

**Exploring the experiences of Indigenous patients accessing Naturopathic medicine in
Thunder Bay Ontario**

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Author's Declaration of Originality

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Abstract

Health inequities for Indigenous Peoples across Turtle Island have been well documented, but the role of naturopathic doctors in contributing to Indigenous-led health-care initiatives remains understudied. Very little research exists documenting the experiences of Indigenous individuals with naturopathic medicine. This exploratory qualitative research study contributes to addressing this gap by exploring the experiences of twelve Indigenous individuals who have accessed care from licensed naturopathic doctors in Thunder Bay, Ontario. Couched in discussions about the impact of colonization and ongoing colonialism on their health and health care, participants expressed that the philosophy of naturopathic medicine aligns with Indigenous concepts of health and healing being holistic, collaborative, patient-centred and offering natural treatment options. In addition, participants experienced naturopathic doctors as trustworthy well-educated health-care providers who listened. Cultural appropriation and the need for NDs to become more culturally competent as health-care practitioners are also explored. Barriers to accessing naturopathic care included the cost of appointments and prescribed substances, lack of awareness and misconceptions about naturopathic medicine, and geographical limitations.

Indigenous patients accessing naturopathic medicine in Thunder Bay articulated that it has a key role to play in the health care they desire for themselves, their families and communities. Future research projects can query whether this finding holds true in other regions, what the experiences are of Indigenous Peoples who have not accessed naturopathic medicine, and can explore the role of naturopathic medicine in Indigenous-led health care.

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List of abbreviations and terms

AFN: Assembly of First Nations

BC: British Columbia

CAM: complementary and alternative medicine

CAND: Canadian Association of Naturopathic Doctors

CCNM: Canadian College of Naturopathic Medicine

CEO: chief executive officer

Community acupuncture: A group treatment model which offers acupuncture for a reduced fee.

CONO: College of Naturopaths of Ontario

COO: Chiefs of Ontario

HCP: health-care provider

MD: Medical doctor

NAHO: National Aboriginal Health Organization

NAN: Nishnawbe Aski Nation

NIHB: Non-Insured Health Benefits

ND: Naturopathic Doctor

NP: Nurse Practitioner

OHIP: Ontario Health Insurance Plan

SDoH: Social determinants of health

TBNC: Thunder Bay Naturopathic Clinic

TCM: Traditional Chinese Medicine

UNDRIP: United Nations Declaration on the Rights of Indigenous Peoples

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Introduction

Indigenous Peoples in the part of Turtle Island territory named “Canada”¹ by the British Crown experience severe health inequities in terms of mental health as well as acute and chronic physical health conditions, and this is heavily influenced by settler-colonialism and interconnected social determinants of health (Czyzewski, 2011; Kim, 2019; Nguyen et al., 2020). Discussions about social determinants of health have been ongoing for centuries amongst Indigenous Peoples, and this discourse has varied according to the wide diversity of health and wellness concepts that exist amongst various Indigenous Peoples (Loppie & Wien, 2022). Still, Loppie and Wien (2022) highlight some commonalities between diverse Indigenous communities, including connection to the natural world, engagement in Land-based,² water-based, and place-based traditions. Thus they have developed a tree metaphor to describe

¹ Turtle Island refers to what is now termed the continent of North America and comes from a creation story shared by many Indigenous Peoples. The use of Turtle Island throughout this paper refers to the Lands encompassed within North America. The study discussed here is conducted on Land that has been and continues to be occupied by settlers. I elected to use the names “Canada” and “Thunder Bay” to refer to the location of this research, while also recognizing that these designations have been imposed on these Lands and Peoples of these Lands through the process of settler colonialism (Whose Land, 2025).

² Terms such as “Land” are capitalized throughout this thesis as a sign of respect and to show my commitment to Reconciliation. (Athabasca University, 2025).

the interconnected social determinants of health for Indigenous Peoples (Loppie & Wien, 2022). The tree metaphor is a re-working of the previously used concepts of proximal, intermediate, and distal social determinants of Indigenous health (Reading & Wien, 2009). Within this tree metaphor, there are root determinants such as colonial ideologies and Indigenous self-determination, core determinants such as health-care systems and community infrastructure, and stem determinants such as employment, income, and food security (Loppie & Wien, 2022). Although seemingly a simple metaphor, trees are complex, dynamic, and interconnected, much like the political, social, and economic structures that compound health inequities, but also have the capacity to enhance Indigenous health equity as we move deeper into the work of Reconciliation (Loppie & Wien, 2022). The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) articulates the right of Indigenous Peoples to practise their own traditional healing methods and stresses the importance of protecting and conserving Traditional plant, animal and mineral Medicines, and the Land itself (United Nations, 2007). In Canada, the Truth and Reconciliation Commission of Canada (TRCC) calls upon all levels of government to recognize that poor socioeconomic and health outcomes for Indigenous Peoples are directly related to historic and ongoing settler colonialism (including residential schools and systemic anti-Indigenous racism) (TRCC, 2015), which has significant adverse impacts on Indigenous Determinants of Health (Loppie & Wien 2022; Nguyen et al., 2020). The TRCC (2015) calls for the health-care rights of Indigenous Peoples to be recognized and implemented as outlined in international, constitutional and Treaty law and makes recommendations that will help improve health care delivery to Indigenous Peoples.

The movement toward integrating Indigenous healing strategies and methods into the dominant biomedical model of public-funded health care across Canada has been evident in the

literature for over a decade (Allen et al., 2020; Katz et al., 2017; Nguyen et al., 2020; Redvers et al., 2020a; Wylie et al., 2020). However, the call for more Indigenous-led health care initiatives across Canada is also growing (Allen et al., 2020; Katz et al., 2017; Lavoie et al., 2016; Redvers et al., 2019). Despite the ongoing impact of longstanding colonial policies that have led to the underfunding of health services for First Nations, Inuit and Métis Peoples, and the development of health-care systems that have often failed to meet their needs (TRCC, 2021; Wylie et al., 2019), the government of Canada is now working towards supporting First Nations models of health care (Indigenous Services Canada, 2024). The remainder of this paragraph focuses specifically on First Nations-led health, not Inuit or Métis-led initiatives. Katz et al. (2017) are clear that improving the health and well-being of First Nations Peoples requires a holistic health strategy that draws on the strengths, practices, and beliefs of First Nations Peoples (Katz et al., 2017). In 2013, the First Nation Health Authority was established in British Columbia (BC), after the signing of the BC Tripartite Framework Agreement in First Nation Health Governance in 2011 (Indigenous Services Canada, 2024; Lavoie et al., 2016). This paved the way for other regions to push forward, creating community-led and locally responsive First Nations-led health care, in partnership with the government of Canada and provincial governments (Government of Canada, 2024). For example, Nishnawbe Aski Nation (NAN), formerly known as Grand Council Treat No 9, is actively working with their 49 member communities to establish a First Nations health delivery system (Government of Canada, 2024; NAN, 2020). Thunder Bay, the site of this research, is within Anishinabek Nation territory. The Anishinabek Nation, a political organization representing 39 First Nations communities in Ontario, is actively involved in “Health Transformation” which is working towards “a system that recognizes, respects and integrates a holistic approach” (Anishinabek Nation, 2025). A memorandum of understanding

was signed between the Anishinabek Nation, the provincial and federal governments in 2018 to work towards First Nations-led health care. The vision held by the Anishinabek Nation is a system that “will recognize holistic and traditional medicines, and integrate culturally-safe and relevant delivery of care and services that will result in healthier communities and citizens” (Union of Ontario Indians, 2025).

Some Indigenous leaders have speculated that naturopathic medicine has the potential to play an important role in the health care of Indigenous Peoples, due to its holistic framework, use of traditional plant medicines, focus on prevention of disease and the willingness of naturopathic doctors (NDs) to collaborate with health-care practitioners and traditional healers (D. Michano, personal communication, April 19, 2023; J. McCarthy, personal communication, April 4, 2022).³ Naturopathic medicine is a distinct form of primary health care that blends traditional healing knowledge and practices with modern scientific principles and uses a functional medicine approach to address the root causes of disease (CAND, 2022; OAND, 2025). Naturopathic medicine is a patient-centred approach that emphasizes prevention of disease and uses non-invasive natural therapies to help patients achieve sustainable health and wellness (OAND, 2025). Several Elders in a 2003 NAHO report identified naturopathic medicine as being more compatible with Traditional Medicine than the conventional Western medical system (Hill, 2003). They felt that naturopathic medicine held promise for improving the quality of life of Indigenous Peoples due to its holistic model and lack of reliance on pharmaceutical medications (Hill, 2003). NDs training in biomedical sciences as well as natural healing practices and plant medicines suggest that they can help bridge the gap between the biomedical model and traditional Indigenous healing methods and practices (Carfagnini et al., 2022; Potter et al., 2008;

³ All individuals whose words and thoughts are included as “personal communications” have given permission to have them included in this thesis.

Walji et al., 2010). Although many Indigenous Peoples across Canada access health care from NDs, very little research has been conducted into the experiences they have with naturopathic medicine (Potter et al., 2008; Walji et al., 2010). In 2008, Potter et al. published the report “Naturopathic Medicine for Improved Health Care within Canadian Aboriginal Communities”, which was a project funded by the First Nations and Inuit Health Branch of Canada and conducted by the Department of Research and Clinical Epidemiology at the Canadian College of Naturopathic Medicine (Potter et al., 2008). To date, none of the recommendations from this research have been pursued, including creating collaboration and co-learning between NDs, MDs, and Traditional Healers, exploring the integration of NDs into Aboriginal Health Access Centres, and conducting future research into the role of NDs in Indigenous health services (Potter et al., 2008).

The present research explores the experiences of Indigenous patients accessing naturopathic medicine from licensed NDs in Thunder Bay, Ontario. My positionality as a white settler and a University-educated naturopathic doctor (ND) who co-owns Thunder Bay Naturopathic Clinic is important to note. Although this research was developed in conversation with Indigenous patients, Indigenous NDs, and Indigenous Elders and leaders, the impact of my positionality on every stage of this research is considerable and a factor I have been striving to be aware of and accountable for at every stage of this research. Positionality, critical reflexivity, limitations of this research, and conflict of interest are explored in more detail below.

The open-ended questions in the interview guide elicited participants’ perspectives regarding the strengths and deficiencies of naturopathic medicine in helping them meet their health care goals. Deficiencies and barriers in the delivery of naturopathic medicine were investigated in order to improve the practice of naturopathic medicine and make it more

culturally relevant and accessible to diverse Indigenous communities in Thunder Bay and beyond. The strengths of naturopathic medicine were investigated with the goal of supporting Indigenous health organisations and naturopathic professional institutions in working together to explore funding models and lobby the government, which will ultimately make naturopathic medicine an accessible choice for Indigenous Peoples.

Background

The health status of Indigenous Peoples in Canada, Ontario, and Thunder Bay

As we examine the lack of health equity experienced by Indigenous Peoples due to colonization, we must also hold in our minds the great strengths and capacity for healing that arises from Indigenous ways of knowing and being (Bryant, 2021; McKenzie et al., 2016; Sasakamoose, 2016). Indigenous Peoples, which include First Nations, Inuit, and Métis Nations, in Canada experience health inequities such as high rates of chronic disease, poor mental health, substance use disorder, infant mortality, and more (Czyzewski, 2011; Kim, 2019). In fact, there is evidence that health disparities between First Nations Peoples and non-Indigenous people in Canada have increased over the past two decades and even more so during the COVID-19 pandemic (Hahmann & Kumar, 2022; Katz et al., 2021; Marya & Patel, 2021). Fortunately, another notable increase is the shift towards a strength-based approach to Indigenous health research, program development, and health-care models (Bryant et al., 2021; McKenzie et al., 2016; Sasakamoose, 2016).

In Ontario, health disparities are exacerbated for people living in the North as compared to the South, with a documented two-year lower life expectancy and a higher likelihood of dying by suicide, circulatory disease, or respiratory disease (Health Quality Ontario, 2025).

Northwestern Ontario is home to 69 First Nations, and 22% of the population of Northwestern Ontario is Indigenous (Health Quality Ontario, 2025). Previously, the 2016 census reported 9780 Indigenous adults living in Thunder Bay, but the Our Health Counts (OHC) survey estimates the number to be somewhere between 23,080 and 42,641 (Brar et al., 2020a; Turner, 2021). The Principal Investigator, Dr. Janet Smylie, explains that the OHC survey of over 600 Indigenous people in Thunder Bay revealed that only 15% had completed the census (Brar et al., 2020a; Rinne, 2022). According to Dr. Smylie, Statistics Canada's population estimates are far less accurate than the inclusive and community-driven process of surveying the population undertaken in the OHC project (McConkey et al., 2022; Rinne, 2022). When Indigenous populations are undercounted via the census, this leads to underfunding of health services (Wylie et al., 2019). The OHC survey reported that 74% of Indigenous adults in Thunder Bay have at least one chronic condition, with rates of diabetes twice as high as adults throughout the rest of the province (Brar et al., 2020c). In addition, 44% of Indigenous adults in Thunder Bay report having at least two chronic health conditions, compared to 13% of non-Indigenous adults in Canada (Brar et al., 2020c). Michael Hardy, the executive director of Anishnawbe Mushkiki Aboriginal Health Access Centre, has stated that mental health, hospital, and housing resources for Indigenous Peoples are stretched to the limit in Thunder Bay (Turner, 2021). He has also stressed the importance of establishing enough Indigenous-governed health services to meet the needs of the actual, much larger than previously accounted for, population of Indigenous Peoples living in Thunder Bay (Rinne, 2022). In 2020, only 50% of Indigenous individuals in Thunder Bay had a regular family doctor or nurse practitioner, compared to 90% of people across Ontario (Brar et al., 2020b). In Thunder Bay, 80% of Indigenous adults had managed to see a family doctor or nurse practitioner at a community or Indigenous Health Centre, walk-in clinic, or the

hospital emergency room within the reporting year, but over 25% of adults still had unmet health needs due to long waiting lists, distrust in health-care providers and transportation challenges (Brar et al., 2020b). Although these statistics are from 2020, more recent data show that access to primary health-care services is worsening for all demographics across Ontario (Scull, 2024).

Stem, core and root social determinants of health for Indigenous Peoples

The many intersecting stem (proximal), core (intermediate) and root (distal) social determinants of health (SDoH) that Indigenous Peoples in Canada face and the resulting barriers to improved health outcomes have been well documented (Kim, 2019; Nguyen 2020; Reading & Wien, 2009; Loppie & Wien, 2022). Past attempts to blame the poor health status of Indigenous Peoples on biological factors or personal and collective failure to succeed have been disproven and are now understood to be a result of colonial racist thinking (Allen et al., 2015; Auger, 2020). It is imperative that any discussion about health disparities experienced by Indigenous Peoples in Canada includes the context of historic colonization and ongoing colonialism (Allen et al., 2015; Auger, 2020; de Leeuw et al., 2018) which are root SDoHs that are interwoven through all other SDoHs (Loppie & Wien, 2022).

One of the earliest examples of colonization was the displacement of Indigenous Peoples from traditional Lands and the development of policies that prevented them from fishing and hunting (Loppie & Wien, 2022). The theft of Indigenous Land and the ongoing colonial policies that continue to result in widespread Land degradation, exploitation of the natural world and the destruction of biodiversity, including plant medicines are root determinants of health (Loppie & Wien, 2022; Redvers et al., 2022). Globally, Indigenous Peoples have contributed the least to human-caused environmental changes such as climate change, pollution and loss of biodiversity and yet they suffer the health effects more severely than non-Indigenous people (Marya & Patel,

2021; Redvers et al., 2022). In particular, reproductive justice activists have highlighted the detrimental impact of resource extraction projects on the health of Indigenous women via increases in gender-based violence and via the effects of environmental pollution on foetal development and breast/chestfeeding (Jubenville et al., 2022; Weibe, 2016). Dr. Nicole Redvers MPH, ND, PhD, is one of many scholars and activists who have highlighted that planetary health has been largely missing from discussions about SDoH for Indigenous Peoples (Jubenville et al., 2022; Hall et al., 2020; Redvers, 2021; Redvers et al., 2022). Using an Indigenous consensus process and a deep listening method, Dr. Redvers worked with a small but experienced group of Indigenous Elders, Knowledge-Keepers, and scholars from across the globe to articulate the determinants of planetary health (Redvers et al., 2022). These nine determinants were then further grouped into the three categories of Mother-Earth level determinants, interconnecting determinants, and Indigenous Peoples' level determinants (Redvers et al., 2022). Ecocentric approaches to planetary health have been integral to Indigenous ways of thinking for thousands of years and are essential if we are to sustain human life and human health on this planet (Czyzewski, 2011; Redvers, 2021). Indigenous movements in defence of Land and water (examples of environmental stewardship) play an integral role in defending and protecting the health of Indigenous Peoples and demonstrate how self-determination is a powerful root determinant of health (de Leeuw et al., 2018; Loppie & Wien, 2022; Redvers et al., 2022). Some groups of Elders and youth, whose perspectives have been documented in the literature, are clear that a symbiotic relationship between humans and the land is foundational for the health and wellness of both (Lines & Jardine, 2019; Redvers et al., 2022).

Colonization and continued colonialism are root determinants of health that have historically limited the influence that Indigenous Peoples have had on health-care policy and

community planning to meet health-care needs (Katz et al., 2017; Nguyen et al., 2020). Health-care policies, health care system development, infrastructure, and health-care delivery are all core determinants of health that are informed and interwoven with root determinants such as colonization. Many accounts attest to the Canadian medical health-care system being unwelcoming, exclusive of, and culturally unsafe to Indigenous Peoples due to colonial philosophies and practices (Brar et al., 2020d; Howell et al., 2016; Wylie et al., 2019). Other core determinants are system-level and include employment and education barriers as well as income disparities (Loppie & Wien, 2022; Nguyen et al., 2020). For example, the “Our Health Counts” survey found that 67% of Indigenous adults living in Thunder Bay were unemployed, and 80% were living below the poverty line (Walters, 2020).

Stem barriers include physical environment, socio-economic status, health-related behaviours, and discrimination from health-care providers resulting in inadequate care (Kim, 2019; Nguyen et al., 2020). This is a clear example of how white supremacy, an insidious colonial ideology and therefore a root determinant, seeds itself throughout the other determinants of health, including the health-care system (a core determinant) and an individual's willingness to seek medical care, a health behaviour and also a stem determinant (Loppie & Wien, 2022; Wylie et al., 2019). The systemic racism experienced by Indigenous Peoples within the health-care sector across Canada (Allan et al., 2015; Veenestra, 2009) and, most relevant to this research, here in Thunder Bay (Benoit et al., 2019; Brar et al., 2020d; Walters, 2020) has been well documented. Research demonstrates that one-third of Indigenous adults report being treated unfairly in health-care settings in Thunder Bay due to their Indigenous identity (Brar et al., 2020d), and 66% of Indigenous adults living in Thunder Bay report experiencing racism (Brar et

al., 2020d). Racism necessitates inquiry and action on the part of all health-care sectors, including naturopathic medicine.

Social determinants of health do not impact all Indigenous Peoples equally, and it's important to note that patriarchy is a key colonial ideology and thus acts as another root SDoH (Loppie & Wien, 2022). Indigenous women living off-reserve have poorer health status than their male counterparts, with documented higher rates of chronic disease such as diabetes, and mental health challenges such as depression and suicidality (Hu et al., 2022). This gender gap in health outcomes is associated with socioeconomic factors such as reduced income and employment opportunities for women (Hu et al., 2022), demonstrating how patriarchy, as a root SDoH, weaves itself into core determinants such as employment and income. The high rates of violence and racism against Indigenous women and gender-diverse people, and its profound negative impact on health, have been well documented (Allen et al., 2015; Native Women's Association, 2019). Amongst the 231 calls for justice issued by the National Inquiry into MMIWG, seven of them stress the importance of government-funded, equitable, safe, and culturally appropriate health and wellness services, for all Indigenous women, girls, and 2SLGBTQIA Peoples (Native Women's Association, 2019).

The strength, resilience, and activism of Indigenous Peoples are well known across Canada, and their power to assert their inherent right to Land and to define health on their own terms is experiencing a necessary resurgence (Barker, 2015; Jacobs, 2018; Loppie & Wien, 2022; Sasakamoose et al., 2016). "When enough resistance is exerted within stem and core environments, the seeds of equity can germinate as decolonized roots that represent the values, knowledge systems, cultures, and self-determination of Indigenous Peoples" (Loppie & Wien, 2022, p. 48).

Government initiatives to address health inequities faced by Indigenous Peoples

The rights of Indigenous Peoples across Canada to self-determination, including stewardship of Land, use of plant medicines, and other traditional health and wellness practices must be respected, and their leadership must be followed by any non-Indigenous organisations or governments. Given this context, any health-care-related policy or funding changes made by the Canadian government must be viewed as supportive and as long-overdue efforts at reconciling the Crown-Indigenous relations, rather than hierarchical colonial strategies to “save” Indigenous Peoples (Government of Canada, 2021, 2023). The government of Canada is clear on its commitment to work with Indigenous partners, provincial governments, and key stakeholders to ensure that the health of all Canadians is promoted and safeguarded (Government of Canada, 2025). Although this lofty goal may seem realistic for non-Indigenous people, it remains elusive for Indigenous Peoples who suffer from health inequities worldwide (WHO, 2022) and in Canada (Hahmann & Kumar, 2022; Kim, 2019). The Truth and Reconciliation Commission of Canada includes seven calls to action that are specific to health, including the call to the government of Canada to close the health gap between Indigenous and non-Indigenous people (TRCC, 2015). Sustainable funding of Indigenous healing centres, cultural competency and anti-racism training for health-care providers, and recognition of the importance of Indigenous healing practices are included in the calls to action (TRCC, 2015). UNDRIP stresses the rights of Indigenous people to self-determination, including the creation of their own health programs, as well as the right to access all health and social services without discrimination (UN, 2007). UNDRIP also articulates the rights of Indigenous Peoples to practise their own traditional healing methods, and to engage in protecting and conserving traditional plant, animal, and mineral medicines, and the Land itself (UN, 2007). Although the UN Declaration on the Rights

of Indigenous Peoples was adopted by the UN General Assembly in 2007, Canada did not remove its objector status until 2016 and did not make it law until June 21st 2021 (Fontaine, 2016; Lametti & Miller, 2022). This legislation aims to repair the relationship between the government of Canada and Indigenous Peoples by having all Canadian laws interpreted and applied through the lens of UNDRIP (Government of Canada, 2021). Indigenous Services Canada's goals include restoring full jurisdiction of health services to Indigenous communities, including the creation of new health governance structures and funding models, as well as improving access to primary care (Halseth & Murdock, 2020; Indigenous Services Canada, 2022).

After decades of Indigenous and feminist activists calling for action, the National Inquiry into MMIWG was finally started by the Canadian government in 2016 (National Inquiry into MMIWG, 2022). Following three years of extensive and emotional testimony from Indigenous families, survivors, and Knowledge Keepers as well as community and institutional hearings, 231 Calls to Justice were issued in the final report (National Inquiry into MMIWG, 2022). Every call to action is important and interrelated, but most relevant to this research are the seven calls to provide government-funded, equitable, safe, and culturally appropriate health and wellness services for all Indigenous women, girls, and 2SLGBTQQIA Peoples (Native Women's Association, 2019). The Charter of Relationship Principles Governing Health Systems Transformation in NAN Territory was signed in 2017 by the federal Minister of Health and the Ontario Minister of Health and Long-term care (Government of Canada, 2017). This charter commits the federal and provincial governments to supporting First Nations communities in establishing their own sustainable and culturally appropriate health care services and to removing

all jurisdictional, funding, and policy barriers that might impede this transformation (NAN, 2020).

Indigenous concepts of wellness

Indigenous traditions across Canada include body, mind, and spirit holism, community and family support, as well as connection to Land in their concepts of human health (Ginn et al., 2021; Obomsawin, 2007; Peltier, 2021; Tagalik, 2010). Colonial institutions such as schools, churches, and governments actively suppressed traditional medicines and ceremonies for hundreds of years, and thus Indigenous Peoples hid them for fear of retribution or imprisonment (Hill, 2003). Even as legal bans on ceremonies such as the Sundance were lifted in the 1970s, colonialism within institutions and research continued (Hill, 2003). Research on the health of Indigenous Peoples in Canada has historically come from a biomedical perspective focused on physical health, has lacked attention to mental, emotional and spiritual dimensions of health and has failed to address root causes of poor health, such as the social and environmental determinants of health discussed above (Hill, 2003; Howell et al., 2016; Peltier, 2021; Wylie et al., 2019). Indigenous ideologies conceptualise all dimensions of health as interrelated, and it's been acknowledged that the "silo" system of health-care delivery is failing to meet the complexity of most health needs (Loppie & Wien, 2022). Fortunately, we are moving into an era where Indigenous voices are increasingly being centred, the demand for holistic wellness is getting louder, and strategies of how to get there are being prioritized (de Leeuw et al., 2018; Hill, 2003; Government of Canada, 2024; Redvers et al., 2022; Wylie et al., 2019).

Despite some overarching similarities among Indigenous Peoples, it's important to avoid a pan-Indigenous approach, as there is a multitude of differing philosophies on health, wellness, and what constitutes a good life amongst and within diverse First Nations, Inuit, and Métis

communities across Turtle Island (Hill, 2003; Keptwo, 2015; Peltier, 2021). For example, the Inuit *Qaujimagatuqangit* (IQ) does not simply describe wellness but is akin to an epistemology or living technology that governs all areas of Inuit life (Tagalik, 2010). Métis concepts of wellness include the importance of connection to Land, history, and traditions as well as a need to balance mental, emotional, spiritual, and physical aspects of health (Ginn et al., 2021). For this research, the focus will be on First Nations concepts of wellness, given that 98% of Indigenous adults living in Thunder Bay are First Nations (Brar et al., 2020a), and 11 out of 12 research participants recruited were First Nations.

This research took place on the traditional Lands of the Ojibwe, who comprise the largest group among the Anishinaabe Peoples and the second largest First Nation in Ontario (Bishop, 2019). Many Anishinaabe across the territory known as Ontario describe a holistic concept of healing that is inclusive of mental, emotional, and physical wellness, and that ultimately leads to *minobimaadiziwin*, which roughly translates to “the good life” in English (Peltier, 2021). Peltier (2021) relays the words of Anishinaabe healers from Manitoulin Island, Ontario who explain that each person must take an active role in their own holistic health and in maintaining *minobimaadiziwin*. For example, by acknowledging spiritual helpers and making offerings, engaging in physical activity such as walking, releasing grief that’s associated with imbalance, and thinking things through before acting (Peltier, 2021). The importance of integrating the maintenance of *minobimaadiziwin* into daily life to prevent getting sick was highlighted by Anishinaabe Healers (Peltier, 2021).

Within the wide diversity of philosophies regarding healing across Canada and the rest of Turtle Island, the Medicine Wheel is an important framework for conceptualising health that is used by many (but not all) First Nations Peoples in the land now called Ontario (Keptwo, 2015;

Mashford-Pringle & Shawanda, 2023; Tanner et al., 2022). The Medicine Wheel as conceptualized by the Ojibwe, depicts the four sacred directions represented by the colours yellow, red, black and white in addition to blue for Father Sky above, green for Mother Earth below and purple at the centre representing the self (Pitawanakwat, 2012). These seven sacred directions, the seven stages of life and the seven grandfather teachings of Honesty, Humility, Courage, Wisdom, Respect, Generosity and Love are included in the vast teachings of the Medicine wheel (Pitawanakwat, 2012). Medicine Wheel teachings include the importance of balancing the spiritual, mental, emotional and physical aspects of health and also acknowledge the interconnected roles of family, community and Land in healing (Keptwo, 2015; Pitawanakwat, 2012; Tanner et al., 2022).

Literature review

As discussed above, the inequities in health and well-being experienced by Indigenous Peoples in the territory known as Canada have been well-documented for many decades and are increasingly being recognized to be a result of colonization and its insidious effect on all determinants of health (Kim, 2019; Nguyen, 2020; Loppie & Wien, 2022). The Canadian government, acknowledging being complicit in the health inequities and inequities in access to quality and culturally safe health care faced by Indigenous Peoples, purport to be acting on the Calls to Action articulated by the National Inquiry into MMIWG (2022) and by the TRCC (2015) and to support Indigenous communities as they work towards self-determination in health care and the establishment of self-determined health care models (Indigenous Services Canada, 2022). For example, in 2022 the government of Canada put \$60 million toward establishing a permanent home for the Centre for Truth and Reconciliation and supporting their long-term work (Dobson, 2022). The push for Indigenous-led health care is stronger than ever, including the

desire for more Indigenous-led health-care partnerships that employ interprofessional collaboration and better meet the holistic health needs of Indigenous Peoples (Allen et al., 2020; Katz et al., 2017; Redvers et al., 2020a). In 2002, NAHO, an organization that was de-funded by the federal government in 2012, conducted an environmental scan consisting of interviews with Elders and Healers across Canada and culminating in the report “Traditional Medicine in Contemporary Context: Protecting and Respecting Indigenous Knowledge and Medicine” (Hill, 2003). They recognized that Traditional Medicine has been colonized, and recommended that an educational space be created for western biomedicine, naturopathic medicine and Traditional Medicine to learn together as part of a process of decolonization (Hill, 2003).

Although many First Nations, Métis and Inuit Peoples across Canada access health care from NDs, very little research has been conducted into the experiences of Indigenous Peoples with naturopathic medicine (Potter et al., 2008; Walji et al., 2010). Searching “naturopathic medicine/naturopath” and “Indigenous/Aboriginal” and “Canada” in databases such as PubMed, Web of Science, and Google scholar point to the work of Walji et al., (2010) and less often, the work of Potter et al., (2008). In the early stages of this research, I reached out to Dr. Dugald Seely ND, Dr. Johanne McCarthy, ND and Dr. Kieran Cooley, ND via email, all ND researchers involved in the aforementioned studies. They could not point me towards any other research specifically focused on exploring the experiences of Indigenous Peoples using naturopathic medicine, but they all enthusiastically encouraged me to help fill this gap with my research.

In terms of health research and public understanding, the practice of naturopathic medicine is usually conceptualised as a type of complementary and alternative medicine (CAM), integrative medicine (IM) (Harris et al., 2012; Hollenberg & Muzzin, 2010) or the newly defined term CAIM (complementary, alternative and integrative medicine) (Lee et al., 2022). These

terms, along with “TCAM” which includes traditional medicine as well as complementary and alternative medicine (WHO, 2019), are often used interchangeably in health and medical research, despite a wide diversity of practices and profound differences between healing modalities as well as practitioner education, training and regulation (Lee et al., 2022; Sadowski et al., 2022; Steel et al., 2020). The use of TCAM therapies and practitioners globally is widespread and high, due to factors such as patient values and preferences, cultural fit and traditional use, and a lack of access to costly western biomedical medical interventions and practitioners (Harris et al., 2012; Lee et al., 2022; WHO, 2019). Searching “TCAM/CAM” and “Indigenous/Aboriginal” and “Canada” in databases such as PubMed, Web of Science, and Google scholar elicited more articles which contribute to a broader understanding that is described below. NDs are well trained in Traditional Chinese Medicine (TCM) and so this term was also searched in the above databases alongside the “Indigenous/Aboriginal” and “Canada”. Several themes came up as I conducted the literature review including the importance of Indigenous-led health care as a crucial strategy for achieving health equity for Indigenous Peoples in Canada. The field of naturopathic medicine is not well understood and so it’s imperative that I define and contextualize the history and practice of naturopathic medicine, honour the contributions of Indigenous naturopathic doctors and also raise the issue of cultural appropriation within the field. Botanical medicine and Traditional Chinese Medicine (TCM) are explored as key aspects of naturopathic medical practice that are of interest to Indigenous communities. Finally, I explore the evidence demonstrating that naturopathic medicine helps with the prevention and management of chronic disease, and fills gaps in northern and rural health-care settings.

Indigenous-led health care: The way of the future

The call for Indigenous-led health-care initiatives across Turtle Island, and particularly in the part called Canada, is growing (Katz et al., 2017). Elder David Courchene founded the Turtle Lodge Central House of Knowledge in Sagkeeng First Nation, and Elder Burma Bushie co-founded the Giigewigamig Traditional Healing Centre at the Pine Falls Hospital in Manitoba along with other community leaders (Allen et al., 2020). Elders Courchene and Bushie, along with other Elders, and Indigenous Scholars have stated that the biomedical model is ill-equipped to address the complex and multiple health-care needs of Indigenous Peoples in a holistic manner (Allen et al., 2020; Cameron et al., 2019; Loppie & Wien, 2022). To date, most models involve incorporating elements of traditional healing such as smudging and prayer into biomedical settings such as hospitals, which leaves the power of the biomedical model intact and does little to further self-determination (Allen et al., 2020; Redvers et al., 2019; Redvers et al., 2020). Indigenous leaders in health-care delivery and research have suggested that health-care initiatives should be determined by Indigenous communities and biomedical practitioners brought in as needed (Allen et al., 2020; Redvers et al., 2019).

Research on the experiences of urban Indigenous Peoples in Canada have highlighted the benefits of Land-based healing (Howell et al., 2016; Redvers et al., 2020b) and access to holistic and traditional models of health care (Auger et al., 2020). Hall et al., (2020) document Indigenous women and Two-Spirit people healing through gardening and connection to Land and highlight the importance of helping to heal the Earth, not just using the Earth to heal ourselves (Hall et al., 2020). Similarly, Jubinville et al., (2022) found a positive association between connection to Land and the holistic health of Indigenous women, Two-Spirit, trans, and gender diverse people of reproductive age in Toronto, Ontario (Jubinville et al., 2022).

The role of plants as food and medicine, as well as their foundational role in ceremony, culture and art for Indigenous Peoples across Turtle Island is being increasingly discussed in conversations about Reconciliation (Turner, 2020). Deep interconnected relationships between human communities and plant communities have always been a part of Indigenous culture, and there is evidence of long-term Indigenous stewardship of the Land and of plant medicines in the territory now called Canada (Kimmerer, 2016; Turner, 2020). The push for Indigenous-led health care is inextricably linked with the Land, as Indigenous cultures and laws have always stressed that the health of the Land, waters, plants, and animals are foundational to human health and well-being (Redvers, 2019b; Redvers, 2020; Turner, 2020).

The need for a self-determined decolonized health-care system that includes health-care services that are equitable, effective, culturally appropriate (Auger et al., 2020; Katz et al., 2021) and free of racism (Allan et al., 2015) is paramount for the future of Indigenous Peoples in the territory now known as Canada. Such health-care services (or paradigms) will view health holistically and interconnected to the health of the Earth as well as include opportunities to use plant medicines and engage in Land-based healing. As will be discussed below, the field of naturopathic medicine may be well-suited to assist in this important evolution in Indigenous-led health care.

What is naturopathic medicine and why is it relevant to Indigenous health equity?

Naturopathic medicine, a distinct system of medicine that blends traditional healing knowledge and practices with modern scientific principles and research (CAND, 2022; OAND, 2025) is recognized by the World Health Organization and is being practised in 98 countries worldwide (Lloyd, 2021; Steel et al., 2020). Due to their extensive training in complementary and alternative medicine (CAM) as well as conventional medicine, NDs have the expertise to

offer an integrative holistic model of health care (Litchy, 2011). In Canada, NDs are highly educated, regulated primary health care providers who recognize the importance of body, mind, and spirit as key aspects of health and the importance of time in nature, engagement with family and community, plant medicines, nutritious food, regular physical movement and connection to spirit as key strategies to maintain wellness (CAND, 2022; OAND, 2025). These philosophies articulated by the naturopathic profession bear key similarities to diverse Indigenous views of health and healing; including but not limited to whole person care that values integration of body, mind and spirit (Peltier, 2021; Potter et al., 2008; Walji et al., 2010). Indigenous models of health are holistic and are therefore seen by some as disparate from Western biomedical concepts of health which tend to focus on disease and infirmity (Howell et al., 2016). Both Indigenous and non-Indigenous leaders from within the naturopathic profession recognize that the holistic approach that naturopathic medicine offers, aligns with Indigenous concepts of health, which predate colonization (De Groot et al., 2025). Due to their training in western biomedical science, their focus on holistic health and their depth of knowledge regarding plant medicines, NDs may be useful in helping bridge the gap between the biomedical model and traditional Indigenous healing methods and practices (Carfagnini et al., 2022; Potter et al., 2008; Walji et al., 2010). Dr. Karen Hill, a Mohawk medical doctor who offers collaborative care alongside traditional healer Elva Jamieson on the Six Nations of the Grand River First Nation in Ohsweken Ontario is clear that “Traditional medicine is a system of medicine in the same way that Western medicine is a system, in the same way naturopathic medicine is a system” (Hill as quoted by Eggertson, 2015, p. 1). After graduating from the Canadian College of Naturopathic Medicine in 2005, Dr. Johanne McCarthy, ND applied for funding to create a collaborative Family Health Team with NDs, Indigenous MDs and Indigenous Traditional Healers but unfortunately the funding for NDs

was refused so the project went ahead with only MDs and Traditional Healers (J. McCarthy, personal communication, May 13, 2023). Lack of funding for naturopathic care and the absence of venues for NDs to collaborate in circles of care with other HCPs are two key challenges to making naturopathic medicine accessible to Indigenous communities (Potter et al., 2008).

Indigenous ND Dr. Nicole Redvers points out that naturopathic medical schools are some of the institutions responding to the increasing dissatisfaction that many people in North America have with the western biomedical model and its focus on patient-in, prescription written, patient-out, person-to-person interactions that happen in fifteen minutes or less (Redvers, 2019).

Naturopathic doctors are trained to complete comprehensive health histories with each patient, perform physical exams, order lab tests, diagnose and treat using modalities such as lifestyle counselling, clinical nutrition interventions and botanical medicine (CAND, 2022; CCNM, 2020; OAND, 2025). The six principles of naturopathic medicine include:

- 1) First, do no harm (*primum non nocere*)
- 2) Cooperate with the healing power of nature (*Vis medicatrix naturae*)
- 3) Address the fundamental causes of disease (*Tolle causum*)
- 4) Heal the whole person through individualised treatment (*Tolle totum*)
- 5) Practise preventative medicine (*Praevenire*)
- 6) Teach the principles of healthy living (*Docere*)

(Godfrey, 2010)

Historically, the field of Naturopathy has included a wide range of questionable modalities. As a result, a seventh guiding principle “the ability to critically analyze knowledge (*Scientia critica*)” has been proposed to recognize the importance of critical appraisal, one of the guiding tenets of evidence-based medicine (Logan et al., 2018, p. 1). This proposed principle

encourages NDs to critically analyze medical knowledge but also to engage in critical consciousness about the self, and to fully explore the values of the patient (Logan et al., 2018).

The depth and breadth of botanical medicine in naturopathic medicine is vast. It incorporates knowledge about plant medicine from distinct and disparate systems of healing from across the globe and recognizes both plants' pharmacological and energetic healing properties (Gilbert, 2010). In this globalized era most NDs will use a large range of plant medicines from various parts of the world without much regard for relationship with or stewardship of the Land. Although there is no pan-Indigenous medicine system that dictates how to use plants as medicine, Indigenous cultures tend to focus on interdependence and relationship with their own Land and the plant medicines that are harvested locally (Boyd et al., 2023; Redvers, J; 2020). Dr. Nicole Redvers issued "a formal call to action to the naturopathic community and profession to stand up and lead the way in sustainable practice, environmental stewardship, cross-cultural reverence and multi-disciplinary leadership rooted in both Traditional Knowledge and modern research" (Redvers, 2019b, pg 2). Despite examples of NDs who are heeding this Call to Action (Simkovic & Nelson, 2019; Solomonian & Batson, 2020; Solomonian, 2024), there is much work to be done in this regard. In order for NDs to truly engage with Elders and other Traditional Knowledge holders, they must proceed with humility and respect for Indigenous rights to their Land-bases and engage in deep listening (Boyd et al., 2023).

In naturopathic medicine, plants are seen as allies to the practitioner whose role it is to help restore balance by supporting each patient's innate ability to heal via the energy known as the "Vis medicatrix naturae" (Gilbert, 2010). The "Vis medicatrix naturae" refers to the energetic template of good health that resides within every living being, and is a core part of all elements

of nature including plants, animals, humans, water, earth and sunshine (Godfrey, 2010). The “Vis” has been described as cosmic or creator consciousness by NDs who are respected elders⁴ within the profession (Godfrey, 2010) and is synergistic with Indigenous understandings of how the Creator is present in all living beings (Jacobs, 2018; Tanner et al., 2022). Although the focus within this thesis is naturopathic medicine and its relevance for Indigenous Peoples here in Canada, there is such little research on the topic that it’s worth mentioning an example from New Zealand. A recent study reports that some Indigenous Māori students of naturopathic medicine were motivated to pursue this profession in order to help family and community members dealing with chronic disease (Patel et al., 2025):

Participants discussed how their Māori ethnicity and cultural background was a factor in influencing their decision to study naturopathy. This was especially the case, as their family members had diabetes and other chronic conditions, and participants saw limitations and gaps in relation to how biomedicine was managing these conditions. Naturopathy was perceived as being a patient-centered, more compassionate way of managing these conditions. Māori participants also chose to study naturopathy as it provided a pathway for them to study Rongoa Māori (a traditional Māori healing system) as part of their degree (p.4).

The marginalization of TCAM, and the appropriation of Indigenous Medicines by all systems of medicine

The supremacy of the biomedical model has been historically supported by the rise of Western Euroscience across the globe (Hollenberg & Muzzin, 2010) and in North America by

⁴ The term “elder” is not capitalized when used to describe elders within the naturopathic profession who are not Indigenous.

the financial support of Carnegie in the form of the Flexner report of 1910 (Boelen, 2002; Marya & Patel, 2021). Although Abraham Flexner sought to establish medical educational standards that were evidence-based and would result in well-trained open-minded critical thinking physicians, his 1910 report would unfortunately set the stage for a hospital-based biomedical model limited by reductionist thinking (Boelen, 2002). This piece of history is important to note as critics have observed that TCAM systems of medicines, such as naturopathy, are still marginalized today, even when included in “integrative medicine” (Hollenberg & Muzzin, 2010). In a study of seventy-six articles published in Canadian newspapers between 2013 and 2017, researcher Dave Snow found that naturopathic medicine was more frequently discussed in a negative tone (Snow, 2019). This delegitimizing of NDs in Canadian media was apparent, despite the legitimate practice of thousands of well-educated, licensed and regulated NDs in Ontario and other provinces (Snow, 2019). It remains to be seen if the biomedical model can equitably integrate Traditional Indigenous Medicine, and other non-biomedical systems of healing. Dr Johanne McCarthy MA, ND, of Onondaga First Nation, has suggested that the field of naturopathy may be able to serve as a philosophical and practical bridge that can assist with this integration (J. McCarthy, personal communication, April 4, 2022). She has also cautioned that some Elders and other Indigenous leaders may be critical of naturopathic medicine and its appropriation of traditional Indigenous plant medicines (J. McCarthy, personal communication, May 13, 2023). We both agree that opening dialogue with Elders and exploring their perspectives regarding naturopathic medicine would be very insightful and could be a topic of future research (J. McCarthy, personal communication, May 13, 2023).

The use of Indigenous plant medicines kept early settlers alive, and yet as colonization continued across Canada, racist colonial attitudes denied the legitimacy and effectiveness of

Indigenous plant medicines and villainized those who used them (Gilbert, 2010; Turner, 2020). Early settlers such as John Josselyn studied (and appropriated) traditional Indigenous plant medicines such as *Prunus virginiana*, *Iris versicolor* and *Arctostaphylos uva-ursi* and wrote about them in “New England’s Rarities Discovered” in 1672 (Gilbert, 2010). Rene Caisse, a nurse working in Haileybury Ontario in 1922, encountered a patient who had been successfully managing her breast cancer with a blend of herbs that she had received from an Ojibwe person (Lemoine, 1997). When Rene Caisse realised that this patient had not received any mainstream medical treatment for cancer but had remained healthy for over 20 years, she asked for the herbal formula, and then started to use it with other cancer patients with impressive results (Lemoine, 1997). She subsequently named this blend of *ulmus fulva* (Slippery elm), *arctium lappa* (Burdock), *rheum palmatum* (Indian rhubarb), and *rumex acetosa* (Sheep Sorrel) “Essiac”, which is her own last name spelled backwards (Lemoine, 1997). What ensued were decades of mainstream medical denial of the effectiveness of this herbal intervention despite clear evidence to the contrary, including loss of employment for Marie Caisse, government legal action against her for practising medicine without a medical licence, as well as threats of imprisonment (Lemoine, 1997). Although Marie Caisse is heralded as a hero by many who champion herbal medicine, this is also a clear example of appropriation of a traditional Ojibwe herbal formula (Connors, 2021b). The biomedical model is rooted in Western European science, which has a long history of appropriation and assimilation of Indigenous knowledge, while simultaneously denying its value (Battiste, 2005; Hollenberg & Muzzin, 2010). Despite its roots in diverse and holistic systems of medicine, the field of naturopathic medicine is simultaneously informed by the western biomedical model and has also engaged in colonial appropriation of Indigenous plant medicines (Connors, 2020a, 2021b). The field of naturopathic medicine is, like conventional

medicine, composed predominantly of people from a white eurocentric background (Khamba, 2023), although transformational leadership approaches hold promise for increasing the enrolment of students from historically marginalized groups at naturopathic colleges (Khamba, 2023). Efforts are being made within the naturopathic profession to educate NDs about the effects of colonization on the practice of medicine and on the health of Indigenous Peoples with the goal of decolonizing naturopathic medicine (McCarthy, 2022; Solomonian et al., 2020). In a 2019 article on planetary health, Dr. Nicole Redvers, ND, MPh, PhD, issues a formal call of action to the naturopathic profession; “Our medicine sits on the back of Indigenous communities the world over, and we have a formal responsibility to ensure the protection and sacredness of those healing domains remain rooted in a healthy planet and environment.” (Redvers, 2019b).

Traditional Chinese medicine (TCM) and its growing role in Indigenous health

In addition to extensive training in botanical medicine, NDs also receive four years of in-depth training on Traditional Chinese Medicine (TCM) and can diagnose and treat using TCM theory (CCNM, 2020). TCM encompasses a holistic understanding of health and uses plant and animal medicines, which is an approach that makes sense to many First Nations Peoples in Canada (Cai, 2017; France & Rodriguez, 2019; McNair & Ijaz, 2023; Xu, 2018). As mentioned above, it also is seen as an effective TCM employs acupuncture and herbal remedies, as well as diet and exercise recommendations which many First Nations Peoples have found to be helpful with chronic pain and other complex health challenges (France et al., 2019; SFU, 2017; Xu, 2018). Some have expressed the desire to rely less on pharmaceuticals and have found great relief with regular acupuncture and herbal remedies prescribed by TCM practitioners (Xu, 2018). A 2023 qualitative study explored the experiences of Chinese medicine practitioners working within four different programs offering acupuncture and TCM within First Nations in BC

(McNair & Ijaz, 2023). In the interviews, the practitioners emphasised the conceptual overlap between TCM and Indigenous belief systems within the Canadian context, as well as the importance of cultural humility for them, as non-Indigenous practitioners offering health services to First Nations Peoples on their land (McNair & Ijaz, 2023). Another theme across the interviews was the multidimensional (spiritual, emotional, mental, physical) healing that the TCM practitioners witnessed (McNair & Ijaz, 2023). Both McNair and Ijaz (2023) and Walji et al. (2010) pointed out that logistics and funding continue to be challenges in the delivery of naturopathic medicine and TCM to Indigenous Peoples (McNair & Ijaz, 2023; Walji et al., 2010).

Naturopathic medicine: filling gaps in health care and working toward collaboration

In terms of filling gaps in health care, NDs have played an important role in certain rural and northern Ontario communities (Hollenberg et al., 2013) and across the globe (Lloyd et al., 2021; Steel et al., 2020; Wardle et al., 2011). Due to its patient and family-centred values and use of low-cost natural interventions, naturopathic medicine is well suited to deliver preventive medicine and create a “disruptive innovation” in the current Canadian health-care system (Bradley et al., 2019). Integration between conventional medical care from medical doctors (MDs) and naturopathic care is desired by NDs and patients accessing naturopathic medicine across Ontario, yet a significant barrier appears to be that many MDs’ express a lack of respect and/or knowledge of naturopathic medicine (Meyer, 2017). Ojibwe and Cayuga Elders from Six Nations have said that naturopathic medicine is compatible with Traditional Medicine, recommending that the best way forward is to create an educational space for Traditional Medicine, western biomedicine, and naturopathic medicine to learn together (Hill, 2003). Despite the reluctance of some MDs to collaborate, evidence suggests that health policymakers

and researchers should consider the benefits and potential contributions of naturopathic care, especially when prevention-focused, low-cost interventions are needed (Lloyd et al., 2021; Steel et al., 2020). A recent example demonstrates the usefulness of NDs in a crisis situation, when the mental and physical health-care needs of people are high, and health-care resources are stretched to the breaking point. During June 2025, over 3000 people from First Nations communities in Northern Ontario and Manitoba were evacuated and temporarily housed at hotels in Niagara Falls due to wildfires in their regions (Chandler, 2025). The health-care providers working with them throughout May and June were overextended and Dr. Johanne McCarthy, ND suggested to Ontario Health that they employ NDs to offer holistic health care (Canadian Association of Naturopathic Doctors, 2025). Four culturally competent NDs, who had experience with offering mental health support were recruited and screened by Dr. McCarthy (J. McCarthy, personal communication, July 2, 2025). Dr. Sarah Connors ND, was one of the NDs who worked on multiple mental wellness support shifts over the summer, offering care to First Nations individuals, families and communities as part of a multi-disciplinary health-care team (S. Connors, personal communication, September 14, 2025). Dr. Connors described this as a rewarding learning experience for her that also offered providers from the Canadian Mental Health Association an opportunity to work alongside NDs and learn more about naturopathic medicine (S. Connors, personal communication, September 14, 2025).

What I think this "small experiment" demonstrates is that NDs have a lot to offer the health-care system. Not only in our offices, but also in moments of crisis when our current systems are already stretched too thin. I hope that Ontario Health and the Canadian health-care system realize we (NDs) can be a real asset in all kinds of

situations, and ultimately part of the solution to our current health-care crisis (S. Connors, personal communication, September 14, 2025).

Dr. McCarthy also noted that having NDs join this multi-disciplinary health-care team offered other HCPs an opportunity to learn more about NDs and their scope of practice, and thus build relationships that are a key part of doing Reconciliation work in the health-care system (Canadian Association of Naturopathic Doctors, 2025). Dr. McCarthy explains how including NDs in health care for First Nations Peoples can be a step towards Reconciliation:

Providing collaborative care for mostly displaced First Nations Peoples, they modelled just how well positioned our profession is for meeting people on a very human level where they are at! We are inherently interculturally considerate, gathering extensive patient histories and assessing people based on their wholistic contexts and circumstances - we continuously uphold and advocate for patient and community-centred care. This level of inclusion shows how Reconciliation can transform care on the ground (Canadian Association of Naturopathic Doctors, 2025, p 1).

Studies of Ontarians' use of CAM therapies such as naturopathic medicine and acupuncture show that people with chronic health conditions often seek out and benefit from these models of care when their needs are unmet by the publicly funded biomedical model (Hollenberg et al., 2013). Naturopathic medicine has a long and successful history of supporting patients with chronic health conditions, as well as helping others prevent chronic disease (Bradley et al., 2019; Kennedy et al., 2015; Lloyd et al., 2021). This is important to consider as it is well documented that Indigenous Peoples in Canada and especially in northern Ontario, are

experiencing chronic health conditions and need primary care to address their health needs (Barbo & Alam, 2024; Health Quality Ontario, 2018; Statistics Canada, 2023). The current model of naturopathic care delivery in Ontario is not an accessible or equitable model, since appointments with NDs are not covered by Ontario Health Insurance Benefits (OHIP) or NIHB (Non-insured health benefits for First Nations and Inuit) (Carfagnini et al., 2022; Prout, 2019). Naturopathic health care is unfairly limited to patients with insurance benefits through employment or those who have financial means to pay out of pocket (Carfagnini et al., 2022). In BC, some naturopathic services are covered under the medical services plan (MSP) for low-income individuals, demonstrating that publicly funded naturopathic care models are possible with political will (Government of British Columbia, 2020; Prout, 2019).

The research available suggests that naturopathic medicine may be well-suited to help address the complex health needs of Indigenous Peoples via its holistic and respectful approach to care and its foundation of traditional medicinal knowledge (Carfagnini et al., 2022; Potter et al., 2008; Walji et al., 2010). Many NDs are aware of the SDoH and the negative impact of racism, colonization and other forms of systemic oppression on health and continue to push the profession to better address health inequities and meet the needs of diverse populations (Carfagnini et al., 2022; Gilbert, 2021). Sources also point towards the work that must be done by individual NDs and the naturopathic profession as a whole, if we are to be accountable for settler-colonialism within our profession (Connors, 2021b; Gilbert, 2021; Gilbert et al., 2022) and commit ourselves to decolonizing naturopathic medicine, (McCarthy, 2022) and co-conspiring with leaders in Indigenous health and planetary health (Redvers, 2019b).

Indigenous naturopathic doctors: Perspectives and contributions

Indigenous NDs across Canada have highlighted the natural synergy between naturopathic philosophies and practice and many diverse Indigenous concepts of wellness (Connors, 2021a; Potter et al., 2008; Kyba, 2008).

As part of implementing the Tripartite Health Plan on behalf of BC First Nations, Dr. Georgia Kyba, ND collaborated with the First Nations Health Council to help educate stakeholders and further elucidate the role of traditional medicine and naturopathic medicine in the health of First Nations Peoples (Kyba, 2008). Dr. Kyba ND, Northern Tutchone from the Selkirk First Nation in Yukon, now practises naturopathic medicine in Vancouver, BC (Kyba, 2008; Marine Drive Naturopathic Clinic, 2018).

Dr. Sarah Connors ND, part of the Wolf Clan from Khanawa:ke Mohawk territory (Gilbert et al., 2022) focuses on generational family health in her naturopathic medical practice, blending the concepts of Western and Indigenous medicine in order to help families live long and healthy lives (Connors, 2021c). Dr. Connors is currently working with the Office of Indigenous Relations to contribute to reconciliation work on campus at the University of Waterloo, as well as offering naturopathic services at the Student Medical Clinic (University of Waterloo, 2025).

Dr. Jessica Shule, ND is a member of Lac La Ronge Indian Band in northern Saskatchewan and has lectured at University of British Columbia Faculty of Medicine on the connections between Indigenous medicine and naturopathic medicine (UBC, 2015). Dr. Shule, ND now works with an integrative team of practitioners at Seattle Indian Health Board (Shule, 2023), blending her Cree cultural and medicinal practices with her naturopathic training (UBC,

2015) to offer holistic care within the organisation's "Indigenous Knowledge Informed Systems of Care" model (Seattle Indian Health Board, 2023).

Dr. Johanne McCarthy MA, ND, a member of the Onondaga First Nation, Beaver Clan from the Six Nations of the Grand River Territory, continues to be a fierce advocate for the role that naturopathic medicine can play in addressing Indigenous health across Canada (Carfagnini et al., 2022; Potter et al., 2008). She explains that people are increasingly recognizing the need for holistic health care, and that naturopathic medicine offers an important philosophical bridge for those invested in the biomedical framework because of its focus on evidence-based approaches while also being grounded in the understanding that health requires a restoration of balance (J. McCarthy, personal communication, April 4, 2022). Dr. McCarthy also states that naturopathic medicine's practice model can help reconcile power imbalances between doctors and patients, as patients are offered a lot of autonomy and power to achieve their own health goals in a culturally relevant way (personal communication, April 4, 2022). Dr. McCarthy is currently serving as the Director and Lead of Indigenous Health at St. Joseph's Healthcare Hamilton (Canadian Association of Naturopathic Doctors, 2025).

Dr. Nicole Redvers ND, MPH, PhD is a member of the Deninu K'ue First Nation in the Northwest Territories, has worked with Indigenous groups around the world and has a body of published research urging us to move beyond the Western biomedical model (Redvers, 2019; Redvers et al., 2019, Redvers et al., 2020a). Her book *The science of the sacred; Bridging global Indigenous medicine systems and modern scientific principles* is a part of her mission to ensure that Indigenous healing traditions claim a prominent place in modern health care (Redvers, 2019). Moving beyond direct patient care as an ND, she co-founded the Arctic Indigenous Wellness Foundation, helped develop the doctoral program in Indigenous Health at the

University of North Dakota, and in 2022 was appointed as Western Research Chair and director of Indigenous Planetary Health with the Schulich School of Medicine and Dentistry (Buchan, 2022).

The valuable research, teaching, leadership and activism that Indigenous NDs continue to engage in, propels us forward to a future where health care can combine the best of the biomedical model, naturopathic medicine, and traditional Indigenous medicine.

Summary

While the scant research that exists seems to suggest a natural synergy between naturopathic philosophical underpinnings and Indigenous concepts of health and wellness (Potter et al., 2008; Walji et al., 2010), including that naturopathic medicine has been helping to meet the health-care needs of some underserved rural and northern communities in Ontario and internationally (Hollenberg et al., 2013; Lloyd et al., 2021), serious barriers for Indigenous people who want to access naturopathic medicine are also highlighted. These include the lack of funding for appointments with NDs, the absence of collaboration between NDs and other HCPs and the need for NDs to receive more training to become culturally competent practitioners (Potter et al., 2008; Walji et al., 2010). Still, the role that the naturopathic profession can play in Indigenous health-care delivery remains unclear due to a lack of focus on the experiences of Indigenous people who are accessing naturopathic medicine and the perceptions and knowledge that Indigenous Peoples hold regarding naturopathic medicine. Currently missing from the literature and the public discourse is an understanding of the experiences that diverse Indigenous Peoples have with naturopathic medicine. This research contributes to filling that gap by exploring the experiences of Indigenous patients accessing health care from NDs in Thunder Bay, Ontario. In addition to this, there is a lack of awareness and consideration within the

mainstream health-care system, within Indigenous health care circles and within the naturopathic profession of how naturopathic medicine may be able to contribute to Indigenous-led health care. This research briefly explores how naturopathic medicine can contribute to health services and health equity for Indigenous Peoples, and will hopefully spark some dialogue amongst the above-noted stakeholders. In the meantime, the naturopathic profession has more work to do in order to decolonize naturopathic medicine and ensure that NDs are offering culturally competent care that is local and relevant to the Indigenous communities and patients they interact with.

Methodology, study design and methods

In this qualitative work I use a transformative critical framework, with a storytelling approach to data gathering. I use thematic analysis to analyze the data/stories and incorporate elements of Indigenous Storywork (Archibald et al., 2019) throughout the development and the execution of all stages of this research.

Methodology: Transformative (critical) framework

I chose to work from a transformative (critical) framework because it is the Western research paradigm that seems to fit most closely with my commitment to anti-oppression work, and to have the most potential to be inclusive of non-Western ontologies and epistemologies (Thambinathan & Kinsella, 2021). Conventional “rules” regarding methodology in research have had the effect of privileging the voices of people with Eurocentric academic training and excluding Indigenous ways of knowing and full equitable participation in research (Kovach, 2009; Smith, 2012; Snow et al., 2016). As well, there exists an extensive ongoing history of destructive colonial research that exploits Indigenous Peoples and compromises their health, culture and Land while simultaneously delegitimizing their knowledge systems (Hyett et al.,

2018; Rieger et al., 2020; Thambinathan & Kinsella, 2021). Many Indigenous communities are understandably suspicious of the motives of researchers and academics given this history (Hyett et al., 2018; Snow et al., 2016). Indigenous research paradigms are gaining traction in Western academic institutions, and there is debate about whether Indigenous research paradigms work well in conjunction with a transformative (critical paradigm), require their own category and space, or whether a totally new paradigm for conducting decolonizing research must emerge (Snow et al., 2016; Thambinathan & Kinsella, 2021). I feel fortunate to be conducting research during this time in history, as more scholars write about Indigenous research methodology and there is increasing collaboration between Indigenous and non-Indigenous scholars, researchers, Elders, and Indigenous community members (Archibald et al., 2019; Iseke, 2013; Kovach, 2010; Rieger et al., 2020; Snow et al., 2016; TRU, 2025).

I approached this research via a transformative (critical) framework that acknowledges and challenges power, privilege, and multiple forms of oppression while seeking to create social change (Held, 2019; Thambinathan & Kinsella, 2021). As noted above, the transformative framework is the Western research methodology that is the most amenable to including Indigenous research methodologies, especially for those researchers who wish to work toward decolonization (Held, 2019). Despite this potential synergy of research frameworks, it is important to note that the dominance of Western colonialism in research can lead to Indigenous research paradigms and methods being appropriated or subsumed by prevailing research frameworks (Held, 2019; Thambinathan & Kinsella, 2021). Thambinathan and Kinsella (2021) present tangible ways to bring decolonial learning into qualitative research methodologies, such as: “(1) exercising critical reflexivity, (2) reciprocity and respect for self-determination, (3) embracing “Other(ed)” ways of knowing, and (4) embodying a transformative praxis.

Critical reflexivity

Reflexivity is crucial for all qualitative research as it values and makes visible the personal and professional perspectives of the researcher and how this influences each stage of the research (Olmos-Vega et al., 2022). In their practical guide to reflexivity in qualitative research, Olmos-Vega et al., (2022) point out that the subjectivity of the researcher is not to be denied or mentioned superficially, but should be valued and explored as part of doing qualitative research and creating knowledge. Other researchers have also highlighted the need for reflexivity, respect, reciprocity, power sharing, and accountability for researchers who aim to support the voices and goals of Indigenous Peoples in their work (Snow et al., 2016; Lavalée, 2009). Critical reflexivity is a process that I am deeply committed to and have engaged in at each stage of this research as I named power dynamics and made efforts to mitigate them (Ide & Beddoe, 2023; Olmos-Vega et al., 2022; Snow et al., 2016). The process of conceptualizing this research began in 2021 as I grappled with whether or not it was even appropriate for a white ND to conduct this research. Observing my own thoughts and feelings about this over the years, in addition to reflecting on roles and boundaries have been important ways that I have engaged in reflexivity (Ide & Beddoe, 2023; Olmos-Vega et al., 2022). I recognize that Indigenous individuals who have accessed naturopathic medicine in Thunder Bay are knowledge holders and I have learned from them throughout my research. My engagement in critical reflexivity is reflected in greater detail in my positionality statement below.

Reciprocity, relational accountability and respect for self-determination

The concepts of reciprocity, relational accountability and respect for self-determination have all guided this project from the beginning. I consulted with Elders, Chiefs, Indigenous NDs and other holders of knowledge at various stages in the emergence of this research and I

enthusiastically took on the advocacy work that I was called to do alongside the research. At the outset, I carefully reviewed guidelines such as the OCAP® principles (FNIGC, 2022) and Chapter 9 of the Tri-Council Policy Statement (TCPS) which outlines the ethics of conducting research involving First Nations, Inuit or Métis people in Canada (Government of Canada, 2022). On April 19th, 2023 I was honoured and humbled to have the opportunity to introduce myself and my proposed research at the Anishinabek Nation North Superior Regional meeting and to hear thoughts, feedback and stories from Chief Duncan Michano of Biigtigong Nishnaabeg, Chief Patricia Tansie of Michipicoten First Nation, Chief Gladys Thompson of Biinjitiwaabik Zaaging Anishinaabek (Rocky Bay First Nation), Chief Peter Mushquash of Pays Plat First Nation, and Melvin Hardy, Northern Superior Regional Deputy Grand Council Chief (RDGCC) (Chiefs of Ontario, 2023). The Chiefs were very open to hearing more about naturopathic medicine and shortly after this meeting, Chief Duncan Michano and I co-authored a resolution to have naturopathic medicine covered under NIHB. The resolution was passed unanimously at the Chiefs of Ontario (COO) Assembly in Thunder Bay in June of 2023 where I represented the CAND alongside NDs Cyndi Gilbert, Sarah Connors (Wolf Clan from Khanawa:ke Mohawk territory) and Johanne McCarthy (Onondaga First Nation, Beaver Clan from the Six Nations of the Grand River Territory). This furthered the work commenced by Dr. Nicole Redvers ND, MPH, PhD in collaboration with Deninu K'ue First Nation Chiefs and Elders in 2016, when the Dene National Assembly passed a resolution to push for inclusion of naturopathic medicine under the NIHB program. A revised resolution was then passed by the Assembly of First Nations (AFN) in March, 2024. I continue to collaborate with the CEO of the CAND and policy analysts at the AFN to push for inclusion of naturopathic medicine under NIHB (see: Beierback & Gardipy, 2025).

This type of community engagement is key for ensuring that my research continues on a path that is in line with the self-determined health-care models being developed by First Nations leaders. It is worth noting that the relationships I have developed are with First Nations leaders and I have not yet had the opportunity to work with Inuit or Métis leaders. It has been important for me to serve and work alongside First Nations leaders in health care, using my skills in regard to research, clinical work as an ND, and as an advocate and activist. These relationships are reciprocal and will necessarily last much longer than my time working on the present research, which is foundational to any work taken on by researchers in partnership with Indigenous communities (Lavallée 2009; Smith, 2012; Snow et al., 2016).

Embracing “Other(ed)” ways of knowing

In order to “embrace other(ed) ways of knowing” I have continued to immerse myself in a diverse array of learning opportunities related to Indigenous paradigms and worldviews including: academic and non-academic reading, webinars, lectures, conferences, panel discussions, podcasts, theatre productions, concerts, art exhibits, powwows, discussions with Elders, Chiefs, colleagues and others. This has allowed me to understand the boundless diversity of experiences that Indigenous individuals have, and the massive array of ways in which these are expressed. Although my learning and experiences have focused on First Nations here in Canada and predominantly in northwestern Ontario. This has all prepared me to listen to interviews and analyze transcripts with an open mind. In September of 2024, Dr. Sarah Connors, ND and I attended a Traditional Medicines conference on Sq’éwql (Seabird Island First Band) territory hosted by Dr. Jeannie Paul, ND and her students. It was incredibly enriching to engage in an immersive weekend of learning with Dr. Jeannie, who is both a wise Elder with a lifetime of Traditional Knowledge and an accomplished ND with 33 years of clinical experience.

Working with Dr. Jeannie helped ground me in the power of using local traditional plant medicines to treat patients, instead of relying on the supplements sold by nutraceutical companies in capsule form. This is just one example of how I'm challenging myself to unlearn colonial assumptions and actively decolonize my clinical work and my research. Regularly engaging with Indigenous Elders, NDs and patients has helped me avoid the trap of falling back into settler-colonial assumptions and ways of thinking.

"Embodying a transformative praxis"

Thambinathan and Kinsella (2021) stress the importance of "embodying a transformative praxis" as a way to bring decolonial learning into qualitative research. In discussing the narrative strategies they used in their research to centre the voices of Indigenous co-researchers in Northern Ontario, Blodgett et al. (2011) remind us that

Many years ago, my fierce passion for the rights of transgender folks led me to engage in research that challenged the hetero-patriarchal, non-evidence-based diagnosis of "gender identity disorder in childhood and adolescence" in the DSM-IV (Hill et al., 2005). Due to the collaboration and cumulative work of many other researchers and activists, mental health programs for transgender youth have evolved considerably, with the health and well-being of these youth being the central focus (Winters et al., 2018).

Owing to my deeply held values as an activist committed to anti-racism and social change, this research has been heavily focused on cultural and transformative praxis (Blodgett et al., 2011; Thambinathan & Kinsella, 2021). For example, in each interview I asked the question "Do you have any thoughts on how naturopathic health care can be made accessible to more

people?” because that is the ultimate real world application of this research and I wanted to draw upon the wisdom and knowledge of our research participants.

I have concurrently explored the practical implications of this research and have been fostering relationships with leaders in First Nations health care. I am not interested in simply completing the research as an academic exercise. My engagement in this research and the Masters program has been a way to educate myself to be a better advocate and co-conspirator for Indigenous health care, and to make myself more visible in my efforts to serve Indigenous communities. This has proven to be an effective strategy, and my role as a Mitacs research intern with the CAND has allowed me to use my research findings to write briefs in partnership with the AFN for the federal government, contribute to articles in the Hill Times (Beierback & Gardipy, 2025; Mitacs, 2025) and raise awareness about naturopathic medicine with NIHB navigators so they can support First Nations communities in accessing NDs. Once my thesis requirements have been met, I will have additional time for the real-world applications of my research. For example, on September 12th, 2025 I attended a strategy meeting with Gemma Beierback, CEO of the CAND and Dr. Johanne McCarthy, MA, ND (Onondaga First Nation) to discuss how the CAND will move forward on the health related TRCC Calls to Action.

Positionality

It is essential for researchers to be ethically and politically aware of who they are, and how they relate to the people, settings and issues they are studying (Holmes, 2020), especially when attempting to engage in decolonizing research within a transformative paradigm (Held, 2019; Thambinathan & Kinsella, 2021). Given the setting of my research and the impact of colonization and racism on interpersonal dynamics, it is important that I engage in a reflexive process and describe my positionality, including how I came to do this research. I am a white,

University-educated, able-bodied, settler cis-gendered lesbian naturopathic doctor (ND), living and working in Thunder Bay. Since I started interacting with patients as a naturopathic student in 2010, and after graduation as a registered ND I have noticed that Indigenous patients appear to appreciate elements of naturopathic medicine and tend to be in favour of increased accessibility for their communities. As a student I was inspired by the qualitative research done by Walji et al. (2010) with Indigenous patients about their experiences accessing free naturopathic care from naturopathic students within the satellite teaching clinic at Anishnawbe Health Toronto. I was excited to see what would come next in terms of research exploring the experiences of Indigenous patients with naturopathic medicine, but no similar research was forthcoming. This glaring gap in the research and the unexplored potential of what naturopathic medicine may have to offer in terms of Indigenous health care, is what has motivated me to embark on this research project. My goal is to make naturopathic health care more accessible to Indigenous Peoples and other underserved communities via research, government lobbying, community partnerships and grassroots organising. However, I understand that it is not enough to simply “mean well” and that many well-meaning people with privilege have caused damage in the past. Therefore, ongoing reflexivity, and deep reflection on issues of power relations and ethics are essential (Holmes, 2020; Rieger et al., 2020; Thambinathan & Kinsella, 2021).

My experience includes offering survivor-directed, front-line counselling to women of diverse backgrounds within the Sexual Assault Support Centre of Ottawa (SASCO), a feminist organization with an anti-racist, anti-oppression framework (SASCO, n.d.). In this context I saw first-hand the effects of racism, colonization and poverty on the health of Indigenous women, immigrant women and other women who experience racism. This motivated me to deepen my process of unlearning racist assumptions that I absorbed in my early years and to commit to

incorporating anti-racism thought processes into my work and my life. I understand that being an ally requires humility, deep listening and a commitment to centre the voices of those who are marginalized instead of speaking for them (Gehl, 2012). Throughout my past activism, I have learned the value of committing to unlearning racism, and engaging in critical thinking, community consensus and accountability, which are key aspects to being an ally (Gehl, 2012; Indigenous Perspectives Society, 2017). I have often felt the discomfort that white settlers feel when learning about racism and colonization in Canada, and I know the value of sitting with it, and then moving through guilt to a place of action and becoming an ally in challenging oppressive power structures (Gehl, 2012). I also strive to be aware of times I may have engaged in “settler moves to innocence” (Tuck & Yang, 2012) and be accountable for doing so. Having grown up with a Unitarian Universalist religious education, a feminist mother and a Buddhist-leaning father, I was primed to become an activist who questions mainstream paradigms and fights for social justice. In 1997 I was introduced to an anti-racist, anti-oppression feminist framework in a University of Ottawa Women’s Studies course that pushed me beyond what I learned from my open-minded democratic parents. My struggle to come out as queer during that chapter of my life, gave me a taste of what it means to experience oppression as a lesbian and how essential community-building and social justice movements are to marginalized groups. I learned about solidarity quickly and practised it during my early years in the queer community as I organised trans 101 workshops, created safer spaces for trans speakers and spoke out about transphobia to gay men who didn’t want to talk about it and to straight people who had never heard of it.

I am passionate about health equity, and when I felt the calling to become a health-care provider, I initially hesitated to follow my desired path of studying naturopathic medicine. My

hesitation was because biomedical system dominance, and the current political and funding structures create a lack of accessibility to naturopathic medicine for BIPOC communities and others who have been marginalized and made vulnerable. I decided to apply to become a student when I discovered the work that was being done by the Canadian College of Naturopathic Medicine (CCNM) to provide free care to marginalized populations via their satellite teaching clinics, many of them within community health centres (CCNM, 2022; Chowdury et al., 2020; Walji et al., 2010). During my 4 years of education at the CCNM, I created a student club focusing on issues of social justice and accessibility and I had the opportunity to complete four-month internships at both Sherbourne Health Clinic serving HIV-positive patients, and Anishnawbe Health Toronto serving Indigenous patients.

I moved back to my hometown of Thunder Bay in 2011, co-founded Thunder Bay Naturopathic Clinic, started a family and committed to my life's work of making naturopathic medicine accessible to those who need it the most. I co-founded Thunder Bay's first community acupuncture clinic, which offers affordable acupuncture in a comfortable group setting. In May, 2023 I met with the medical director at Anishnawbe Mushkiki, a local Aboriginal Health Access Centre, and we set our intentions for future collaboration that will increase Indigenous Peoples' access to naturopathic doctors and further the re-integration of Traditional Medicines into their services.

As a white settler and a life-long learner, I have been on a journey of learning about the extent of ongoing colonization and the impact of racism on the health of Indigenous Peoples across Canada. I acknowledge that I will never be able to truly understand the experiences of Indigenous Peoples as they navigate a colonial health system, but I seek to use my personal and

professional skills in order to amplify Indigenous voices and co-conspire to create better health care service models.

Advisory group

As a white health-care provider and researcher working in northwestern Ontario, who has no direct experience in formal partnerships with Indigenous organisations, I recognized the need to consult and collaborate with Indigenous researchers, leaders in health care, and Elders. In developing my research proposal and throughout my research process, I consulted with Dr. Miranda Lesperance HBSoc, MPH, PhD, from Opwaaganisiniing (Red Rock First Nation). Dr. Lesperance is currently the VP of Indigenous Collaboration, Equity & Inclusion at Thunder Bay Regional Health Sciences Centre, and is a powerful advocate for improved health care for Indigenous Peoples here in Thunder Bay. Dr. Lesperance was my professor for the course “Indigenous health and health care in Canada” in 2022 and shared personal stories, academic articles and community resources which significantly expanded my knowledge about the exploitation of Indigenous Peoples by white researchers (Lesperance, 2022). This learning helped me to proceed in a manner that centred the voices of my research participants and created an interview environment that was as empowering as possible. My academic supervisor Dr. Helle Møller and Dr. Charles Levkoe, make up my thesis committee. Both of these accomplished researchers have experience with being reflexive about white settler privilege as they have engaged in successful collaborative research with Indigenous communities in Canada (see, for example: Levkoe et al., 2019; Levkoe et al., 2021; Levkoe et al., 2023; Møller, 2014, 2016; Møller et al., 2023). Dr. Møller and Dr. Levkoe, supported me in being accountable and aware as a white settler doing research with Indigenous participants, as well as guiding me in terms of academic rigour. In April of 2023 I had the opportunity to meet with Elder Gerry Martin who has

experience working in the health-care system as a nurse and is an Elder-in-Residence at Lakehead University (Lakehead University, 2023). We enjoyed an in-depth conversation about holistic health across the lifespan, the value of time spent deeply listening to patients and the importance of emotional and spiritual healing as part of palliative care, the journey to the Spirit World (G. Martin, personal communication, April 3, 2023; Canadian Partnership Against Cancer, 2022). I also had the opportunity to connect via email, Zoom and in person with Dr. Jeanne Paul ND, who was the first First Nations person to become a licensed naturopathic doctor in BC, after she graduated from National University of Natural Medicine in 1991 (Borsuk, 2021). Dr. Jeanne Paul ND, is of the Coast Salish tribe from the Sliammon Band, and at the age of 85 years, dedicates her time to teaching First Nations Peoples in her region how to harvest and prepare traditional plant medicines (Paul, 2014). She is an advocate for helping First Nations Peoples recover the plant medicine knowledge that was stolen from them over many decades of colonization (J. Paul, personal communication, April 14, 2023). Dr. Jeanne Paul, ND works with the BC First Nations Health Authority and several BC First Nations to ensure funding for members of those Nations who wish to consult with her as patients via Zoom (J. Paul, personal communication, April 18, 2023). Dr. Jeanne Paul, ND has cheered on my research and advocacy work and started calling me “the intrepid warrior” in recognition of my activism and vision, and despite us both laughing about this nickname, it is a deep honour. Connecting with Elders assured me that I was on the right track with my research.

Dr. Johanne McCarthy MA, ND of the Onondaga First Nation joined my colleagues and I in 2022 as we transformed an intersectionality-based policy analysis initially conducted as a class assignment in my Masters of Health Sciences Program, into a review for publication in the CAND Journal (Carfagnini et al., 2022). Dr. McCarthy’s perspective as a First Nations ND was

incredibly important to that project, and she has generously offered her time and expertise to review this thesis. Dr. McCarthy's feedback, both positive and constructive, has been of great value to me, and has kept me motivated to continue this work. Dr. Sarah Connors, ND (Wolf Clan from Khanawa:ke Mohawk territory) has been a trusted companion in much of the advocacy and learning that has accompanied this research and I am so grateful to her for her groundedness and sense of humour. The collegiality and mutual support between Dr. McCarthy, Dr. Connors and I continues as we engage in further advocacy work to make naturopathic medicine more accessible to Indigenous communities and work to support the naturopathic profession in becoming more culturally competent.

Setting

The City of Thunder Bay, sits on the edge of Thunder Bay, named for the Thunderbird of Ojibwe legend, on the shores of Gichi-gami (or Lake Superior), with Nanaboozhoo (or the Sleeping Giant) across the bay, and Anemki Wajiw (or Mount McKay) to the south (Anderson & Kemp 2019; Fleming, 2017; Fort William First Nation [FWFN], 2022). Home to the Ojibwe and other Indigenous Peoples for over 10,000 years, European colonisers started arriving in the late 1600s, setting up fur-trading posts, railways, shipping ports and mines (Anderson & Kemp, 2019).

Thunder Bay is, regrettably, known for racism and violence towards Indigenous Peoples (Anderson & Kemp, 2024). The 2021 Census data shows a population of 123,258, but more recent data reports that the population of Thunder Bay has climbed to over 133,000 mostly based on international migration (Rinne, 2025; Statistics Canada, 2022). As mentioned above, data from the 2020 community-driven "Our Health Counts Survey" demonstrated that less than 1 in 5 Indigenous respondents had completed the 2016 census, which shows that the Canadian census undercounts Indigenous people living in Thunder Bay by a factor of 3.1 and that a more accurate

estimate of the Indigenous population is 42,359 (McConkey et al., 2022). 98% of Indigenous adults in Thunder Bay identify as First Nations, and 89% fall below the before-tax Low-Income Cut-Off (Brar et al., 2020a). The OHC survey reported that 46% of Indigenous adults felt that there were inadequate resources for primary care such as family doctors and NPs (Brar et al., 2020b) and 66% said that prior experiences of racism from health care providers prevented or delayed them from returning to health services (Brar et al., 2020d). Many Indigenous Peoples living in remote regions of Northern Ontario come to Thunder Bay to meet with friends and family, access food and services, and receive health care. Mainstream biomedical-based health care and mental health services with some interweaving of Indigenous healing modalities is provided by organisations and clinics such as Anishnawbe Mushkiki Aboriginal Health Access Centre, Dilico Anishinabek Family Health Care, the Ontario Native Women's Association (ONWA), Matawa Health Co-operative and many other First Nations and First Nations groupings who offer services in Thunder Bay to their band members (Ontario Health atHome, 2025). Although these organisations do an excellent job of offering diverse and comprehensive health and wellness services, there are currently no naturopathic doctors working with any of these organisations. During the time period this research was conducted there were four NDs working full-time and three NDs working part-time in the city, all in private health-care settings.

Analytical framework: Storytelling/Indigenous Storywork

This research explores Indigenous Peoples' lived experience with naturopathic medicine in northwestern Ontario, by using "storytelling" as an effective method of gathering and analyzing qualitative research data (Archibald et al., 2019; Rieger et al., 2020; Thompson River University, 2025). Storytelling is a culturally relevant and respectful method that centres Indigenous voices, and has the potential to involve a healing process and be considered as a way to decolonize

health research when performed well (Archibald et al., 2019; Rieger et al., 2020). Rieger et al., (2020) comprised a group of Indigenous and non-Indigenous researchers, Indigenous patients, Elders, health-care providers and administrators who completed a scoping review of the uses of storytelling within Indigenous research and created a framework for its use. For Indigenous communities, storytelling has always played an important role in creating community, sharing knowledge, healing, learning from the past and creating a vision for the future (Archibald et al., 2019; Iseke, 2013; Kovacs, 2010). Storytelling has only recently been recognised by Western science as a research method that invites community involvement and can create space for people to share holistic knowledge about their experiences with health and illness (Iseke, 2013; Kovacs, 2010; Rieger et al., 2023). Jo-Ann Archibald Q’um Q’um Xiiem coined the term “Indigenous Storywork” which describes a theoretical, methodological and pedagogical framework with seven principles; respect, responsibility, reverence, reciprocity, holism, interrelatedness and synergy (Archibald et al., 2019). The principles of respect, responsibility, reverence and reciprocity are specific to the methodological aspect of Archibald’s work, and help guide researchers to become ready to engage with Indigenous Peoples and their stories in an ethical manner (Archibald et al., 2019). These principles resonate with and reinforce the elements of the transformative critical framework outlined above, and are woven through every aspect of this research project and the accompanying advocacy work.

Methods and Procedures

Participant recruitment

Twelve participants, Indigenous individuals who have accessed health care from a licensed ND in Thunder Bay, were recruited via posters, social media posts, websites and word of mouth. In order to protect the doctor-patient relationship and to set the stage for participants to speak more

openly, I refrained from interviewing my own patients. Research assistant Alexis Harvey, MHSc, was recruited to join the project in September 2024 when several of my Indigenous patients expressed disappointment about not having the opportunity to participate in this research. Alexis is a white settler who in her research work employs qualitative methodologies on topics such as health professions' education, health care access and equity. Alexis completed a Master's of Health Sciences with specialization in Indigenous and Northern Health in 2023. At the time of writing she is pursuing a Bachelor's of Science in Nursing. Alexis interviewed my patients in order to protect the doctor-patient relationship and to help reduce the potential bias me interviewing my own patients could have on findings. An information letter (appendix B) and consent form (appendix C) were shared before booking each interview, which made transparent my dual role as the primary researcher and an ND who co-owns TBNC. This conflict of interest was highlighted, along with the assurance that participating or not participating in the research, and the information shared in the interview, would not impact their health care at TBNC.

Interviews were conducted by me and by Alexis Harvey between May 2024 and January 2025 on Lakehead University's Thunder Bay campus, at Thunder Bay Naturopathic Clinic or via Zoom. An \$80 honorarium was provided to each participant to honour their time and expertise; another key way to respect each participant and offer further reciprocity.

Interviews

Participants were given the option of interviews being conducted in person, at Thunder Bay Naturopathic Clinic, on campus at Lakehead University or virtually via Zoom or phone call to ensure participants felt as comfortable as possible. One participant was interviewed by phone, four via Zoom, six chose to meet at Thunder Bay Naturopathic Clinic and one on campus at Lakehead University. For in-person interviews, a digital voice recorder with built-in USB was,

with interviewee consent, used to record each interview, with Zoom open and recording as a back-up. For participants who choose to be interviewed in the comfort of their own homes via Zoom or phone, the interview was, again with interviewee consent, recorded on Zoom.

Semi-structured interviews were conducted using a flexible interview guide and following the method of “storytelling” as outlined above (Iseke, 2013; Rieger et al., 2020). Questions such as “Can you tell me about your experience in accessing naturopathic medicine here in Thunder Bay?” are open-ended and helped to create a non-judgmental atmosphere and set the stage for the participants to tell their own story in their own way. The semi-structured interviews and storytelling method allowed for the interviewer to ask each participant if they wished to say more on any issue raised, and to even skip certain questions as the participant told their own story in their own words (Rieger et al., 2020; Kovachs, 2010). In many cases the research participants would go off on tangents, talking about family members, their own experiences in the workplace and their observations of society, culture and media at large. At times, a participant would catch themselves and apologize for “going off topic” but each time the interviewer would smile and encourage them to continue telling their story in whatever way they saw fit. This was one key way in which we showed respect and reverence for each person and their stories (Archibald et al., 2019). These tangential stories, despite seeming unrelated to the questions in the interview guide, always created a richer picture of the participant as a person, their life context and how it relates to their experiences with naturopathic medicine in Thunder Bay. Without prompting, every single participant told stories about their experiences accessing health care within the mainstream OHIP-funded health-care system, and relayed stories about what they had witnessed friends, family members and even strangers experience in settings such

as hospitals and long-term care facilities. This seemed important to participants as a way of contrasting those experiences with what they had experienced within appointments with NDs.

While conducting the semi-structured interviews, I drew upon my lived experience as a ND who regularly interviews patients to elicit their health history, but instead of the clinical interviewing I usually do with patients, I leaned into storytelling methods (Archibald et al., 2019; Iseke, 2013; Rieger et al., 2020). Research assistant Alexis Harvey was able to draw upon her experience conducting narrative-style qualitative research to do the same and create a comfortable environment for participants to tell their stories. The education that both Alexis and I received throughout the Masters in Health Sciences program (specialization in Indigenous and Northern Health) courses was highly relevant and allowed us both to become prepared enough to responsibly engage in storywork (Archibald et al., 2019). The application of storytelling as a research method in the present study was effective in creating an environment within which Indigenous patients could tell their stories regarding their experiences with naturopathic medicine. One young male participant in this research expressed how empowering the process was by concluding his interview stating that “this is honestly therapy for me” (transcript 7). This demonstrated that there was genuine reciprocity and respect within the storytelling/interview process.

Data storage

Interview recordings and transcripts were stored on my password protected laptop and in the Google drive accessible only to myself, research assistant Alexis Harvey and Dr. Helle Møller. Recordings were uploaded to NVivo (version 15.1.3) and transcribed using NVivo’s transcription software.

Analysis

Transcripts were numbered, rather than giving participants numbers or pseudonyms in order to avoid invoking dehumanizing colonial research practices. I immersed myself in the data through three thorough readings of transcripts. First each transcript was edited thoroughly. I corrected transcription mistakes made by the AI software such as mistranscribing terms or understanding the term “naturopathic medicine” as “natural gothic medicine”, or sometimes not differentiating between knowing if it was the researcher and participant or the participant speaking.

Simultaneously I deidentified all transcripts removing all personal identifying details of the participant. I also removed conversational fillers such as “like” and “um” to improve readability while ensuring that meaning was kept intact. I kept notes in a paper spiral bound journal as I contemplated the data and started to consider what codes and themes might arise. For example, I noticed how often participants spoke about experiences within the mainstream health-care system, and contrasted those with their experiences accessing care from an ND. Archibald et al. (2019) describe how Indigenous storywork seeks to “make holistic story-meaning, through heart, mind, body and spirit connections or interrelatedness among these realms” (pg. 9). Some participants remained predominantly on the cognitive level during the interviews while others expressed stories in a way that revealed truths from their hearts and spirits, and were even moved to tears as they told their stories. As a person who was drawn to naturopathic medicine and to this research out of a passion for justice, and a heartfelt desire to contribute to the healing of others, my spirit and heart were just as engaged as my mind during the analysis of the data (aka. stories). I sometimes found myself moved to tears or laughter as I immersed myself in the stories, but more often I felt frustration and anger about the effects of colonization on the experiences of our participants within the health-care system. Archibald et al. (2025) are clear

that “understanding the impact of colonization on people, their families, and communities is a difficult but important part of the holistic meaning-making process” (pg. 9) when delving into Indigenous storywork. I continued to refer back to my notes, and made more notes as I coded, and worked through the stories watching for themes and synergy arising from the stories. Many of the notes that I made during the editing of transcripts later reinforced the codes and themes and that arose.

Indigenous storywork highlights the importance of respect and responsibility (Archibald et al., 2019) and this was exemplified as we provided all participants the opportunity to review the transcripts of their interviews and provide feedback. Only one participant provided feedback on her transcript and clarified meaning on certain topics she addressed. These corrections became part of the final transcript uploaded to Nvivo. The second and third full reading of the transcripts was done to complete deductive and inductive coding using NVivo software, (version 15.1.3). I started with basic deductive coding with two ‘buckets’ or global themes (Attride-Stirling, 2001), one focusing on positive aspects of participants’ experiences with naturopathic medicine and the other contrasting with negative experiences and/or barriers. The decision to use these two global themes as a starting point was based on my prior knowledge as an ND serving Indigenous patients for many years, and my theory that they liked naturopathic medicine but experienced barriers to accessing it. Engaging in critical reflexivity, I challenged myself to let go of assumptions I had about what participants might share, and used inductive coding after the initial deductive, letting the data reveal what it would. Inductive coding was an important way to re-centre the power and focus on the words of the participants, allowing me to code both content resulting from the interview guide and content from the unsolicited stories

about experiences within the mainstream health-care system, and other topics that spontaneously arose.

Archibald et al. (2025), describe researchers engaging in a holistic meaning-making process that requires the heart, mind and spirit to be present while listening to stories and “seeking an interrelated understanding of historical, political, cultural, social or other contextual impacts upon Indigenous Peoples, their stories and their communities” (pg 4). As a novice researcher, I did my best to engage in Indigenous storywork on this level as I continued with thematic analysis. I identified dominant codes by collapsing some and creating new headings for others. For example, within the global theme “positive aspects of participants experiences with naturopathic medicine”, the code “alignment between naturopathic medicine and Indigenous concepts of health” was discussed by every participant in different ways and “cost of appointments” was discussed by eleven participants - these both became themes. Other codes that arose as dominant were unexpected such as ten participants telling us that one of the reasons they sought naturopathic care was because they were seeking alternatives to pharmaceutical medications. Indigenous storywork often involves situations where the sharing of stories sparks an idea or an understanding for the listener, and this is one instance in which that happened for me as a listener and researcher (Archibald et al., 2025).

In order to group the codes into meaningful themes I took a step back from NVivo and from my computer altogether. I printed out a list of codes in Excel which included how many files/transcripts and references/interview excerpts were connected to each code. I laid out an 18 by 24 inch piece of sketch paper on my dining room table, got out my pencil and wrote down the codes starting with the dominant codes and working down to the codes with fewer excerpts. Working with a pencil, eraser and no lines on the page allowed me to engage in a creative

analogue process which made it easy to identify themes arising organically from the stories of the participants. The synergy between ideas expressed by different participants soon became obvious. The overarching themes of “strengths of naturopathic medicine” and “barriers to accessing naturopathic medicine” became apparent, as well as the sub-themes grouped under them. Initially, I prioritized “alignment between naturopathic medicine and Indigenous concepts of health” as its own theme, but it was too similar to other “strengths of naturopathic medicine” to not be included with that theme. The sub-theme “ways to make naturopathic medicine more accessible” soon revealed itself to the flip-side of “barriers” and so the theme was renamed “barriers to accessing naturopathic medicine and how to make it more accessible. “colonization and its impact on health and health care” was present as a consistent thread through most interviews and it intersected with many other codes. It deserved its own theme because it offers major insights into how health-care systems have been colonized and how that affected the experiences of the participants in accessing health care.

Ethical considerations

When using an Indigenous storywork framework, the four principles of respect, responsibility, reverence and reciprocity serve as an ethical guide for researchers (Archibald et al., 2025). These principles were integrated into the process of ensuring that this research was ethical. Before the start of the project, ethical approval was sought and given by Lakehead University Research Ethics Board REB #1470005. This project also underwent a rigorous peer-review process and qualified for funding from Mitacs under the “Accelerate” program (Mitacs, 2025). I serve Indigenous patients regularly at Thunder Bay Naturopathic Clinic (TBNC) and many of them have urged me to document their experiences. I approached this research as a co-conspirator and advocate for Indigenous Peoples and also recognized that there were potential ethical issues and

conflicts of interest that needed to be addressed. Owing to the respect I have for patients accessing health care from me and at my Clinic, and out of a sense of responsibility as an ND and a novice researcher, I strove to mitigate power imbalances as much as possible. Three power imbalances that had the potential to influence the research were the following relationships: doctor/patient, researcher/research participant and white settler/Indigenous person. The following elements of the research methods attempted to mitigate these power imbalances and aimed to create a qualitative research experience that prioritized the voices and knowledge of the Indigenous participants.

1. Full disclosure of the purpose of the research to participants was crucial, as well as offering participants the opportunity to review the transcript of their interview to ensure it reflected their experiences accurately. The recruitment letter (appendix A) and information letter (appendix B) explained the purpose of the research and positioned me as the researcher. The principles of ownership, control, access and possession (OCAP[®]), as per the First Nations Information Governance Centre were reviewed and considered at every stage of the research (FNIGC, 2022). Since the participants were from diverse First Nations communities, the raw data is not owned and housed by a particular community. Each participant was offered access to the recording and was emailed the transcript of their own interview.
2. Potential participants were made aware that I was the primary researcher and also an ND and co-owner of Thunder Bay Naturopathic Clinic. I refrained from interviewing any of my own patients, in order to protect the doctor/patient relationship.
3. ongoing feedback from my thesis advisory committee and Indigenous Elders, academics and NDs as noted above.

4. In addition to Ethics approval from Lakehead University's Research Ethics Board (REB), ethics and patient privacy was discussed with Dr. Jordan Sokoloski, ND, former chair of the Board for the College of Naturopaths of Ontario (CONO) (the regulatory body for Naturopathic Doctors in Ontario) (CONO, 2022).

Potential research participants were assured that their participation or lack thereof would not affect their naturopathic care, and that their ND would not know if they chose to participate in the study or not. The recruitment letter clarified that if patients chose to become participants in the research, they were free to change their minds at any time and were not required to disclose any personal health information.

1. The information letter (Appendix B) and consent form (Appendix C) explained that this research aimed to maintain the highest standards of ethical conduct and integrity. Participants were informed that they should feel that they, and their contribution to this research, were treated with respect.
2. That Participation was entirely voluntary and all information offered was, and will continue to be, treated in good faith.
3. Participants were welcome to refuse to participate, withdraw from the research at any time during the interview and to refuse to answer any of the questions asked without any negative consequences.
4. Participants who finished the interview process had the opportunity to review the recording and the transcript of their interview in order to correct anything they felt was not expressed accurately.

5. All questions about the research, its aims and outcomes would be answered openly and honestly at all times. There were very few perceived risks from participating in this research, although some questions could have been perceived as sensitive
6. Benefits included having their voices and opinions heard and used to make naturopathic medicine more relevant and accessible to Indigenous Peoples in Thunder Bay and beyond moving forward.
7. Participation was voluntary and participants were only being asked to offer information they felt comfortable sharing with us.

The information letter was emailed to the participants before their interview was scheduled so that they could make an informed decision about whether or not to participate. The information letter was also reviewed in detail at the beginning of each interview.

Potential conflicts of interest

In terms of potential future conflicts of interest, the research may reveal ways in which naturopathic services could be improved and made more accessible to Indigenous Peoples in Thunder Bay. Should these suggested improvements in the delivery of naturopathic care be implemented at TBNC, there may be an increase in Indigenous patients booking appointments, which would in turn increase the income of a business that I co-own. TBNC has always offered sliding scale fees to make appointments with NDs more accessible and has offered the lowest cost acupuncture appointments in the region since opening the first community acupuncture clinic in Thunder Bay in 2012. TBNC has donated funds and offered free educational resources to organisations such as Dilico Anishinabek Family Care, Roots Community Food Centre and Faye Peterson, as well as assisting a wellness worker from Dennis Franklin Cromarty Highschool in the purchase of high-quality vitamins for students at wholesale cost. TBNC has

worked with community partners and raised funds to help the grade 7/8 students of Nibinamik First Nation reach their fundraising goals in order to embark on an educational school trip to Toronto (D. Mossman, personal communication, April 25th, 2023). Despite the historical and ongoing community involvement of Thunder Bay Naturopathic Clinic and my own personal dedication to volunteering a great deal of time, energy and expertise to social justice endeavours, this conflict of interest is important to make transparent.

Results

In this section I start by presenting the project participants then I present the key themes and sub-themes that were identified during the analysis including; a) factors facilitating access to naturopathic medicine, b) alignment between naturopathic medicine and Indigenous concepts of health, c) barriers to accessing naturopathic medicine and d) the impact of colonization on health and health care. I have added transcript numbers after each finding in order to be transparent about who is being quoted and to be clear about the significance of every issue discussed by participants.

Participants

Of the twelve people who volunteered to participate, eleven were First Nations, one was Métis and they ranged in age from 26 to 60 years old. My dual role as the primary researcher of this study and as an ND working with Indigenous patients at Thunder Bay Naturopathic Clinic has likely impacted who the study participants are. Some participants had seen posters at Thunder Bay Naturopathic Clinic or at Lakehead University and got in touch with me to express interest in being interviewed. Others were patients I was working with directly who heard about my research from me or my ND colleagues and subsequently asked me if they could participate.

This makes it likely that these were individuals who had positive experiences that they wanted to share.

Table 1: Demographics

Age	Gender	Household income	Lives in	Communities of origin
20-30 ppl = 3	F = 8	Under 50K ppl = 2	Thunder Bay ppl = 7.5*	Michipicoten, Lac Seul, Moose Factory, Biigtigong Nishnaabeg, Flying Post, Métis region 1, James Bay area and Abitibi-Témiscamingue, Pinaymootang Manitoba, Kitchenuhmaykoosib Inninuwug, Couchiching, Fort Severn. *One participant lives part-time in Nipigon and part-time in Thunder Bay
31-50 ppl = 6	M = 4	50K-100K ppl = 1	Nipigon ppl = 1.5*	
50-60 ppl = 3	Non-Binary = 0	100K-200K ppl = 4	Pic River FN/Biigtigong Nishnaabeg ppl = 2	
		200K-250K N=5	Thunder Bay/ Dryden ppl = 1	

Factors facilitating access to naturopathic medicine

As participants described various aspects of naturopathic care that worked well for them (see: Figure 1), several sub-themes contributing to facilitating access to naturopathic medicine for Indigenous Peoples became evident, including a) the alignment between naturopathic medicine and Indigenous concepts of health, b) the strengths of naturopathic medicine as a system and c) the characteristics of the ND that the participant worked with.

1) Alignment between naturopathic medicine and Indigenous concepts of health

Eleven participants reported seeking out naturopathic care because as stated by one participant, “what makes sense is a holistic integrated approach” (transcript 3) which, as others added, can

address a wide variety of acute and chronic health conditions. Five used naturopathic medicine as their primary health care (transcripts 2,4,6,7,10) or an alternative to mainstream medicine, while seven others used it as complementary or an addition to the care they received from MDs and NPs (transcripts 1,3,5,8,9,11,12). When asked if naturopathic medicine was a good fit or not a good fit for Indigenous Peoples, every participant stated that it was a good fit. Naturopathic medicine's holistic framework and focus on "going to the root cause" (transcript 10) of health concerns were identified as synergistic with Indigenous concepts of health and wellness. The young First Nations participant, who grew up in a remote fly-in community, and now lives in Thunder Bay with his partner, stated:

"I think it's a great fit for Indigenous people because it aligns with how we view medicine. We use cedar for tea. We don't call it cedar tea, we call it medicine because that's what it is to us...and even something like tobacco. That's not just something you smoke, it's a medicine. So things from nature, things that we use to help us whether it's physically, emotionally, spiritually or mentally. If anything from nature helps us in any of those four aspects we consider it medicine. So, naturopathic medicine is kind of similar in that regard because NDs take things from nature and use it to help people. Kind of looks at the person like the whole person instead of just the body" (transcript 12).

Several participants articulated a distrust of pharmaceutical medications and an awareness that "there are so many natural medicines everywhere...like Balsam sap to open the nostrils and airways" (transcript 7) and that these medicines have been "used since the beginning of time" (transcript 10). The mother in her early 50s talked about being drawn to Traditional Medicines and stated that the herbal tinctures prescribed by NDs are the "same medicines" (transcript 2) that have always been picked, harvested and made into medicine by Indigenous Peoples. She

talked about accessing care from an ND for herself and her children and using homeopathy, herbal medicines and acupuncture for over 20 years to support their health as a family (transcript 2). “I think coming to an ND has really expanded how I take care of myself and my children and anybody that I love. I would recommend it to anybody to try” (transcript 2). This participant reported a positive relationship with her Family Physician who she described as having a collaborative mindset and being supportive of her accessing care from her ND (transcript 2). The young female participant who works in an Indigenous social service organization expressed her view that naturopathic medicine is a good fit for Indigenous Peoples because it aligns with “Land-based” traditions and uses “natural medicines”. She articulated her comfort with accessing health care from an ND and speculated that other Indigenous Peoples “might feel more supported by a naturopathic rather than a family physician” (transcript 1). The mother of four in her early forties, talked about how “Indigenous ways of healing” have been around for thousands of years, and that “naturopathic care...because it's holistic in nature, it's very much related to Indigenous Peoples' worldviews” (transcript 3). She identified that as Indigenous Peoples “we are so sick now that we need other forms of holistic healing” such as naturopathic medicine, acupuncture, yoga and that often pharmaceutical medications are necessary as well (transcript 3). She expressed how important it is for people of all cultures to access “ancestral knowledge” and use it to help one another heal (transcript 3).

“How many non-Indigenous people have gone to the sweat lodge and found immense healing in it right? You know there's that sharing, and we're all here on Turtle Island now, so why can't we come together and share what we know and have a better life together?” (transcript 3)

Many participants viewed naturopathic medicine as one way to reconnect with plant medicines and engage in a holistic system of medicine that feels aligned with Indigenous concepts of health. The participant who works in various First Nations communities across northern Ontario, related:

I've gotten to see from cultural workers and Elders, what types of medicines are out there that I would have never had the privilege to know because that was taken away from me, that was taken away from my grandparents. They weren't taught that. They lost their language. All the things that come with colonization. I feel like it [naturopathic medicine] would be a good fit because there are many Indigenous people... who have a hard time with the conventional medicine system... because of what's happened in colonization. I feel like there may be a lot more trust with a naturopathic physician (transcript 5).

The oldest participant, a woman in her 60s, expressed a similar sentiment as she described her mother “going to the bush” for medicines, such as moss to treat her baby’s diaper rash, and how that connection to the Land and the knowledge of plant medicines has been lost due to colonization (transcript 4). She explained that naturopathic medicine is her first choice for health care, in part because it’s helping her re-establish her lost connection to plant medicines (transcript 4). When asked if she thought naturopathic medicine was a good fit or not a good fit for Indigenous Peoples she enthusiastically insisted that it is an “absolute” and that “it's something we should have access to” (transcript 4).

The father in his mid 30s, who also works with Indigenous youth, expressed that his generation and younger people are more open to naturopathic medicine than his parents or grandparents’ generations (transcript 8). Although, within this research study, two participants in

his parents' age bracket expressed a preference for seeing an ND as their primary health care practitioner (transcript 4, 6). Every person interviewed expressed that naturopathic medicine's holistic framework and focus on "going to the root cause" (transcript 10) of health concerns are synergistic with Indigenous concepts of health and wellness.

2) Strengths of naturopathic medicine as a system

All participants expressed a desire to have a health-care provider (HCP) who could support their mental and physical health and help them remain healthy throughout their lives. The male participant in his mid fifties who lives outside of Thunder Bay, explained why he continues to choose naturopathic medicine as his primary health care. "Anything I need medical, I will always seek a naturopath first in a belief that I'm trying to support my body to heal" (transcript 6). He expressed a preference for using nutrition and exercise strategies instead of pharmaceutical interventions and was clear that naturopathic medicine aligns with his views and approach to health (transcript 6). There was a tendency to highlight the strengths of naturopathic medicine by contrasting it with mainstream medical care. Participants acknowledged the need for hospitals, pharmaceutical interventions and access to MDs and NPs, and while some adopted an apologetic tone as they described feeling "unheard" (transcript 1, 5, 10) by MDs, others expressed sadness, disappointment (transcript 4, 6), frustration (transcript 7, 10, 12) or acceptance (transcript 2, 3) regarding their experiences within the mainstream health-care system. Being able to access appointments with naturopathic doctors that are forty to sixty minutes long and allow them to have all of their health concerns heard and addressed was highly valued by most participants (transcripts 1, 2, 4, 5, 8, 9, 10). The young female participant with complex mental and physical health challenges said "I feel like they actually want to hear you. They want to listen to your story, what you've been through, and they want to lay out a few options" (transcript 5). She

explained that although sometimes pharmaceuticals are necessary, NDs can help by prescribing herbal medicines that are not only safe to use alongside pharmaceuticals but can mitigate their side effects (transcript 5). Most participants were seeking alternatives to pharmaceutical medications and trusted their ND to guide them with appropriate strategies to help their bodies heal (transcripts 1, 2, 3, 4, 5, 6, 7, 10, 11, 12) (see Table 2). The mother of four described her frustration at seeking care for an acute episode of jaw pain and said “doctors will just want to prescribe pain meds and rarely get to the root cause” (transcript 3). She described being a “holistic person” and participating in a Sweat Lodge ceremony, as well as accessing acupuncture from an ND and to resolve her pain (transcript 3). Many participants acknowledged that although they might prefer “natural treatments and things from the Land” (transcript 11), pharmaceutical medications were sometimes needed and that NDs “don’t say bad stuff about pharmaceuticals” (transcript 7) and can offer information about their uses and potential side effects (transcripts 4, 5, 7, 11, 12). The young male participant whose mother recommended he see an ND had this insight to share about how naturopathic medicine blends natural methods with modern medicine: “I feel like naturopathic is bringing together the best of both worlds...if that makes sense” (transcript 12). Naturopathic care was described as “a natural approach” and “less invasive” by the young mother with a successful career in a local Indigenous organization, who values the focus on healthy eating, exercise, plant medicines and appropriate prescriptions of natural health products (transcript 1). When asked about what originally prompted her to book with an ND, she said she had “tried everything else” and figured she had nothing to lose by trying naturopathic medicine (transcript 1). All participants described experiencing patient-centred care, being offered various treatment options and being seen as a person rather than a number. The female participant in her mid thirties who drives 3.5 hours to access her ND said “I like the care I

receive. I like the attention to detail...it feels like she remembers who I am. I'm not just some random number" (transcript 10). The female participant in her early fifties who had been accessing naturopathic care for decades, commented that her ND has always made her "feel heard" and recognizes that "what works for one person might not for another" (transcript 2). The individualized treatment plans developed by NDs were highlighted as a strength of naturopathic medicine and helped patients feel "listened to and heard" (transcripts 1, 4, 5, 7, 10, 11). The young female participant who sought out naturopathic care for a chronic illness and mental health challenges, explained that when NDs listen to her concerns and offer treatment options it alleviates fear and establishes trust. "When I come here, I feel like they actually want to hear you. They want to listen to your story, what you've been through, and they want to lay out a few options" (transcript 5). Many also articulated that their ND gave them the information they needed about the health issues they were dealing with, and took the time to explain all of the treatment options available (transcripts 1, 2, 4, 5, 7, 9, 11). The young male patient dealing with pain and mental health challenges expressed:

"They give you options. It's not like, "it's this or nothing". It's like, here's this option, this option, this option. You know, you get to ask me, what do you want to know? And I can give you the information that I have. And then here's where you can go find more info if you want" (transcript 7).

All participants appreciated the feeling of collaboration with the ND, and being in control of one's own health and treatment plan. One of the busy young working mothers explained "I felt like she wanted to help me get back to a better place...and she only prescribed things that I was comfortable with" (transcript 9). The young woman who sought naturopathic care for hormone balance and mental health support stated that "working with (male ND) was just really

comforting. It wasn't awkward at all and I say working with, because my treatment was always collaborative and not just 'take this and goodbye'" (transcript 11).

Naturopathic care was seen as effective for a variety of acute and chronic conditions, as well as a way to be proactive about health in order to avoid diabetes (transcript 6), cancer (transcript 4) and other chronic diseases. All participants appreciated "non-invasive" (transcripts 1, 6, 7, 10) therapies such as diet and lifestyle recommendations, acupuncture (transcripts 1, 2, 3, 4, 5, 7, 8, 10, 11, 12), vitamins and minerals, plant medicines and guidance on supplements/natural health products. The middle-aged female participant who had been accessing naturopathic medicine for decades summed up this perspective by stating:

"I just want to try to lead the most healthy life I can with the least intrusive measures. So whether that's getting on the right supplements with diet and exercise and being able to try and explore other things to do with my sleeping issues and anxiety other than taking meds...then I'm going do that route first before anything else" (transcript 1).

Naturopathic medicine's focus on offering holistic health care that addresses multiple health care concerns including mental/emotional, physical and spiritual aspects of a person's health was highlighted by almost every participant (transcripts 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12). The young woman who lives on a reserve and has to drive for several hours to access naturopathic care, expressed "it's very all around, holistic... like, it's a little bit of counselling. It's a little bit of physical, emotional you know?" (transcript 10). The willingness of participants to travel long distances, and spend valuable time and money in order to attend appointments with their NDs strongly demonstrated their affinity for naturopathic medicine as a system.

A final aspect of naturopathic care that was valued by participants was the timely access to care and ease of booking appointments with an ND in Thunder Bay (transcripts 1, 3, 6, 7, 8, 10, 11, 12).

3) Characteristics of naturopathic doctors

Participants described NDs as “honest” (transcript 1) “compassionate” (transcripts 2, 5, 12) “trustworthy”(transcripts 1, 4, 5) health care practitioners who “really listen” (transcripts 1, 4, 5, 10). Two of the male participants explained that their NDs are passionate about what they do and are grounded in the cultural aspects of the medicines they prescribe (transcript 6, 7). The young male University student spoke about how some alternative medicine practices such as yoga, meditation and massage are taken from “traditional methods” but “whitewashed” and offered by people who are “taking the culture out of it” (transcript 7). He cited his ND’s passion, depth of knowledge, level of education, commitment to making naturopathic medicine accessible and openness to continued learning as reasons why he knows she is “there for the benefit of everybody” and really “cares about helping people” (transcript 7).

The willingness to collaborate with other health care providers, to admit when they didn’t know the answer to a question and the commitment to continue learning, were ways that participants felt NDs demonstrated honesty, humility and respect (transcripts 1, 2, 7, 10, 11). They stressed the degree to which they trust their ND, and how they feel safe and comfortable in appointments with their ND (transcripts 2, 3, 4, 5, 9, 11, 12).

Some participants also appreciated that NDs were not negative about pharmaceutical medications, and always checked for interactions between herbal medicines and any pharmaceutical medications they were taking (transcripts 5, 7, 11).

Several participants talked about encouraging family and friends to access naturopathic care and being pleased to see their health improve with support from their ND (transcripts 1, 2, 5, 9, 11).

“I've recently referred three friends here (naturopathic clinic). My one friend started on something for anxiety and I think it's helped her as well as counseling here. It makes me happy to see that it's working for people...like my one friend said that her naturopath... "has literally changed my life". So to see that is really nice” (transcript 5).

The positive statements regarding naturopathic medicine being a good fit for Indigenous Peoples, and the positive statements about NDs could be influenced by the fact that seven of the interviewed patients had received at least some care from me, the primary researcher. My dual role as researcher and as an ND who co-owns TBNC may have meant that only people who had positive things to say about naturopathic medicine volunteered to be interviewed. In addition to the strengths noted above, participants also spoke about the barriers to accessing naturopathic medicine and provided suggestions to enhance accessibility.

Barriers to accessing naturopathic medicine and how to make it more accessible

Significant barriers to accessing naturopathic medicine included the financial cost of appointments and prescribed substances, geographical barriers, and the lack of awareness about naturopathic medicine including myths and misconceptions about NDs.

1) Financial access

The biggest barrier to accessing naturopathic care identified by all of the participants, is the financial cost of appointments. Many participants talked about how even with extended health care benefits through full-time employment, it was still necessary to pay out of pocket in order to

have the continuity of care and the regularity of appointments with their ND that they desired (transcripts 1, 2, 3, 6, 7, 10, 11). The mother in her early forties with four children explained:

“...because I'm self-employed I don't have benefits. And so I pay out of pocket every time I come. Even if you have benefits, like I did have benefits at a previous job... it's not very much. It's \$500 a year. So that gets you 3 or 4 visits, right? It's good, but it's not nearly enough. It's not enough to keep going in...” (transcript 3).

Participants expressed the wish that naturopathic medicine could be funded by the provincial and/or federal government so that they and their families could access their desired system of medicine more often (transcripts 2, 3, 4, 5, 6, 8, 9, 10). The young female participant living in a First Nation outside of Thunder Bay stated, “It's too bad because naturopathic medicine...that comes out of my own pocket whereas Ontario Health care covers going to the hospital and sitting and waiting. I would love for it (naturopathic medicine) to be covered under NIHB” (transcript 10).

The cost of herbal medicines, supplements and vitamins prescribed by NDs was also identified as a potential barrier (transcripts 2, 3, 4, 8, 9, 10) and it was noted that extended health benefits and/or NIHB only cover pharmaceutical medications and some basic vitamins. The young female participant dealing with chronic illness and mental health challenges explained “...as well as some of the herbs that I've used...there's been a lot. But also I haven't used them all because of cost. But you know, the pharmaceutical medications, they're covered” (transcript 5). It was noted that some NDs have been using strategies such as sliding scale fees for low-income patients, community acupuncture appointments, reduced fees for students and discounted vitamins for Indigenous students in order to make naturopathic care more affordable (transcripts 5, 7, 8, 9, 11, 12).

2) *Lack of awareness and misconceptions about naturopathic medicine*

The lack of public awareness regarding the depth of education, training and scope of practice of naturopathic doctors was discussed as a barrier by every participant. The male participant in his 50s who had accessed naturopathic care for many years, expressed the wish that “more Indigenous people would get... awakened to the naturopathic approach” (transcript 6). Half of participants reported encouraging family members or friends to seek naturopathic care and running into resistance due to myths and misconceptions about naturopathic medicine being “fluff”, “witchcraft”, or “kooky” (transcripts 1, 2, 3, 7, 9, 10). The young female participant who was very critical of media, government and pharmaceutical companies and their influence on public misconceptions regarding naturopathic medicine stated:

“...a barrier in the media for naturopathic doctors ...they look at anything alternative as like "kooky" or sort of like "experimental". Whereas, you know, this is like ACTUAL, and the other stuff is very experimental. So the barriers are the media I guess, and government and pharmaceutical companies... Big pharma” (transcript 10).

In terms of MDs opinions regarding naturopathic care, some were supportive (transcript 2, 5, 9) but none of the MDs in the participants’ circles of care had ever referred them to an ND or reached out to their ND to collaborate.

3) *Geographical barriers*

NWO is a vast region with a long winter. Both weather and distance to travel were cited as barriers by patients who had to drive for at least one hour in order to see their ND (transcripts 4, 6, 10, 11). Other participants who live in Thunder Bay, shared that their relatives, or other First Nations Peoples “up North” were curious about naturopathic medicine or could benefit from

accessing it, but had no NDs nearby (transcripts 3, 4, 5, 12). One community referred to is Kitchenuhmaykoosib Inninuwug, which is a 19-hour drive or 3.5-hour flight from Thunder Bay (transcript 12). This young male participant felt that “most people don’t know about naturopathic medicine” and also explained “Like my family up north...they were wondering how my liver got better..and I told them I saw a naturopathic doctor and changed my lifestyle and whatnot (transcript 12). This example demonstrates how lack of awareness, lack of funding, and geographical barriers intersect to make naturopathic medicine inaccessible for most Indigenous Peoples in northern Ontario.

4) Suggestions for improving access to naturopathic medicine

When asked how access to naturopathic medicine could be improved for Indigenous Peoples participants recommended strategies such as information sessions within workplaces and also outreach to Indigenous health organizations. “Collaboration with Indigenous organizations. Not necessarily offering services, but letting people know that there are alternatives to regular medical care...I feel like Indigenous people would be more open to it” (transcript 12).

Collaboration between all health-care providers in their circle of care, such as NDs, MDs, NPs and Traditional Healers, was desired by many participants (transcripts 1, 2, 3, 4, 5, 9, 10, 11, 12). Raising awareness about the education and scope of practice of NDs, amongst the public and amongst HCPs was articulated as a key way to increase collaboration between HCPs and thus improve health care. “Education for the public.. ‘what is a naturopathic doctor?’ ...and what their education is... because even sometimes I’m like, ‘okay, wait, are they doctors? Are they qualified?’” (transcript 11). Although some participants described medical doctors as supportive of naturopathic medicine (transcript 1, 5), most wished for their MDs or NPs to be more aware of naturopathic medicine and actively recommend it (transcripts 2,3,4,5,6,7,9,11). “I think it would

be nice to see it more valued by other health-care providers” (transcript 5). A young female participant speculated that the younger generation of MDs might be more open-minded about naturopathic medicine.

“I think having doctors be more open minded would be nice. Yeah I think it's the older generation doctors. A friend of mine, she's a doctor and she goes to see an ND as a patient. So there's even that starting right. Like me, she believes in it and supports it. But I know it's not always supported by doctors” (transcript 9).

Participants who either live on a reserve or work in remote northern communities recommended that NDs could travel to First Nations communities to offer care in-person (transcripts 4, 5, 10).

“There's the need for naturopathic medicine and the education behind it that we don't have. Especially in these northern communities, I don't think we see naturopaths in the remote First Nation communities I travel to, that are one hour or two hour flights from Thunder Bay...and if it was covered by NHIB, that would be a whole different story” (transcript 5).

One of the participants living on reserve suggested that it would be valuable for First Nations youth to become educated and trained in naturopathic medicine and return to their communities to offer health care (transcript 4).

Raising awareness about naturopathic medicine through schools, workplaces, various forms of media, and Indigenous health and social service organizations in order to reduce barriers to access, was brought up in some form by every single participant.

“I think just talking about it more... I mean, I know the schools won't talk about it, but maybe the Indigenous classes, they might be able to help make people more aware of a

traditional style of medicine. I think the way that Dr. Jessica is doing it is a good way, for at least her to start a healthy relationship and be the front runner, especially for Northern Ontario, to be like "look, we can have this connection between traditional and modern and have this benefit to everybody and not just the few" (transcript 7).

Several participants made it clear that health-care practitioners, healers and helpers did not have to be Indigenous to be part of the solution (transcript 2, 3, 7, 11). "Many of the people who have helped me haven't been Indigenous. Everybody has different gifts.. and come from different backgrounds, so I never say that they need to be Indigenous to be helpful or healing" (transcript 2). All of these ideas ran alongside the insistence by all participants that funded appointments would greatly increase the ability of more Indigenous people to access naturopathic care.

Colonization and its impact on health and health care

Colonization as a determinant of health was a consistent theme as participants articulated how it affects the health of individuals and communities, and how it has influenced the health-care system itself. Several participants talked about how a large proportion of Indigenous people are very sick with chronic health conditions, addictions and mental health struggles (transcript 3, 4, 5, 9, 11). Others talked about the impact of residential schools and government policies and programs as well as the influence of capitalism and the pharmaceutical industry on the way health care is delivered in Northern Ontario and beyond (transcripts 1, 3, 4, 5, 7, 10, 11, 12). One mother in her early 40s, whose grandmother attended residential school, talked about the impact of residential schools on the health of survivors and their children and grandchildren (transcript 3). She linked her 84-year-old grandmother's ongoing anemia to the malnutrition she experienced in residential school, and expressed her belief that this "altered our chemical make up, our cells" and contributed to her 4 year old and 13 year old sons' anemia (transcript 3). A

young mother who works with Indigenous youth, relayed a story about distributing bottles of vitamins to high school students and the reaction of one adult worker who was forced to take pills against her will as a child in residential school:

“I brought the multivitamins that my ND had prescribed to me over to our student homes, and we had a worker who was a residential school survivor, and she said it kind of brought up feelings of being back there because she didn't know what they were, what was in them... Yeah, I'm just speaking from her experience, like how she felt. And I let her know...these are vitamin D drops, and this is a multivitamin. It's a good thing, but I just think that that could be maybe why someone might be hesitant” (transcript 9).

She further mulled over this interaction and surmised that this may be why some older Indigenous Peoples, especially residential school survivors, could be hesitant to access naturopathic care and/or take anything in pill form (transcript 9). The systematic destruction, purposeful discrediting and loss of Traditional Medicine Knowledge (including plant medicines) was referenced by five participants (transcripts 4, 5, 7, 10, 11). A sixty year old participant who lives and works in her First Nations reserve described the loss of Traditional Plant Medicine Knowledge by saying “...it's something that's been lost over many generations...even my mom talked about it, how they went to the bush, the forest... there's a connection there that's lost” (transcript 4). She expressed regret at not learning more about Traditional Medicines earlier in her life:

“...they talk about cedar and all the other stuff. I think it's just something that's lost and I wish I could go back 30 years and go to school for stuff like this, and learn and bring it back to our community because I find sometimes our community is so lost.. they talk about the traditional ways of healing but they're disconnected” (transcript 4).

On a positive note, this participant also expressed that accessing care from an ND was a way to reconnect with Traditional Medicines.

The young University student with a background in health care brought up the concern that naturopathic medicine risks stealing the “limelight” from Traditional Indigenous ways of healing by engaging in cultural appropriation of Traditional Medicines (transcript 11). Although only two participants discussed cultural appropriation and only one expressed that naturopathic medicine as a system might be complicit in it, this is a salient issue that is addressed further in the discussion section. All participants articulated challenges with the mainstream health-care system such as short rushed appointments with Family Physicians, a feeling of not being heard, long wait times to get appointments and a focus on “one issue per appointment”. Ten participants mentioned a tendency of MDs to focus on pharmaceuticals as the treatment plan and were critical of the influence of pharmaceutical companies on the care they received within that system (transcripts 1, 2, 3, 4, 5, 6, 7, 10, 11, 12). Two participants (transcripts 7, 12) brought up incidents of racism they had experienced personally or witnessed within a local hospital. It was noted that there are MDs, NPs and other HCPs working within the mainstream health-care system who are offering excellent compassionate patient-centered care despite the challenges presented by working within that system (transcripts 1, 2, 4, 5, 9, 12).

Ultimately, participants saw the value of all types of HCPs and all systems of medicine working together towards Indigenous health equity. One participant (transcript 12) stated that naturopathic medicine reminded him of “Two-Eyed Seeing” a concept developed by Mi'kmaq Elders Albert and Murdena Marshall (Roher et al., 2021). He articulated that naturopathic medicine is “like bringing together the best of both worlds. There's the Western medicine and then there's the natural medicine” (transcript 12).

Summary

In summary, the twelve diverse participants in this study illustrated a multiplicity of experiences with naturopathic medicine that nonetheless demonstrated clear themes. The strengths of naturopathic medicine as a system, the qualities of NDs and the alignment with Indigenous concepts of health motivated patients to return to naturopathic care after experiencing it. For the participants in this study, they were motivated enough to continue making appointments with NDs despite financial and geographic barriers. The insights that participants shared about the effect of colonization on health care, and the lack of awareness and misconceptions about naturopathic medicine offer insight into how pathways to access might be created for more Indigenous Peoples.

Discussion

The strengths, facilitators and barriers discussed by participants in this study are easily understood within the “root, core and stem levels” of the tree model of the social determinants of Indigenous health (Loppie & Wien, 2022, p. 12). Colonialism is a profound root SDoH that trickles down through all other determinants of health and was an insidious presence in the topics that arose during interviews. On a more positive note, self-determination is also a root SDoH that was woven throughout the data and gives direction for future research, advocacy and health-care models. As I designed and conducted this research, I balanced my established identity as a University-educated ND with my new role as a novice researcher. My positionality, as discussed in detail above, is an integral part of the story of this research. Working with an Indigenous Storywork method (Archibald et al., 2019) allowed me to centre the voices of the participants and proceed in a manner that was respectful, responsible and reverent and to use my heart and mind to make meaning of the stories that were told within this research.

Root determinants of health

Although we did not ask directly about the effects of colonization or ongoing settler colonialism on participants' experiences with mainstream or and naturopathic care, it was not a surprise that colonization, ongoing settler-colonialism and their effects on the health of Indigenous Peoples and on the health-care system were articulated in multiple layered ways by many. Colonization and colonialism are root determinants within which core and stem determinants of health are constructed (Loppie & Wien, 2022). By extension I understand the barriers to accessing naturopathic medicine, including lack of funding for appointments and treatments, and lack of awareness of and misconceptions about naturopathic medicine as related to colonization and the current mainstream (colonial) health-care system. The naturopathic profession struggles to play a bigger role in the healthcare sector, which is dominated by the biomedical paradigm and the oppressive economic, political and social systems that uphold it (Solomonian & Osborne, 2023).

Still, Naturopathic medicine, although a small and marginalized profession, has its roots in Western Eurocentric medicine that is colonial in nature. Naturopathic medicine has also been guilty of appropriating Traditional Medicines from around the world (Redvers, 2019b; Solomonian & Osborne, 2023). Given these roots, Naturopathic medicine is, like Western medicine and healthcare, also deeply embedded in capitalism. Capitalism is a key colonial ideology (Loppie & Wien, 2022) and it made the colonial system possible (Amster, 2022; Bhowmik, 2024). Western medical care and naturopathic medical care are both delivered via private practice, however MDs' services are funded by OHIP, but appointments with NDs are

only covered (usually only partially) by patients' extended health care plans. Money is exchanged for services in both cases.

This stands in contrast to how care is accessed from Traditional Healers and Medicine People, where money is not exchanged, but tobacco is offered as a gift to assist in communication with Creator (Anishnawbe Mushkiki, n.d.).

There is much work to be done to decolonize all systems of medicine, and this research gives some suggestions as to how NDs and other stakeholders in the naturopathic profession, such as educational institutions, regulatory bodies and professional associations can move towards accountability, humility and systemic systemic change.

MDs have historically expressed a lack of respect and/or knowledge of naturopathic medicine (Redvers & Blondin, 2020; Meyer, 2017). Participants in this study reported that their MDs did not openly disrespect naturopathic medicine, however it was reported that they lacked knowledge about NDs' training and scope of practice. Participants expressed a desire for their MDs to develop a better understanding of naturopathic medicine and to collaborate with their NDs in their health care. In addition, some participants suggested that Traditional Healers and Cultural Practitioners should be part of their circle of care alongside their MD and ND. At a gathering of Elders and Traditional Healers in 2002, Ojibwe and Cayuga Elders from Six Nations said that naturopathic medicines are often quite compatible with Traditional Medicines, and they recommended that the best way forward is to create an educational space for Traditional Medicine, western biomedicine, and naturopathic medicine to learn together (Hill, 2003). This idea of collaboration and shared learning holds great promise, but must be approached with an awareness of who holds power within the existing colonial structures. MDs have typically held the most power in the dominant biomedical model, but it's important to consider that NDs'

efforts to become legitimate in the eyes of the mainstream may have served to further reinforce Eurocentric colonial structures such as post-secondary education and regulation under provincial government jurisdictions (Solomonian & Osborne, 2023). There are no easy answers here, but the power and privilege that comes with being a regulated health care practitioner stands in stark contrast to non-regulated Traditional Healers, many of whom did not have the layers of privilege required to follow the path of becoming an ND or an MD.

As a First Nations ND working within a large biomedical facility in Hamilton, Ontario Dr. Johanne McCarthy stresses that NDs are well-positioned to help buffer Eurocentric colonial supremacy by raising awareness regarding the evidence-base for Traditional Medicines (J. McCarthy, personal communication, October 6th, 2025). Dr. McCarthy also points out that NDs are often trusted by patients who have experienced trauma in health care because NDs take the time to listen and learn about how mistreatment has impacted each patient's experience of health care (J. McCarthy, personal communication, October 6th 2025). Despite the strengths of naturopathic care, Dr. McCarthy emphasizes that the profession's regulation under CONO enacts medical colonialism, essentially governing a system of medicine that uses appropriated Indigenous medicines without proper attention to Indigenous rights (J. McCarthy, personal communication, November 28th, 2025). Dr. McCarthy points to the profession's reliance on Western evidence paradigms and its failure to include Indigenous voices and systems of knowledge based on relational learning, community authority and land-based observation (J. McCarthy, personal communication, November 28th, 2025). In an effort to move toward reconciliation, Indigenous and non-Indigenous NDs came together in 2022 to create new publication standards for the CAND Journal that follow UNDRIP and the TRC's Calls to Action (Gilbert et al., 2022). Dr. McCarthy cites this as a step in the right direction, but with much more

work to be done within the naturopathic profession and the medical system at large (J. McCarthy, personal communication, November 28th, 2025).

On that note, systemic racism experienced by Indigenous Peoples within health care was brought up by two participants (transcripts 7, 12). However, the focus of the project and research questions was not on the general health-care system so therefore it is not a surprise that only two participants brought it up. Systemic racism within the health-care system is a significant issue in Thunder Bay highlighted in both research publications and the media (Benoit et al., 2019; Brar et al., 2020d; Walters, 2020). Traditional Indigenous Medicine has been maligned or devalued by some medical doctors, which has led to increased mistrust from Indigenous Peoples and a lack of engagement with the mainstream medical system (Eggertson, 2015; Redvers & Blondin, 2020; Wylie et al., 2019). Although some participants described receiving supportive, compassionate and effective health care from HCPs working within the mainstream system, mistrust of the mainstream medical system was articulated by many and is an experience that is well documented in the literature (Brar et al., 2020; Pilarinos, 2023; Wylie et al., 2019).

The issue of cultural appropriation of Traditional Medicines, an aspect of colonization, is important to consider despite being brought up by only one participant. I recognize it as an issue that must be addressed within the naturopathic profession. It is an issue that calls for deep reflection, critical reflexivity and accountability (Thambinathan & Kinsella, 2021) if NDs are to contribute to decolonizing health care. The TRCC's Call to Action #24 demands that all health-care providers take a course addressing Indigenous health issues, including the impact of residential schools, and also receive training in human rights, anti-racism and cultural competence (TRCC, 2015). Dr. Liam LaTouche ND, a co-founder of Naturopathic Doctors Dismantling Racism, provides concrete ways that NDs can help dismantle racism and enhance

health-care accessibility, such as recognizing racism in medicine and unlearning implicit biases (LaTouche, 2023). The only previously published study on the experiences of Indigenous patients with naturopathic medicine included a recommendation that NDs receive additional training on the impact of colonization and systemic racism on Indigenous Peoples and be offered tools to work more effectively with them (Walji et al., 2010). A seventh guiding principle “Scientia critica” has been proposed for the naturopathic profession in order to recognize the importance of the critical appraisal of research but is also intended to include critical consciousness, cultural humility and “an understanding that social, economic, political and institutional policies and practices are manifesting themselves in the total lived experiences of the patient in the waiting room” (Logan et al., 2018, p 5). Logan et al. describe critical consciousness as “an awareness of the value of identifying, applying discourse toward, and ultimately challenging, the status quo and the contextual power hierarchies which otherwise maintain health inequalities” (Logan et al., 2018, p 4). The critical consciousness and cultural humility that NDs must develop necessitates an awareness of how naturopathic medicine has and continues to engage in cultural appropriation. In discussing the responsibility of NDs to engage in efforts to protect the natural environments we live in, Dr. Nicole Redvers states that “our medicine sits on the back of Indigenous communities the world over” (Redvers, 2019b). This historical and current reality is part of colonization (a root SDoH) and should be taken seriously by the naturopathic profession.

Beyond NDs taking courses that educate them about colonization and the social contexts of diverse groups of Indigenous Peoples, NDs need to proceed with humility, respect for self-determination and engage in deep listening if they wish to work alongside Elders and Traditional Knowledge holders and contribute to Indigenous health equity (Boyd et al., 2023).

This is not simply academic or clinical work involving the mind, but also necessitates the engagement of the heart, spirit and body and the development of an understanding of how these realms interrelate (Archibald et al., 2019). I cannot stress this enough; cultural competence is not just a course that an ND takes, and a box that is ticked, but rather must be an on-going process that requires humility and the willingness to be challenged.

Myths, negative preconceptions regarding naturopathic medicine and poor media representation were addressed by participants as significant barriers to accessing naturopathic medicine, and to experiencing collaborative care amongst all of their HCPs. Negative portrayals of NDs and naturopathic medicine in Canadian media (Snow, 2019) influence the public's perception of NDs, as well as the perspectives of MDs and policymakers. Several participants in this research made it clear that they had to overcome widespread negative attitudes about naturopathic medicine in mainstream media in order to take a chance and book an appointment with an ND. This leap of faith is likely not possible for many Indigenous people, who may also be dealing with other barriers such as poverty, chronic illness, and employment that may not have extended health care benefits. The barriers created by widespread negative perceptions of naturopathic medicine were raised by the research participants, many of whom had repeatedly tried in vain to get friends and family members to book appointments with NDs.

A prevailing myth that was identified as a barrier to accessing naturopathic care, is the idea that naturopathic medicine is “witchcraft” and not based in science. For many, this tied into the maligning of Traditional Indigenous Medicines including the use of plants as medicine. Participants talked about the history of Indigenous Peoples harvesting and using plant medicines, and clearly articulated that the loss/theft of this Traditional Knowledge is due to colonization, capitalism and colonial systems such as residential schools. The naturopathic profession has been

grappling with the issue of being discounted due to lack of scientific rigour, since its inception over 100 years ago (Logan et al., 2018). Indigenous Medicine and Traditional Knowledge has been colonized, stigmatized, maligned and regarded as unscientific for even longer (Hill, 2003). Although Indigenous Traditional Medicine and naturopathic medicine are separate systems of medicine (Eggertson, 2015) with disparate origins and contexts, participants drew attention to the fact that both have been, and often continue to be, discounted and devalued in a colonial capitalist system. This similarity exists at the same time that NDs continue to fight for legitimacy within the dominant biomedical model in ways that further reinforce colonial structures within and outside of the naturopathic profession (Solomonian & Osborne, 2023). The supremacy of the biomedical model has been historically supported by the rise of Western Euroscience across the globe (Hollenberg & Muzzin, 2010) and in North America by the financial support of Carnegie in the form of the Flexner report of 1910 (Boelen, 2002; Marya & Patel, 2021; Solomonian & Osborne, 2023). Any critique of naturopathic medicine or Traditional Indigenous medicines as “non-scientific” necessitates an inquiry into what scientific model is being presumed. Indigenous scientific methods have been practiced in North America since time immemorial and “modern science and medicine” is now catching up to, albeit slowly, and validating Traditional Medicinal Knowledge (Redvers, 2019). Naturopathic medicine may be in a unique position to help bridge the gap between the Western biomedical system and traditional healing methods (Hill, 2003; Potter et al., 2008), an idea that was articulated by several participants in the research including the participant who related it to “Two-Eyed Seeing” (Transcript 12). This important theory, developed by Mi'kmaq Elders Albert and Murdena Marshall (Roher et al., 2021), became the central theme of Dr. Sarah Connors, ND's (Mohawk of Kahnawa:ke, Wolf Clan), podcast “Two-Eyed Seeing: Bridging the Indigenous and Western Understanding of Health, Healing and

Life” (Connors, 2021). Beyond the bridging role, naturopathic medicine in and of itself can be seen as a system of medicine that moves beyond a narrow mechanistic scientific model into a complexity model that is more appropriate for human health (Graham, 2023). This resonates with ontologies and epistemologies as conceptualized by the Medicine Wheel which allow for the exploration of patterns, themes and connections and thus utilize wholism instead of a linear model of understanding (Mashford-Pringle & Shawanda, 2023).

The alignment between naturopathic medicine and Indigenous concepts of health was emphasized by all participants in this study and is supported by previous research (Potter et al., 2008; Walji et al., 2010). To be clear, none of the participants in this study, nor previous research suggests that naturopathic medicine should be considered as compatible with or a replacement for Traditional Indigenous Medicine systems. Participants emphasized that naturopathic medicine is complimentary to what Traditional Healers and MDs offer and that they want all practitioners from all three systems working together. The characteristics of NDs including honesty, humility and being respectful that helped participants feel comfortable and safe, resonate with the Seven Grandfather Teachings in Anishinaabe traditions (Pitawanakwat, 2012). This further demonstrates the alignment between naturopathic medicine and Indigenous values; in this case, specifically the Anishinaabe values represented by the Seven Grandfather Teachings of Honesty, Humility, Courage, Wisdom, Respect, Generosity and Love (Pitawanakwat, 2012). Yet, as mentioned above, it’s crucial that the issue of cultural appropriation of Traditional Medicines be addressed within the naturopathic profession. This calls for deep reflection, critical reflexivity and accountability (Thambinathan & Kinsella, 2021) if NDs are to contribute to decolonizing health care.

Core determinants of health

The structure of the current health-care system, including what is funded and what is not, and whether it is available to northern communities within or outside the urban setting of Thunder Bay are part of the core SDoHs. Similarly, the current model of naturopathic care delivery in Ontario is not an accessible or equitable model, since appointments with NDs are not covered by OHIP or NIHB (Carfagnini et al., 2022; Prout, 2019). The issue of resource constraint, especially lack of funding for naturopathic health care, was highlighted in previous research, and NDs felt that innovative planning and funding could overcome these challenges (Walji et al., 2010). In addition to this lack of equity in ability to access naturopathic appointments, health plans usually cover pharmaceutical medications prescribed by MDs, but not the vitamins, herbs, or other natural health products prescribed by NDs. Participants in this study unanimously agreed that naturopathic medicine should be funded and made more accessible. This stance is supported by the First Nations leaders at the AFN as evidenced by the resolution that was passed to have naturopathic medicine covered by NIHB (see appendix E). Indigenous leaders gaining more control over how health-care funding is allocated serves as an example of self-determination, an important root SDoH that flows through this research.

Stem determinants of health

Participants in this study valued naturopathic medicine because of its holistic approach, whole person care, focus on addressing the root cause of health concerns and use of natural interventions. These aspects of naturopathic care contribute to patients being heard, feeling empowered and taking an active role in their own health care. Health behaviours are conceptualised as a stem SDoH (Loppie & Wien, 2022) and taking an active role in one's own health is highlighted by Elders as part of what children should be taught in school (Hill, 2003).

Participants expressed that the extended health benefits and income they have due to full-time employment allowed them to access naturopathic medicine. Level of education, employment and income are all stem SDoH that create pathways to accessing health care from NDs.

Summary

The stories told by participants about their experiences with naturopathic medicine and with health care in general, painted a rich picture of interconnected and interwoven root, core and stem SDoH. Colonization and ongoing settler-colonialism, as root SDoH, were prevalent themes throughout participants' discussions of barriers to accessing naturopathic medicine as well as the challenges they faced in the mainstream health-care system. The impact of patriarchy, capitalism and white supremacy on the health care of Indigenous Peoples is an insidious root determinant that calls upon everyone involved in health care to respond and engage in Reconciliation. It is crucial for NDs and all HCPs to engage in critical reflexivity and, as Dr. Johanne McCarthy has stated, to "approach health care with humility, curiosity and a commitment to relational learning" (Canadian Association of Naturopathic Doctors, 2025). This resonates with the message from participants that collaboration between their NDs, MDs, NPs and Traditional Healers would be very helpful in breaking down misconceptions and myths about naturopathic medicine, as well as improving their circle of care. It is crucial that non-Indigenous NDs and other HCPs truly understand how to engage in deep listening and be humble as they collaborate with Traditional Healers. Additionally, naturopathic medicine was highlighted as a way of bridging the gap between Traditional Medicines, particularly plant medicines, and the mainstream medical system. Self-determination as a root SDoH was evident as participants highlighted the fact that they were actively choosing their own health care and explained the reasons why they chose naturopathic medicine as part of their circles of care. Still, the issue of the lack of financial and

geographical access to naturopathic medicine remains a particular challenge in terms of the current structure of the health-care system, a key core SDoH.

Final reflection

At various stages of this research I grappled with my white privilege, and my position as a financially secure University-educated health-care professional and I confronted feelings of guilt, deep discomfort regarding my complicity in colonial structures and serious doubts about whether or not I should even conduct this research. However, Elders like Dr. Jeannie Paul ND understood my passion for this journey and referred to me as “the intrepid warrior” and Chief Duncan Michano listened deeply to my vision, expressed that he’s always happy to “shake the system” and stepped into solidarity with me to support my research and join me in advocacy work...these are the experiences that bolstered my heart and spirit and helped me move past guilt and doubt into a place of action that I hope is seen as allyship. What further consolidated my heart, mind and spirit’s understanding of the issues presented in this thesis, and what pushes me forward are my regular interactions with Indigenous patients at Thunder Bay Naturopathic Clinic, some of whom participated in this research. I feel both humble and proud as I share the following quote:

That’s how you can tell the difference between somebody that has a passion for something versus somebody that’s there only for themselves. The way Jessica talks about everything...she’s there for the benefit of everybody, not just herself. If she was there just for herself she wouldn’t do the sliding scale or try to do research like this (transcript 7).

This thesis is part of my life's work and does not end with its submission. My work to amplify the voices of my research participants will continue into the future as I collaborate with others to explore the role of naturopathic medicine in Indigenous primary care.

Strengths

Strengths of this study include the age range of participants and the fact that some diversity in socioeconomic status and gender was represented. Participants named eleven different Indigenous communities of origin, with only Flying Post and Biigtigong Nishnaabeg each being mentioned twice. Despite the small number of NDs working in Thunder Bay, participants identified seven different NDs that they had accessed care from. My role as a trusted ND in Thunder Bay may have contributed to participants feeling comfortable participating in the research and telling their stories in uncensored ways. Conversely, my role as an ND in Thunder Bay may also have alienated potential participants who might have had more critical insights to share about their experiences with naturopathic medicine. This is discussed below as an area for potential future research.

Limitations

This study was limited to Indigenous Peoples who had accessed naturopathic medicine in Thunder Bay, Ontario, a region with very few NDs. All of the participants had accessed care at Thunder Bay Naturopathic Clinic, and seven out of twelve participants had received at least a portion of their care from me, the primary researcher. My dual role as the primary researcher and as an ND who co-owns Thunder Bay Naturopathic Clinic may have created a situation where only people who had positive things to say about naturopathic medicine volunteered to be interviewed. In addition, the twelve people who did participate may have intentionally or

unintentionally left out critical or negative feedback because they were patients of Thunder Bay Naturopathic Clinic and did not want to compromise their access to naturopathic care. Further, recruitment efforts targeted Indigenous individuals who had accessed naturopathic medicine, and therefore those who were likely to hear about this research and choose to participate were individuals who valued and returned to NDs for health care repeatedly, and had positive things to say about it. Future research should explore whether these findings hold true in other regions and with other clinics and NDs. The small sample size was a limitation, and also the fact that it was inherently biased toward participants with a higher socioeconomic status since naturopathic medicine is typically only available to those with extended health benefits or the funds available to pay “out of pocket”. This limitation was partially mitigated by the fact that two of the research participants reported having accessed appointments at TBNC by using the sliding scale payment option that is offered to patients with lower incomes. As mentioned in the results section, many participants described the resistance that friends and family expressed about accessing naturopathic medicine because they believed it to be “kooky”, “witchcraft”, “fluff” or simply something that was unnecessary. Future studies should include both Indigenous people who have and have not accessed naturopathic medicine, be carried out by someone who is not a naturopathic doctor and if possible should include an Indigenous researcher. Such research may more easily reveal any potential negative perceptions of naturopathic medicine, barriers to access, and also explore why naturopathic medicine might not be perceived to be a “good fit” to some Indigenous Peoples.

Conclusion

We are moving into an era where Indigenous voices are increasingly being centred, including a renewed focus on the multi-layered determinants of health for Indigenous Peoples, what holistic

wellness really means, and how that might be achieved (de Leeuw et al., 2018; Hill, 2003; Katz et al., 2017; Redvers et al., 2019). The need for a self-determined decolonized health-care system that includes health-care services that are equitable, effective, culturally appropriate (Auger et al., 2020; Katz et al., 2021) and free of racism (Allan et al., 2015) is paramount for the future of Indigenous Peoples across Canada. Such health-care services and paradigms will view health holistically and interconnected to the health of the Earth as well as include opportunities to use plant medicines and engage in Land-based healing (Graham, 2023; Redvers & Blondin, 2020; Wylie et al., 2019). Naturopathic medicine and the mainstream biomedical model are both embedded within a colonial capitalist system, since MDs and NDs require payment for their services, whereas Traditional Healers and Medicine People accept tobacco as a gift to assist in communication with Creator (Anishnawbe Mushkiki, n.d.). Despite the above noted reality that most healthcare services are intertwined with colonial roots, this study expresses hope that all healthcare providers can work with one another, as well as learning from Elders and Traditional Healers in order to create more equitable health care options for Indigenous Peoples. This exploratory qualitative study suggests that naturopathic medicine may be well-suited to help address the complex health needs of some Indigenous Peoples via its holistic, patient-centred and respectful approach to care and its foundation in traditional plant medicines and other natural interventions (Carfagnini et al., 2022; Potter et al., 2008; Walji et al., 2010). Many naturopathic doctors are aware of the above noted complex and intersecting SDoH and continue to push the profession to better address health inequities and meet the needs of diverse populations (Carfagnini et al., 2022; Gilbert, 2021). On the other hand, many NDs do not seem interested in working toward health equity for all people. There is a certain amount of diversity of values within the naturopathic profession, just as there is within the medical profession at large. NDs,

like all HCPs, must engage in critical reflexivity, learning and unlearning in order to be effective and culturally competent health-care practitioners. As discussed above, this requires respect, deep listening and humility which necessitates engagement of the heart and spirit as well as the mind. Cultural competence is not just a course to be completed, or a line acknowledgement added to an email signature; it's an ongoing process that requires relationship-building and trust. Barriers to accessing naturopathic care such as lack of awareness and funding must be addressed by the naturopathic profession, including educational institutions like CCNM, provincial regulatory bodies like the CONO and professional associations like the CAND. In addition to the transformative work that must be done within the naturopathic profession, other stakeholders such as policy-makers and decision-makers within federal government departments such as Indigenous Services Canada and Health Canada as well as within provincial health departments should be welcomed to this conversation. As mentioned above, this small exploratory study included only twelve participants, who likely held a positive bias towards naturopathic medicine, therefore future studies could include Indigenous individuals who have not accessed naturopathic medicine in order to gather more diverse perspectives. My positionality as the primary researcher and as an ND who is heavily invested in the care and well-being of the Indigenous patients I work with had the potential to influence this study in various ways as described in the "limitations" section and in my positionality statement. Ideally future studies building on this exploratory work should be carried out by someone who is not a naturopathic doctor and if possible should include an Indigenous researcher. Future research is warranted to further explore the benefits of and challenges to accessing naturopathic medicine for Indigenous individuals and communities, and how naturopathic doctors can contribute to the work of other health-care

providers, leaders and policy makers in moving towards health equity for Indigenous Peoples across Canada.

Appendices:

- A) Recruitment letter
- B) Information letter
- C) Consent form
- D) Interview guide
- E) Assembly of First Nations resolution to include naturopathic medicine under NIHB

Figure 1: Strengths of naturopathic medicine



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Appendix A: Participant Recruitment letter

Investigating the experiences of Indigenous patients accessing naturopathic medicine in Thunder Bay Ontario.

Dear Potential Participant,

As a student in the Masters of Health Science program at Lakehead University, I will be conducting interviews with Indigenous individuals on the topic of experiences in accessing naturopathic medicine in Thunder Bay.

I am also a Naturopathic Doctor (ND) who co-owns Thunder Bay Naturopathic Clinic. Since opening the clinic in 2011 many Indigenous patients accessing naturopathic medicine have asked me why it's not funded by government. Together we have noted that naturopathic medicine seems to be a desirable health care choice for many Indigenous people. Policy changes and funding for services require research which is what motivated me to start the Master in Health Sciences program and initiate this research. This research will also explore the deficiencies of naturopathic medicine in serving Indigenous patients so that the profession can work toward offering culturally safe and more inclusive naturopathic care.

As part of this research, I am seeking to interview ten Indigenous people who have accessed naturopathic medicine via a licensed ND here in Thunder Bay. Interviews will be held at Lakehead University, on the PACI campus or another mutually agreed upon location. Should you choose to participate in this research, your identity will remain confidential in any results and your participation is completely voluntary. Your willingness to participate or not, will not affect the naturopathic care that you receive. Interviews will be between 45 minutes and 75 minutes depending on how much you wish to share. For ethical reasons and to protect the doctor/patient relationship, I will not be interviewing any of my own patients.

If you are interested in participating, please contact me at jcarfagn@lakeheadu.ca or (807) 683-7287.

Sincerely,
Dr. Jessica Carfagnini ND

Appendix B: Information Letter

Investigating the experiences of Indigenous patients accessing naturopathic medicine in Thunder Bay Ontario.

Thank you for your interest in this research project. Your time and help are truly appreciated. This sheet gives some basic information on the research, what you can expect, how the data will be handled and used in the future. If anything is unclear or you want more information, please feel free to ask any question you wish, our contact details are at the end of this document.

What is this research about?

This research project is part of my (Dr. Jessica Carfagnini ND) Master in Health Sciences thesis requirement and will explore **the experiences of Indigenous patients accessing naturopathic medicine in Thunder Bay Ontario.**

What is naturopathic medicine?

Naturopathic medicine is a distinct system of medicine that treats the whole person and seeks to address the root cause of health concerns. Licensed Naturopathic Doctors develop individualized treatment plans in partnership with their patients to help them reach their health goals. NDs may use acupuncture or recommendations related to lifestyle, nutrition, exercise, plant medicines, vitamins/minerals, or other natural health products as part of the treatment plan.

What is being requested of me?

You are being invited to participate in this research because you are an Indigenous person who has sought healthcare from a Naturopathic Doctor in Thunder Bay. I am asking you to participate in a 45-75 minute conversational-style interview to share **your knowledge and perspectives about your experiences in accessing naturopathic medicine in Thunder Bay.** Your participation is completely voluntary; you may refuse to answer any questions, or withdraw from the study at any time during the interview. Each interview will be conducted by my research assistant Alexis Harvey, and audio recorded with your consent.

Are there any benefits or risks I should be aware of?

Conducting this interview will help me understand **the experiences of Indigenous patients accessing naturopathic medicine in Thunder Bay.** There are very few perceived risks from participating in this research. Your participation is voluntary and you are only being asked to offer information you feel comfortable sharing with us. I, Dr. Jessica Carfagnini ND, will have access to the recording of your interview for the purposes of this research. Your decision to participate or not (or anything you share in the interview) will not affect your naturopathic care. Benefits include having your voice and opinions heard and used in future to make naturopathic medicine more relevant and accessible to Indigenous Peoples in Thunder Bay and beyond.

Who am I and why am I doing this research?

I am a non-Indigenous Naturopathic Doctor who co-owns Thunder Bay Naturopathic Clinic. Since opening the Clinic in 2011, many of my Indigenous patients have asked me why naturopathic medicine is not funded by the government. Together we have noted that naturopathic medicine may be a desirable health care choice for Indigenous members of the community. Policy changes and funding for services requires research, and so this research aims to explore both what Indigenous people like about naturopathic medicine and potential deficiencies of naturopathic medicine in serving Indigenous patients. The results from the research will help the profession to work toward offering more culturally safe and inclusive

naturopathic care. A potential conflict of interest is that I co-own Thunder Bay Naturopathic Clinic. Since I am both an ND and a researcher I will attend to good ethics and refrain from interviewing any of my own patients. My research assistant Alexis Harvey will interview any of my patients who wish to participate. My thesis supervisor, Dr. Helle Møller and thesis committee member Dr. Charles Levkoe are guiding my research. My advisors include Dr. Miranda Lesperance HBSc, MPH, PhD, from Opwaaganisinniing (Red Rock First Nation) and Dr. Johanne McCarthy MA, ND of the Onondaga First Nation. I have consulted with Elder Gerry Martin of Mattagami First Nation and Dr. Jeanne Paul ND, of the Coast Salish tribe from the Sliammon Band in BC.

Contribution of Indigenous Peoples: My ND colleagues and I are developing relationships with Chief Duncan Michano of Biigtigong Nishnaabeg and his colleagues at Anishinabek Nation as we all explore the role of naturopathic medicine in supporting Indigenous-led healthcare models. We have also been connecting with Anishnawbe Mushkiki Aboriginal Health Access Centre about how naturopathic medicine can be of service as they explore how to incorporate traditional medicines into their Clinic. By sharing your experiences with naturopathic medicine as an Indigenous person, you can contribute to our work in improving healthcare for Indigenous Peoples.

How should I expect to be treated?

This research aims to maintain the highest standards of ethical conduct and integrity. Centrally, this means that in participating in this research you should feel that you, and your contribution to this research, have been treated with respect. Participation is entirely voluntary and all information offered will be treated in good faith. You are welcome to refuse to participate, withdraw from the research during the interview, or refuse to answer any of the questions without having to provide a reason and without any negative consequences. All questions about the research, its aims and outcomes will be answered openly and honestly.

What will happen to the data after it is collected?

In all cases, nothing you say will be attributed to you individually. Your anonymity will always be the number one priority. My research assistant Alexis Harvey will conduct your interview. Only myself and my thesis advisor Dr. Helle Møller will have access to the interview transcript and identifiable materials (including audio recordings, hand-written notes and your consent form). All raw data, audio recordings and typing up of interviews will be encrypted and stored on password protected computers and in locked filing cabinets for a minimum of 7 years and then destroyed. Transcripts of interviews will be shared with research participants, who will have the opportunity to give feedback. After feedback has been incorporated, the data will be de-identified and will begin our interpretation and write-up of findings. The final research findings will be used to write articles to submit to peer-reviewed journals for publication, to create presentations for health conferences, and used as a tool to advocate for improved access to naturopathic care for Indigenous Peoples. These knowledge products will be shared with research participants. For ethical reasons and to protect the doctor/patient relationship, I will not be interviewing any of my own patients for this research.

If you have any questions or concerns about the research or the research process, please let us know as soon as possible.

Should you have specific questions related to the research ethics board approval of this study, please contact Susan Wright, manager of research ethics and contracts: (807) 343-8010 ext. 8283 or susan.wright@lakeheadu.ca.

Thank you again for your time and assistance,

Dr. Jessica Carfagnini ND, (807) 683-7287
jcarfagn@lakeheadu.ca

Dr. Helle Møller, (807) 343-8010 ext. 8965
hmoeller@lakeheadu.ca

Alexis Harvey, research assistant. aharvey5@lakeheadu.ca

Appendix C: Consent form

Name of Participant _____
(please print)

- I have discussed the details of this research project and agree to participate in the research.
- I understand that the purpose of the research is to explore the experiences of Indigenous patients accessing naturopathic medicine in Thunder Bay Ontario and that Dr. Jessica Carfagnini ND, the primary researcher, is a non-Indigenous Naturopathic Doctor who co-owns Thunder Bay Naturopathic Clinic.
- I understand that Alexis Harvey, research assistant, will be conducting my interview if I am a patient of Dr. Jessica Carfagnini ND.
- I understand that my participation in this study will bring minimal risks or harm, and that my participation (or lack of participation) will not affect my naturopathic care with Dr. Jessica Carfagnini ND or any other practitioner at Thunder Bay Naturopathic Clinic.
- I understand that my participation in this study is voluntary and that I may withdraw at any time during the interview for any reason without providing a reason and without penalty.
- I understand that there is no obligation to answer any questions that I am not comfortable answering.
- Unless explicitly agreed to otherwise, I understand that information I provide will never be attributed to myself individually.
- I understand I may ask questions of the researcher at any point during the research process.

- I understand that the results of this study will be shared with Dr. Jessica Carfagnini ND and her thesis supervisor Dr. Helle Møller and that the information I provide will be stored securely at Lakehead University for a minimum of 7 years.
- Before the dissemination of research findings, any knowledge product drafts (articles, powerpoint presentations, social media posts etc) will be shared with me.
- I agree to have this interview recorded (please circle one): Yes No
- Would you like to receive a copy of the research results (please circle one): Yes No

I am fully aware of the nature and extent of my participation in this project as stated above.

Participant's Signature Date

If you have any questions or concerns about this study, please contact:

Alexis Harvey, research assistant. aharvey5@lakeheadu.ca
 Dr. Jessica Carfagnini ND (jcarfagn@lakeheadu.ca; 807-683-7287)
 Dr. Helle Møller (hmoller@lakeheadu.ca; 807-346-7954).

If you have questions about your rights as a research participant in general, please contact Sue Wright at the Research Ethics Board at 807-343-8283 or research@lakeheadu.ca

Appendix D: Interview Guide

Interview Guide for: Investigating the experiences of Indigenous patients accessing naturopathic medicine in Thunder Bay Ontario.

Dr. Jessica Carfagnini ND

This interview is narrative, and will employ elements of storytelling method and conversational method which means that the participant has the freedom to elaborate on any issue raised by the questions. The interviewer may also ask “Would you like to say more about that?” at any point in the interview in order to clarify the participants story. The interviewer may also skip questions that seem irrelevant given the story being told by the participant.

Naturopathic medicine is a distinct system of medicine that treats the whole person and seeks to address the root cause of health concerns. Licensed Naturopathic Doctors develop individualized treatment plans in partnership with their patients to help them reach their health goals. NDs may use acupuncture or recommendations related to lifestyle, nutrition, exercise, plant medicines, vitamins/minerals, or other natural health products as part of the treatment plan.

- 1) Can you tell me why you chose to seek out the care of a Naturopathic doctor?
- 2) Can you tell me about your experience in accessing naturopathic medicine here in Thunder Bay? (Probe: Where did you access naturopathic care? Who did you work with? How many appointments did you attend? What kind of therapies did the ND recommend?)
- 3) What did you like about getting healthcare from an ND? (Probe: aspects of ND care that are unique, or resonated with you?)
- 4) What kind of challenges did you face in accessing naturopathic medicine here in Thunder Bay? (cost? Geographical location? Availability of appointments?)
- 5) What would you like to improve in terms of the way naturopathic service is offered? (Probe: any barriers to service, or aspects of naturopathic care that you didn't like?)
- 6) Do you see any reasons why naturopathic medicine might be a good fit, or not a good fit for Indigenous Peoples?
- 7) Do you have any thoughts on how naturopathic healthcare can be made accessible to more people? (Probe: education of NDs? Collaboration with MDs and/or Traditional Healers?)
- 8) Is there anything else you would like to add about your experience with naturopathic medicine that we haven't already touched on?
- 9) Demographic info (if you're comfortable answering): Can you please confirm your age, gender and where you currently live? Which First Nations, Inuit or Métis community are you a part of? What is your approximate household income? Do you have extended health care benefits through your place of employment?

References:

Walji, R., Weeks, L., Cooley, K., & Seely, D. (2010). Naturopathic Medicine and Aboriginal Health: An Exploratory Study at Anishnawbe Health Toronto. *Canadian Journal Of Public Health*, 101(6), 475-480.

Appendix E: Assembly of First Nations resolution to include naturopathic medicine under NIHB

Assembly of First Nations

50 O'Connor Street, Suite 200
Ottawa, Ontario K1P 6L2
Telephone: (613) 241-6789 Fax: (613) 241-5808
www.afn.ca



Assemblée des Premières Nations

50, rue O'Connor, Suite 200
Ottawa, Ontario K1P 6L2
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www.afn.ca

SPECIAL CHIEFS ASSEMBLY December 5,6,7, 2023, Ottawa, ON Resolution no. 97/2023

Certified copy of a resolution adopted on the 21st day of March 2024 in Ottawa, Ontario CINDY WOODHOUSE, NATIONAL CHIEF 97 – 2023 Page 1 of 2

TITLE: Non-Insured Health Benefits (NIHB) Coverage for Naturopathic Medicine
SUBJECT: Health
MOVED BY: Chief Duncan Michano, Biigtigong Nishnaabeg, ON
SECONDED BY: Chief Gladys Thompson, Biinjitiwaabik Zaaing Anishinaabek, ON
BY:
DECISION: Approved by the AFN Executive Committee by consensus.

WHEREAS:

- A.** The *United Nations Declaration on the Rights of Indigenous Peoples* (UN Declaration) states: **i.** Article 24 (1): Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
- ii.** Article 24 (2): Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.
- B.** Significant disparities in health outcomes experienced by First Nations exist as a result of historical and ongoing settler-colonial influences and systemic inequities.
- C.** First Nations understand holistic approaches to health and healing, encompassed by naturopathic medicine and aligned with First Nations concepts of health, and emphasize the integration of body, mind, and spirit, as well as the use of traditional healing practices and natural remedies.
- D.** The Truth and Reconciliation Commission of Canada's Calls to Action, including specific Calls #18-23 related to health, emphasize the need to address health inequities and ensure First Nations access to the same quality of health care as other Canadians.
- E.** First Nations thrived from the land, relying on medicinal herbs and naturopathic philosophies long before colonization. However, because of colonization, these holistic medicinal approaches were forbidden by the Government of Canada. Today, First Nations are once again calling for holistic healing methods and naturopathy as a sustainable option for treatment through the Non-Insured Health Benefits (NIHB) Program.
- F.** Naturopathic therapies will help prevent and manage chronic conditions, improve mobility, and promote overall wellness, as well as reduce the need for more expensive healthcare services, such as hospitalizations and emergency room visits.
- G.** Despite the alignment with First Nations concepts of health, naturopathic services are not currently accessible to the majority of Indigenous Peoples in Canada through publicly funded healthcare systems or the NIHB Program, creating financial barriers to choices in traditional healing and health care.

THEREFORE BE IT RESOLVED that the First Nations-in-Assembly:

- 1.** Direct the Assembly of First Nations (AFN) to advocate for the Government of Canada to amend the Non-Insured Health Benefits Program (NIHB) to include coverage for the services provided by naturopathic doctors, ensuring that First Nations who choose these services have equitable access to comprehensive healthcare, consistent with the principles of the United Nations Declaration on the Rights of Indigenous Peoples (UN Declaration)
- 2.** Direct the AFN to collaborate with First Nations and their organizations, to promote holistic health and wellness, while asserting the right of First Nations to choose their form of healthcare and advance the integration of naturopathic medicine into existing healthcare systems and services.

3. Direct the AFN to engage in dialogue with relevant government authorities, healthcare providers, and Indigenous organizations to advocate for the inclusion of naturopathic services within publicly funded healthcare systems and the NIHB Program, ensuring culturally appropriate and accessible healthcare options for First Nations.

Certified copy of a resolution adopted on the 21st day of March 2024 in Ottawa, Ontario



CINDY WOODHOUSE, NATIONAL CHIEF 97 – 2023