

Canada must maintain momentum for Indigenous health



Dr. Alika Lafontaine, anesthesiologist and past-president of the Indigenous Physicians Association of Canada, brought forward the motion urging health care leaders commit to addressing widening health inequities and quality of care of First Nation, Métis and Inuit patients by working to implement the recommendations of the Truth and Reconciliation Calls to Action for Health during the 2016 Great Canadian Healthcare Debate in Ottawa.



Dr. Alika Lafontaine
Anesthesiologist and Past-President of the Indigenous Physicians Association of Canada

It can be implied that Minister Jane Philpott’s unofficial motto for Indigenous Services is “the status quo is not an option.” And while she and her ministry have made strong efforts to impact Indigenous health outcomes, the day-to-day health status of Indigenous patients remains broadly unchanged.

June marks two years since the Indigenous Health Alliance – led by Nishnawbe Aski Nation, Manitoba Keewatinowi Okimakinak and the Federation of Sovereign Indigenous Nations – proposed a resolution as part of the National Health Leadership Conference’s Great Canadian Healthcare Debate. The Alliance called for adoption of the Truth and Reconciliation Calls to Action for Health, beginning with Call #19 to “...establish measurable goals to identify and close the gaps in health outcomes...and establish a coordinated strategy for the other Calls to Action, in partnership with Indigenous Peoples, in the next three years.”

At the time, the TRC final report had received considerable attention. Despite increased awareness, many of the 700 health leaders gathered for the Great Healthcare Debate were still unfamiliar with the TRC and its calls. Amongst the political leadership of the Alliance, there was palpable skepticism that these health leaders would support the motion.

Our win was unexpected, built upon an argument that the status quo could no longer be an option and that the expertise in the room – both Indigenous and non-Indigenous – could find solutions where others had failed. Momentum has continued to grow. Indigenous health has become a high priority of health leaders. Alliance members have gone on to initiate health transformation initiatives in their respective regions.

Action is different than progress however. On-the-ground changes in the day-to-day health of Indigenous patients have yet to be broadly impacted. In speaking with Indigenous communities, government, academics, policy makers and health providers across Canada for the past two years, common themes have emerged. Health system stakeholders lack a shared vision of what Indigenous health should be. There is inconsistent measurement of whether we're making progress in health outcomes. Stakeholders have a poor understanding of their role in supporting Indigenous patient wellness.

Clean water, proper housing and food security are all essential for patient wellness and treatment of disease. But these are not health system issues. When health system stakeholders reflect on what they can do to impact the broader social determinants of health, they are often at a loss.

Focusing on the social determinant of health access, provides various ways that impact can be realized from health system stakeholders that includes:

- Articulating and validating community priorities in wellness and chronic disease, within the context of health system stakeholder impact;
- Developing provincial and federal strategies to establish a base-level of health access, and a strategy of how to ensure base-level health access to all Indigenous communities exceeds this level;
- Identifying, collecting and reporting population and region-specific health informatics;
- Ensuring Indigenous patient experiences are free from hostility and oppression;
- Ensuring the continuity and integrity of Indigenous patient health records.

These are further simplified in the following questions. What do patients want? What is the minimal level of health access patients should expect? What information do we need to collect to ensure we have quality and effectiveness in the care we provide? How do we ensure patients feel safe when accessing healthcare? How do we ensure health providers talk to each other and share health information in a manner that protects patient privacy?

Unsurprisingly, these are the same challenges within Medicare. Colonization didn't create issues that are unique to Indigenous Peoples; it created the same problems any patient would have experienced with the same treatment. Over decades, colonized systems have made those same problems so much worse.

My challenge to health leaders is the same as it was in 2016. Move from simply acting to having an impact. Clearly articulate the value you can provide to Indigenous patients and communities; don't wait for them to identify what you can do. Call on provincial and federal governments to discuss the social determinants of health discretely, mixing them together conflates issues you cannot impact; focus on health access. Be clear what you can and can't do.

Minister Philpott has rightly stated, "the status quo is not an option." Until we develop a shared vision across health system stakeholders that articulates and measures whether what we're doing is changing the day-to-day health status of Indigenous patients however, the status quo will remain unchanged.

Dr. Alika Lafontaine is an anesthesiologist and past-president of the Indigenous Physicians Association of Canada. He is co-founder of Alignment by Design Labs, a research group focused on shifting action to impact through stakeholder alignment and was team lead of the Indigenous Health Alliance (2013-2017).

The [2018 Great Canadian Healthcare Debate](#) will occur in St. John's, NL on June 5, 2018. Healthcare leaders from across Canada will provide insight from the frontlines on progress achieved and potential next steps to address the top issues from the last three years: mental health, Indigenous health and seniors' health.