#IndigenousHistoryMonth
#healthequity
#PCMCH

Provincial Council *for* Maternal *and* Child Health

building a brighter future

Marilyn Crabtree is a family physician, the interim primary care lead for the Upper Canada, Cornwall and area Ontario Health Team (OHT), a member of PCMCH's Governing Council and Co-chair of PCMCH's Maternal-Newborn Committee. In recognition of Indigenous History Month, PCMCH asked her to share her thoughts regarding the importance of equity, diversity and inclusion in healthcare and to discuss some of the work she and the OHT are doing with Indigenous peoples and communities.

PCMCH: From your perspective, why is fostering EDI in the reproductive, neonatal and paediatric health system important?

Marilyn Crabtree (MC): *EDI is a critical part of transforming our health system from one where things are done "to me and for me" into a system that functions on the principles of "with me and about me". This concept is particularly important in reproductive, neonatal and paediatric health because these areas of healthcare involve not only individuals, but also their families and communities. With families and communities comes the additional interplay of cultures and beliefs. Historic paternalistic and colonialist thoughts and actions have quite rightfully resulted in system and provider mistrust. This history must be openly discussed, acknowledged and addressed if we are ever to rebuild that lost trust. Health system organizations and providers must transform to see themselves as humble members of the communities they serve, working in equal partnership for all.*

Bias has no place in a healthy society, particularly in healthcare. Bias results in assumptions, distrust and ineffective care that leads to poorer outcomes. The media are filled with reports of examples, both historic and sadly recent. Bias continues to impact quality care in our system every day; therefore, we must sustain intentional effort and focussed attention on EDI issues to address and mitigate bias. Without change, individuals will avoid seeking care in a system they perceive as difficult, resulting in less prevention, more intervention, higher costs and poorer outcomes.

To reach Ontario Health's vision of "building a modern, sustainable and integrated health care system that starts with the patient", true partnerships with patients, families and communities must be nurtured. No more can we accept any one community's standard as representative of "normal". Recognizing and accepting cultural norms as equal, though different, and designing with these variations of normal in mind, will result in a better health system experience for all.

PCMCH: Thinking about your role as Primary Care Lead for the OHT and your clinical practice, what has made a key difference in how care is provided to/with Indigenous persons that you think would be helpful for others to know about?

MC: *The LEADS in a Caring Environment Framework is used within the healthcare system and "presents a common understanding of what good leadership looks like, across all levels of service provision in healthcare; for a health provider, caring means delivering the best and most appropriate service with compassion and support and for the leader, caring means that compassion and support infuse our collective efforts to build a more effective health system." Leadership begins with self-awareness and thus step one in the LEADS framework is "Leads Self". In over 30 years of clinical practice, I believe my self-awareness has improved but I know I have room for further learning in this area. In becoming increasingly self-aware, I began to recognize that suggesting a course of action, when a recommendation was requested, was far more effective than making a decision for someone, writing a prescription for them and giving instructions to be followed. A collaborative conversation with each patient, understanding their personal situation and framing "advice" using coaching techniques has resulted in better conversations, higher levels of patient involvement in self-care, and less burden on myself as a clinician to "fix" something that is truly in the hands of the person affected.*

Using leadership skills, like coaching techniques and appreciative inquiry, patients and families have said they feel more empowered to make a healthcare decision, knowing that suggestions and recommendations are coming from a professional with an understanding of their individual situation and needs, and accepting their decision, regardless of whether I personally agree with it.

Our OHT has made several commitments to EDI processes; one of the two "minority" groups we're starting with is the Ontario-based Mohawk community of Akwesasne. To ensure specific and active involvement in all we do at our OHT, we have intentionally built our governance structure to include an Expert Co-Design table for Indigenous Health. This table was loosely visioned by our OHT's Collaboration Council; however, the specifics of the design, governance and terms of reference have been largely left to the group to self-determine. In doing so, we made every effort to have no assumptions about who, what, where or how this table would be built, to mitigate structural bias as much as possible. We have also invested in formal Indigenous cultural training for all members of our Collaboration Council (where an equivalent program has not already been completed) and our backbone support team and most of our OHT member organizations require successful completion of an approved Indigenous cultural training program as a condition of employment. We aim to continue to invest in this type of training as our OHT and relevant education programs evolve.

I would also like to add that the other group we're starting with are Francophones, who make up nearly 25 per cent of our population. We've established an Expert Co-Design table for them, too, following the same approach to self-determined design, governance and terms of reference as that which was used for the Indigenous table. We intend to build similar structures for other equity-seeking groups (e.g., new Canadians, allophones and gender diverse populations) as our OHT matures.