4 which can affect health. For example, the higher rates of HIV infection among Indigenous peoples have been linked to factors such as violence, stigma, and discrimination.5

So what can be done? A number of best practices have been developed to help address social determinants of health in clinical care by fostering respectful therapeutic relationships and identifying broader actions to create more supportive environments for health (Box 1).6,7 There are now guidelines and policy documents to help front-line clinicians better care for Indigenous patients by promoting cross-cultural understanding, engaging in selfreflection, and practising culturally safe care.8,9

Bottom line

There is a growing commitment to improve the health of Indigenous peoples in Canada by promoting relationships of mutual understanding and respect at multiple levels, including within the health care system. Guidelines and best practices are now available to support efforts in this direction.

- 1. Butler-Jones D, Wong T. Infectious disease, social determinants and the need for intersectoral action. Can Commun Dis Rep 2016;42(Suppl 1):S18-20.
- 2. Allan B, Smylie J. First Peoples, second class treatment. The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: Wellesley Institute; 2015.
- 3. Currie CL, Wild TC, Schopflocher DP, Laing L, Veugelers P. Racial discrimination experienced by Aboriginal university students in Canada. Can J Psychiatry 2012;57(10):617-25.

 4. Smith WA, Allen WR, Danley LL. "Assume the position ... you fit the description."
- Psychosocial experiences and racial battle fatigue among African American male college students. Am Behav Scientist 2007;51(4):551-78.

La traduction en français de cet article se trouve à www.cfp.ca dans la table des matières du numéro de juillet 2017 à la page e333.

Box 1. Best practices for social determinants of health

At the patient care level

- Treat patients with dignity and respect and create a safe space for disclosure
- Ask patients about social challenges in a caring way
- Allocate extra time for complex health and social needs
- Know about local referral resources
- Refer and help patients access benefits and support services At the clinic or nursing station level
 - Add chart reminders or recall systems for patients at risk
 - Engage other clinicians in your practice to create a culture of reflection and a more "upstream" approach
 - Consider alternative models of care such as outreach, or using patient navigators to assist patients on their journey in the health and social systems

At the community level

- Reach out to local leaders to discuss the health and social challenges that are common in the community
- Use clinical experience and research evidence to advocate for social change
- Engage in community needs assessment and health planning
- Partner with community groups, public health, and local leaders to advance collaborative initiatives that address or attenuate the effects of health inequities

Adapted from Andermann.7

- 5. Negin J, Aspin C, Gadsden T, Reading C. HIV among Indigenous peoples: a review of the literature on HIV-related behaviour since the beginning of the epidemic. AIDS Behav 2015;19(9):1720-34.
- Andermann A; CLEAR Collaboration. Taking action on the social determinants of health in clinical practice: a framework for health professionals. CMAJ 2016;188(17-18):E474-83.
- 7. Andermann A. Outbreaks in the age of syndemics: new insights for improving
- Indigenous health. *Can Commun Dis Rep* 2017;43(6):125-32.

 8. Smylie J. A guide for health professionals working with Aboriginal peoples. Executive summary. J Soc Obstet Gynaecol Can 2000;22(12):1056-61.
- 9. Leyland A, Smylie J, Cole M, Kitty D, Crowshoe L, McKinney V, et al. *Health and health care* implications of systemic racism on Indigenous peoples in Canada. Fact sheet. Mississauga, ON: College of Family Physicians of Canada; 2016.



CCDR Highlights summarize the latest evidence on infectious diseases from recent articles in the Canada Communicable Disease Report, a peer-reviewed online journal published by the Public Health Agency of Canada.

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