

Root Causes of Indigenous Health Inequities

PANELIST

Dr. Suzanne Shoush

WITH

Dr. Sarah Funnell



Ontario College of
Family Physicians



Family & Community Medicine
UNIVERSITY OF TORONTO

October 8, 2026

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The live Health Equity Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to 17 credits. If you provided your CFPC # during registration credits will be entered for you. Otherwise, please enter them manually after receiving the session certificate.

Your Panelists: Disclosures

Dr. Sarah Funnell

- Relationships with financial sponsors:
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
- Other:
 - Membership on advisory boards or speakers' bureaus: President elect at CFPC
 - Funded grants, research, or clinical trials: CIHR, SSHRC, SEAMO – Research Grants

Dr. Suzanne Shoush

- Relationships with financial sponsors:
- Speakers Bureau/Honoraria: Ontario College of Family Physicians
- Other: N/A

Disclosure of Financial Support

This program has received financial and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Program Advisors have control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by program advisors.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

Root Causes of Indigenous Health Inequities

Health Equity CoP
Ontario College of Family Physicians
October 8, 2026

Dr. Suzanne Shoush, MD, M.Sc, B.Eng
Indigenous Health Faculty Lead, DFCM, University of
Toronto

Objectives:



Identify Colonialism and anti-Indigenous racism as the **root cause of Indigenous Health Inequities**



Recognize how colonial narratives, stereotyping, and intersecting **biases** can influence access to care, patient credibility, and clinical reasoning



Reconsider the meaning of the **differential diagnosis** as a powerful anti-bias and patient-safety tool, and apply this in your practice.

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- From Colonialism to the Clinical Encounter

1. Colonialism creates the conditions
2. Racism translates those conditions to harm.
3. How practicing better medicine can interrupt bias



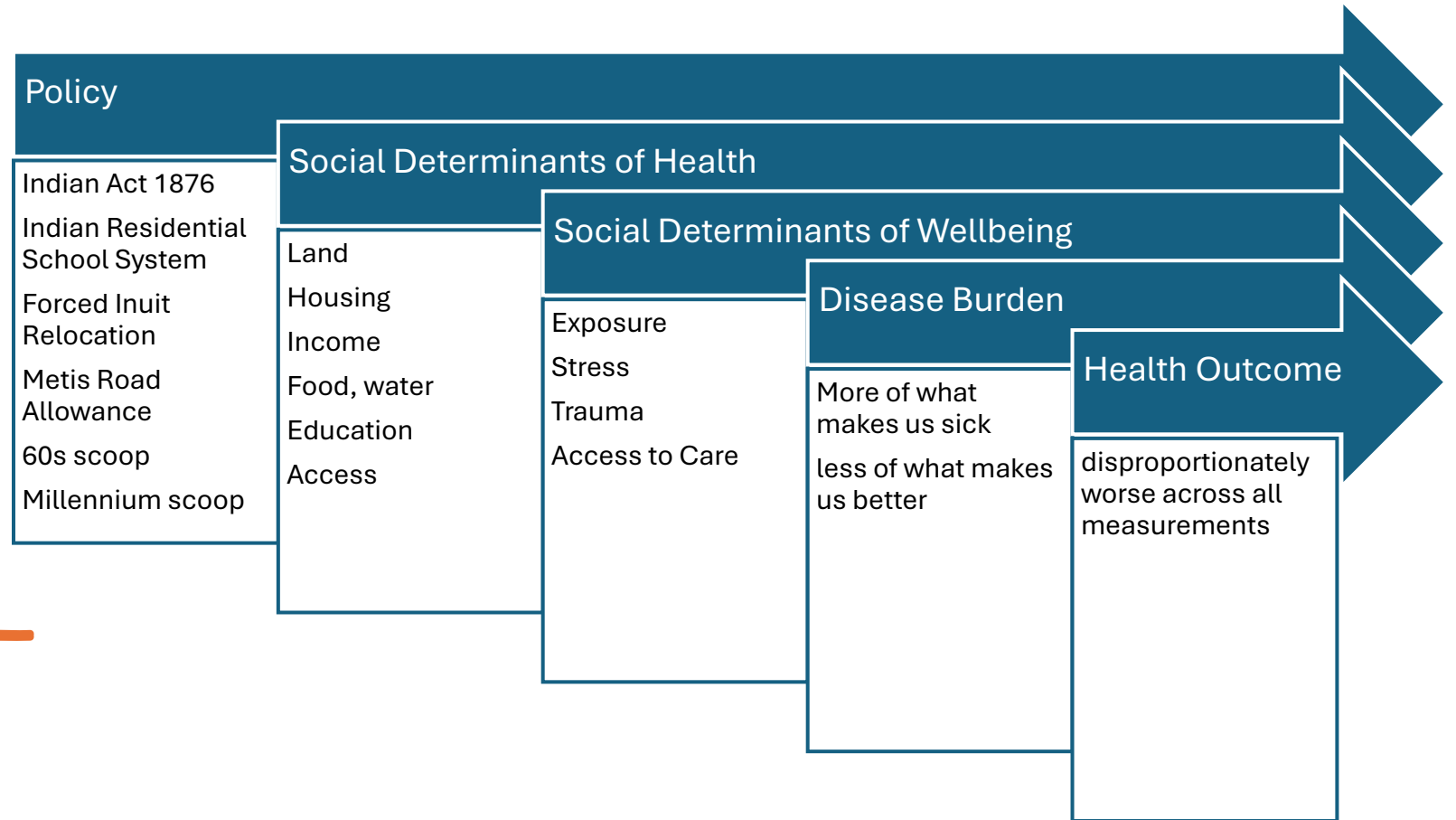
Colonialism is not history

- Land
 - Mother earth
 - Family
 - Language
 - Culture
 - Food
 - Spirit
 - Ceremony
 - Autonomy
 - Governance
 - Economy
 - Health
- 

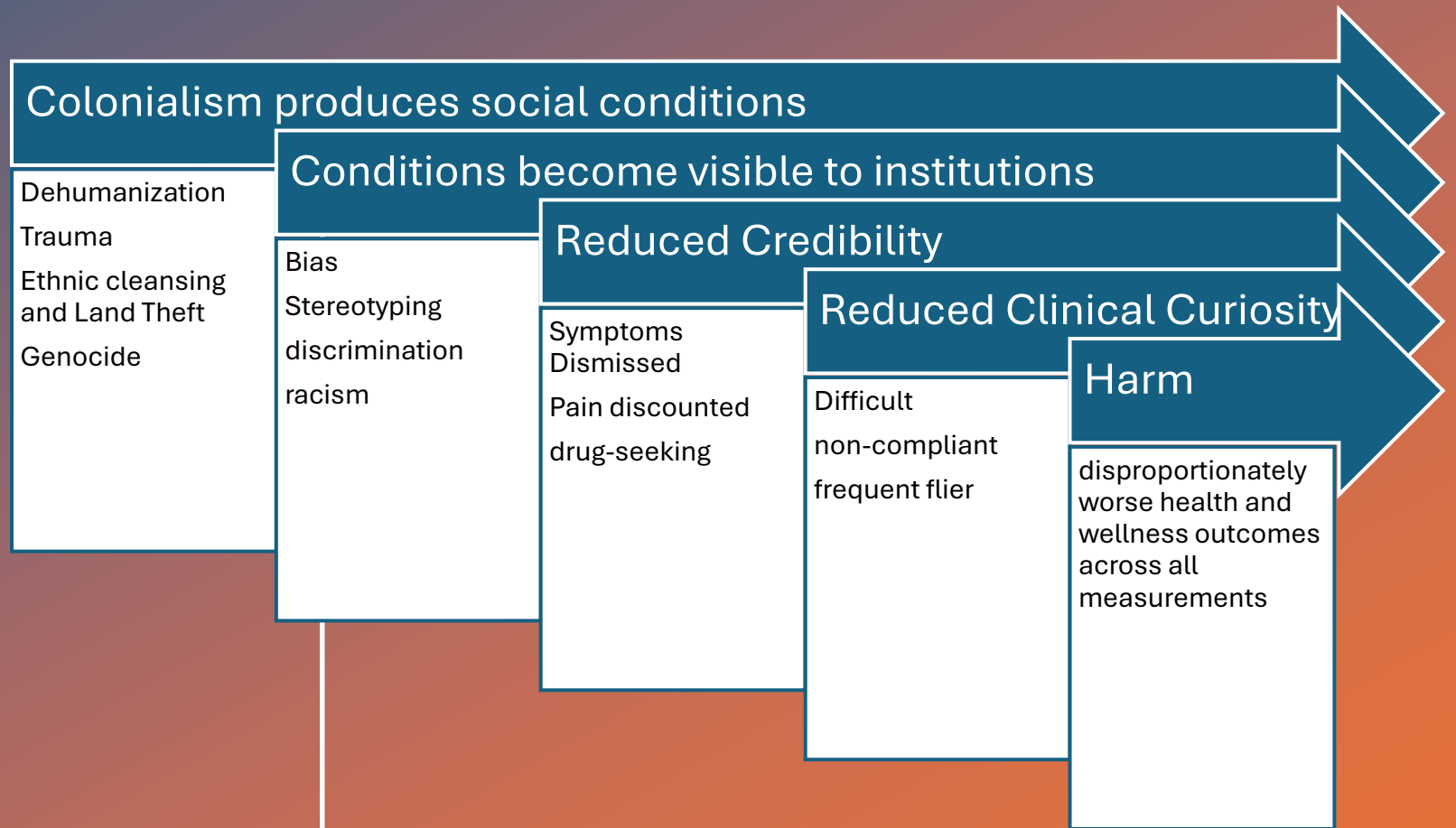
Don't confuse consequence with the cause

What do we See?	What produced that?
Housing instability	Land theft, displacement, poverty, policy, jurisdiction
Poor Health Outcomes	Structural conditions
Substance Use	Trauma, dispossession, exclusion, racism, colonialism
Delayed Presentation	Previous harm, racism, access
“Non-Compliance”	Safety, trust, transportation, resources

Colonialism becomes Biology?



The Malignant Narrative



When Bias Becomes Evidence

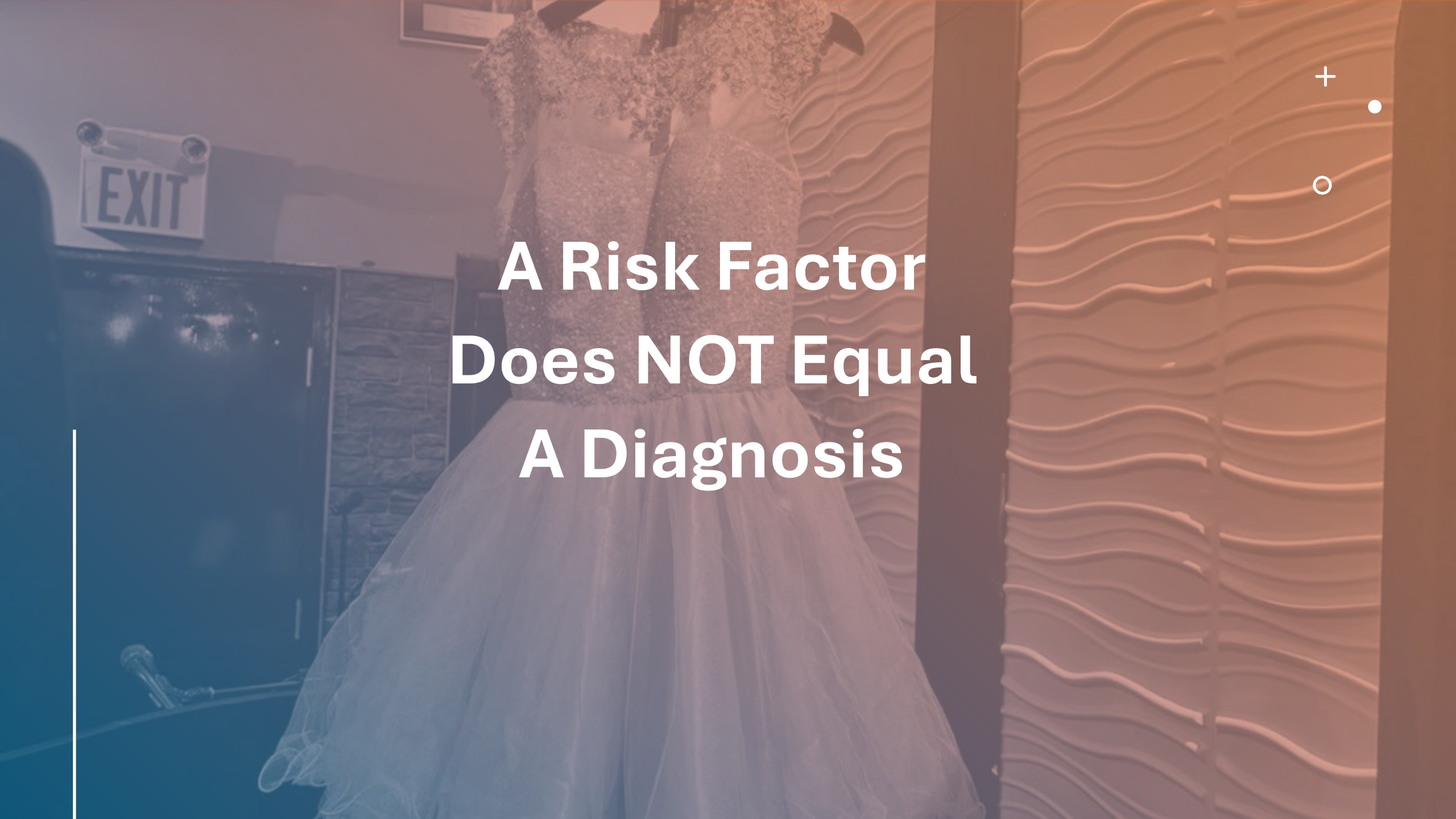




- First Nations
- Woman
- Youth
- Alone
- Substance Use
- Mental Health
- Housing Insecurity
- Street Involvement
- Frequent Flier
- Non-compliant



- Stereotyping
- Attribution Bias
- Anchoring bias
- Gatekeeping discrimination
- Confirmation bias
- Tunnel-visioning
- Handover effects
- Outcome normalization bias.



**A Risk Factor
Does NOT Equal
A Diagnosis**

When Bias Becomes Evidence

- What did you know?
- What was your differential?
- What didn't fit?
- Why did certain information make you less concerned rather than more concerned?
- Why wasn't the diagnosis reconsidered?
- Why wasn't the patient reassessed?
- What assumptions traveled from one encounter to another
- WHAT CAN WE DO?????

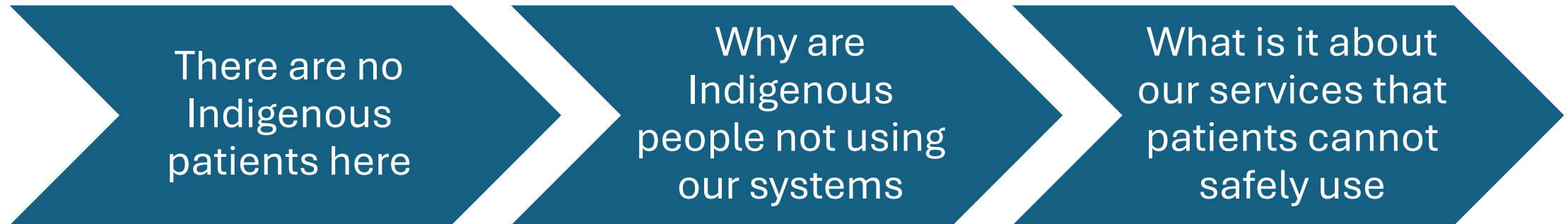


What Can We do?

PRACTICE BETTER MEDICINE!



From Individual back to Systems





Summary

1. Colonialism creates the conditions
2. Anti-Indigenous racism turns those conditions into clinical harm
3. The Differential Diagnosis can be a powerful anti-bias tool (among others needed)



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- **Date:** November 19, 2026

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Digital Health Lead, SGFP • Family Physician, Your Health Votre Santé Family Medicine Clinic

**Dr. Ali Damji**

Family Physician • Credit Valley Family Health Team

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Panelists: Drs. Kim McIntosh and Devon Shewfelt
Moderator: Deepy Sur



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