

Cultivating Accessibility in Herbal Clinics

With Ember Peters
for Wild Rose College, 2020

Two major barriers to accessing herbal medicine are **financial** and **cultural**.

There is no model that will be accessible to everyone. You have to ask yourself:

Who do I want to access my services?

What are their specific needs and barriers?

Financial barriers exist when somebody lacks the economic privilege to have extra income to spend on their health. People who are low-income, unemployed or under-employed, single parents and elders are often in this group. Black, Indigenous and People of Colour (BIPOC) are much more likely to experience poverty/financial barriers due to discrimination and historical and ongoing exploitation including slavery and theft of land.

“When health care providers don’t understand how poverty narrows patients’ options, their patients will either be less likely to trust the advice and prescriptions they receive or more likely to blame themselves unnecessarily for their failure to improve or comply” - Claudia Chaufan and Rose Weitz in The Elephant in the Room: The Invisibility of Poverty in Research on Type 2 Diabetes”

Cultural barriers exist when a health practitioner is not familiar with, or not open to, the views, values and culture of the person seeking care. A lack of acknowledgement on the part of practitioners to their own ignorance contributes to overall dis-empowering and frustrating experiences for people seeking care.

“We have to recognize that many of our clients, especially those from BIPOC (Black, Indigenous, and People of Color) communities, will have personal or ancestral experiences of displacement from land, systemic discrimination, poverty and racism that will impact their ability to be well. We also have to recognize that our clients’ worldviews, values and traditions may be vastly different than our own. In our work with our clients, we can incorporate supporting access to community connection, traditional foods, medicines and culture; and connection to land - recognizing these as integral parts of healing.... A holistic herbal protocol should be tailored to the specific narratives, worldviews, traditions and needs of our clients. We need to be aware of our own cultural blind spots and our ability to meet our clients where they are at.” - Ember Peters in Diabetes and Systemic Barriers to Health

Client-centred care is the practice of empowering our clients to work towards their personal healing goals based on their realistic capacities, barriers to resources and cultural values. In this practice, we set aside our own agenda or ideas of what success looks like for someone, and support them in what they want and are able to do for their health, based on their own values and cultural traditions. A part of client-centred care is a practice of harm reduction, where we challenging stigma, shame and judgements of people’s health, choices, and life circumstances.

Other types of barriers to consider include:

Physical: is your space wheelchair accessible? Do you have a wheelchair accessible washroom? Are you located up a flight of stairs?

Technological: Do you assume your clients all have access to the internet? If so, who might be left out? Do you have multiple contact methods with your clients?

Transportation: Are you on a bus route? Does travelling to your clinic require a car? Do you offer alternate locations or virtual offerings for people who don't have access to a car?

Environmental: Many people are sensitive to chemical and even natural scents. What is the scent policy in your office/building? What other toxic exposure might there be in your office/building/neighbourhood?

Accessible Clinic Models

How can you receive adequate compensation for your work *and* increase accessibility in your practice?

What are possible sources of funding to increase access for your clients and customers, especially prioritizing Black, Indigenous and People of Colour?

Teaching: classes and programs are a great way to subsidize access for BIPOC/low income clients/students/customers. You can include in your budget a portion of the proceeds going towards people to access your clinical practice or classes who couldn't otherwise. I recommend starting at about 5-10% of proceeds from classes. You can also work into your budget to offer reduced rates for BIPOC/low income students.

Sliding scale asks people with more access to financial resources to pay more, allowing people without access to financial resources to pay less.

- Pros: People can decide how much they are able to pay. I tell people to “pick a number that feels like its enough that you are investing in your health, and not too much that it feels like another stressor.
- Cons: The honour system, in my opinion, gives people with more access to resources the ability to pay less than they are able, which can lead to feelings of being taken advantage of. Many people without access to resources carry shame about that and may not feel comfortable actually asking for a reduced rate.

Alternatives to sliding scale:

- Charge more for people who can pay and offer discount appointments upon request, or have some discount spots available
- Offer sliding scale for BIPOC only
- Monthly contribution commitment for herbs and consults.
- Free clinic days

Reparations

Keep in mind, BIPOC folks might not want to access your clinic or classes if they are primarily white spaces. Another way to promote access for BIPOC healing is to offer funds to subsidize their access to

other BIPOC healers or herbalists in your community, or offer funds to the BIPOC healers themselves to be able to offer more accessibility options for people in their community.

This is just a beginning!

The information in this class is build on the knowledge and experience of many amazing herbalists and practitioners. Thank you to:

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