Advancing Health Equity in Naturopathic Medicine

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Editor's note: *Considering her significant contributions to the advancement of health equity and diversity & inclusion in our profession, I have asked my Associate Editor, Cyndi Gilbert, to introduce this issue.*

As a naturopathic doctor who works at a Community Health Centre as well as an anti-racism anti-oppression educator and curriculum advisor, I regularly witness the impacts of health inequities and the myriad ways that naturopathic doctors can make a difference. Leadership from our professional institutions and organizations regarding health equity is critical as we help define values, set priorities, and produce naturopathic medical knowledge.

Although health inequities have long been recognized as a public health issue, the COVID-19 pandemic has highlighted and magnified long-standing disparities in our communities. In Canada, non-White people have a significantly higher risk of becoming infected with SARS-COV-2, as well as a higher risk of mortality related to COVID-19.[1] This is particularly true for those who face both social and economic barriers, including Indigenous people living on reserves, seniors in long-term care, people who are living in shelters or encampments, those who work in essential jobs with precarious employment, and people living with disabilities. Systemic discrimination has also manifested in inequitable distribution and access to vaccination, as vaccine deserts have been identified, too often overlapping with neighbourhoods most affected by high case counts and positivity rates.[2,3]

A number of high profile incidents of racial violence have also occurred in the past year, leading healthcare providers to declare racism a public health crisis.[4] Most notably, many of our members may have watched the recorded murder of George Floyd by a police officer in Minnesota or the abuse of Joyce Echaquan by nurses before her death in a Quebec hospital; some may have also experienced individual and collective trauma related to anti-Black, anti-Indigenous and anti-Asian racism and/or witnessed the same in their patients. While the names and numbers of those lost to racism, poverty, police violence, and inequitable policy in both Canada and the United States are too many to list here, their lives and deaths are a call to action for all healthcare providers.

Naturopathic doctors are well aware of the impact of the social determinants of health, which account for 85% of Canadians' risk of illness.[5] Naturopathic philosophy and principles guide us to treat the whole individual person, and to identify and treat the underlying causes of disease. Our members are well trained and positioned to provide effective preventative dietary and lifestyle guidance and overall health promotion. However, what do we do when the barriers to good health for our patients are structural, institutional, and systemic in nature? How do we proceed if, like one of my patients noted in an intake form, the biggest barriers to achieving their health goals are racism and homophobia? Acknowledging the negative health impacts of systemic oppression asks us to become not only naturopathic doctors, but also advocates and political activists.[6,7] Within this context, engaging in the work of environmental and social justice becomes an essential aspect of public health and the provision of quality naturopathic healthcare to all Canadians.

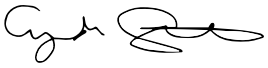
This issue presents evidence to guide clinicians in concrete, actionable, and accountable steps they can take as part of naturopathic best practices to address health inequities. First, Garcia and Onah provide an overview of perinatal mortality in Black, pregnant individuals, including prevalence rates, risk factors, and recommendations for monitoring. They stress the important role of naturopathic doctors in establishing therapeutic doctor-patient relationships, screening for risk factors, providing effective referrals, and engaging in patient education. Their article also highlights how the lack of race and ethnicity data collected in Canada results in invisibility of inequities, and thus inaction. That is, if we don't first collect the data necessary to identify health inequities, we then cannot help guide legislative change or health policy or practice guidelines that meet the needs of Canada's diverse populations.

Our next article discusses the inequitable burdens faced by patients in larger bodies. Psihogios, Baggio and Clouthier review the health consequences of weight bias in clinical practice, as well as how to reduce weight bias, stigmatization, and discrimination in public-facing communications. Lastly, Arlie Millyard and myself discuss the importance of talking about risk factors within their systemic, sociohistorical contexts. We argue that listing social demographics such as race, ethnicity, gender, sex, or sexual orientation as risk factors may serve to perpetuate stereotypes and prevent appropriate care.

All this said: one themed issue on health equity is truly only a starting point for a deeper conversation. The naturopathic profession has much work to do so we don't continue to perpetuate bias and stigma or simply highlight a problem without taking action to create significant change. Noticeably absent from this issue are explorations of decolonization and reconciliation with Indigenous Peoples and Nations, as well as common manifestations of socioeconomic, religious, age, and ability bias in naturopathic practice.

Here at *CAND Vital Link*, we are proud to report that our editorial board is diverse and increasingly representative of the demographics of our profession as a whole. We are also committed to supporting editors and authors from equity-seeking groups and look forward to publishing articles that champion the principles of health equity in our forthcoming editions, especially as we make the digital transition later this year.

Finally, we would like to welcome the following new additions to our editorial board for 2021: Andrew Vargo (CCNM-Boucher), Baljit Khamba (Bastyr), Kathryn Harbun (CCNM-Boucher), and Safiya McCarter (USA). All have been heavily involved in ND didactics and/or ongoing research, and we are excited to have a more internationally-based team guiding us as we move towards our new, more public-facing format.



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