

Indigenous Health CanMEDS–Family Medicine Roles

Health Advocate



We work in partnership

- With patients, families, and communities
- To mobilize unique, complex, and limited resources

We understand and respect

- Cultural values, strengths, and needs
- The expertise and influence of community members while contributing our knowledge



Advocates use their power, privilege, and platform strategically to support grassroots community initiatives.

Learn the policies that govern clinical spaces and the unique social determinants of our local communities.

Advocacy must include **communication and collaboration** with a particular community's **social and traditional culture**.

Speaking “on behalf of” Indigenous peoples can diminish Indigenous voices and experiences.

Traditionally, some Indigenous peoples appointed persons to speak on their behalf, like a Chief or Clan Mother:

- We must be **accountable to our sources**
- We get permission to share stories and cases

Advocates acknowledge their role in **narrating the story of health** in the Indigenous communities we work in.

We interact with community members in non-clinical settings where **there is no power imbalance**.

We advocate for culture, language, land-based programs, and efforts for economic development as means of fostering resilience and health.

Key and enabling competencies

- 1** **We study the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission Calls to Action, and the Calls for Justice of the Inquiry into Murdered and Missing Indigenous Women and Girls**

 - **Advocate** for increasing the number of Indigenous medical students and Indigenous patient navigators, for cultural competency training for all health care professionals, and for the acknowledgement of traditional medicine practices
- 2** **We understand the differences between Indigenous and dominant Western paradigms**

 - Recognize that the Western medical world view cannot explain everything and **learn how to be more comfortable with uncertainty**
 - Identify collaborative advocacy strategies
 - Acknowledge Indigenous and community-specific expertise as valid, important, and exemplifying team-based care
 - Understand land stewardship as a central tenet for many Indigenous peoples who are often at the forefront of environmental stress
- 3** **We understand the landscape of local Indigenous communities' health care infrastructure and policy, including:**

 - Community-specific historical, economic/commercial, environmental, social, and political determinants of health
 - Legislation affecting Indigenous health and environmental protection
 - Alternative billing strategies that reflect the needs of Indigenous patients, families, and communities
 - Complex health resources and services (e.g., Non-Insured Health Benefits Program and Jordan's Principle)
 - That many communities function under chronic emergency conditions and must use funds from community coffers to retain care providers
- 4** **We contribute to the continuing development of Indigenous public health policy**

 - Acknowledge the lack of a comprehensive federal Indigenous public health policy
 - Prioritize participatory research using community-specific, cultural governance approaches
 - Highlight **strengths-based outcomes**
 - Recognize how lack of data on Indigenous health outcomes impacts the relevance of evidence-based guidelines and advocacy efforts