

Fostering the growth of the Aboriginal physician population

The BCMA's Council on Health Promotion (COHP) has been in existence since 1957, with the subcommittee on Aboriginal Health following in 1968. The Committee on Aboriginal Health (COAH) is an essential subcommittee given that Canada still struggles to bridge the gap in health standards between its Aboriginal and non-Aboriginal populations. Although the unequal infant mortality rates and life expectancy figures of these two groups continue to merge, the recent decades have brought on escalating rates of malignancies, chronic diseases, and autoimmune conditions that often exceed the rates in non-Aboriginal populations.

When it comes to our Aboriginal populations and the concept of health promotion, the COAH is not hampered by a short list of potential projects. The challenge really lies in what projects to take on—where our passion, expertise, and advocacy is best focused.

In the 1990s, COAH tackled the lack of Aboriginal representation in Canada's physician population. COAH worked with the University of British Columbia's Faculty of Medicine, which set aside two slots in each medical class for self-identified First Nations, Métis, or Inuit applicants who met all admission criteria and, like all others, survived the admissions process.

While the COAH and UBC initiative was the first step, it ultimately evolved by necessity into the current Aboriginal admissions program at UBC's Faculty of Medicine undergraduate distributed medical program. This program aims to have a proportionate number of Aboriginal medical students to reflect BC's Aboriginal population, approximately 5% of the province's total population. While

such efforts have greatly expanded the numbers of UBC Aboriginal medical students (currently 20) and Aboriginal medical graduates (21), under-representation in the medical profession persists and positions for Aboriginal applicants remain unfilled. The paucity of applicants is now a primary concern.

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During the initial stage of the program it was thought that the admissions process could alleviate the bottleneck for potential Aboriginal physicians. What became more evident were the admission spaces being left vacant each year. Perhaps we were blind to the obstacles that lie in the early lives of BC's Aboriginal students and youth. Enrollment and graduation rates in high school and university remain significantly lower for BC's Aboriginal population compared with the non-Aboriginal population's success at these levels. These levels of education are basic requirements for application into medical school. The bottleneck likely lies in the teenage years where decisions to stay in school or continue to postsecondary education are made. The foundation of Aboriginal teen decisions likely lies even earlier with the concern that Aboriginal youth have less access to educational opportunities, role models, and advocates for their future.

COAH is returning to these concerns. To start, we have representation of Aboriginal medical students on our committee. This will bring to the table

the trainee perspective and subsequent discussion on the early challenges of Aboriginals who choose this career and education path. COAH committee members offer their support to UBC's medical school admissions program in their formal roles as members of the admissions committee and their informal roles as a source of information leading to dialogue on this program. But, most importantly, we would like to go back to where the bottleneck is and be proactive in providing role models and getting the message to Aboriginal youth to stay in school and believe in the world of possibilities.

With the upcoming North American Indigenous Games in August 2008 taking place in the Cowichan Valley (Vancouver Island), COAH aims to encourage the Aboriginal physician population in BC and participating First Nations to provide the physician staffing at the medical tents and to have a medical career information booth for Aboriginal youth to access. Aboriginal physicians will be the role models that Aboriginal youth need to see in action. The committee has also discussed mentorship programs—not only for those who have successfully made it through the doors of medical school, but also for those who wish they knew they could.

Health promotion comes in many colors. Promotion of opportunity and self-esteem in Aboriginal youth and students brings the social determinants of health into an equation that has never been simple. This committee aims to help find the ever-elusive solution. If you would like to be part of this, please contact Sharon Shore at sshore@bcma.bc.ca.

—Nadine Caron, MD
Chair, Committee on Aboriginal Health