

Study: Unmet health care needs during the pandemic and resulting impacts among First Nations people living off reserve, Métis and Inuit, March 2020 to May 2021

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The COVID-19 pandemic has had significant social, economic and health impacts on Indigenous people. Little is known about access to health care services during the pandemic and the potential effects of unmet health care needs among First Nations people living off reserve, Métis, and Inuit.

A new study released today uses data from the Survey on Access to Health Care and Pharmaceuticals During the Pandemic, collected between March 8 and May 15, 2021, to explore the prevalence of various chronic conditions, and health care services that were needed and not received, among First Nations people living off reserve, Métis, and Inuit in the provinces. The study also explores experiences of discrimination and related barriers to access of health services and the reported health impact of service delays and disruptions on these populations.

First Nations people living off reserve (21%) were more likely than non-Indigenous people (15%) to report an unmet need for health care services in the first year of the pandemic. The prevalence of unmet health needs was not significantly different between Status (20%) and non-Status (25%) First Nations people. No significant differences in prevalence were seen among Métis (17%) and Inuit (21%^E) and non-Indigenous people (15%) in the first year of the pandemic.

The health care services that were most frequently reported as needed but not received during the first year of the pandemic among First Nations people and Métis included consultation with a specialist medical doctor (First Nations people, 28%; Métis, 31%), consultation or treatment from a family doctor or nurse practitioner (First Nations people, 25%; Métis, 25%) and screening or diagnostic testing, excluding COVID-19 testing (First Nations people, 11%^E; Métis, 19%). Some of the other reported health services needed but not received during the first year of the pandemic included mental health or addiction services (such as counselling or therapy), surgery, or treatment for or monitoring of a chronic condition; 1 in 10 First Nations people living off reserve and 1 in 10 Métis reported not receiving at least one of these services.

Almost half of First Nations people living off reserve (43%), Métis (42%), and Inuit (43%) who required health care services in the year before the survey experienced problems with scheduling appointments compared with 37% of non-Indigenous people. Roughly one-third of First Nations people, Métis, Inuit, and non-Indigenous people reported that consultation and treatment from a family doctor or nurse practitioner were cancelled, rescheduled or delayed due to the pandemic. First Nations people (10%^E) and Métis (9%^E) were about twice as likely as non-Indigenous people (5%) to report pandemic-related scheduling problems for mental health or addiction therapy and counselling services.

Other health care barriers more frequently reported by Indigenous people include a lack of available health care in their area, transportation issues in accessing health care, and lack of culturally appropriate and other traditional healing services. Discriminatory health care experiences during the pandemic were reported by 6% of First Nations people living off reserve, 1%^E of Métis, and 13%^E of Inuit.

First Nations people (42%) and Métis (39%) were more likely than non-Indigenous people (28%) to say pandemic-related difficulties or delays in getting health care services caused them pain during the first year of the pandemic. Similarly, having difficulty with activities of daily living, such as dressing, preparing meals, or driving, due to pandemic-related service disruptions and delays, was reported by a higher percentage of First Nations people (28%) and Métis (27%) than non-Indigenous people (18%). In terms of deteriorating overall health or worsening of a condition, again, a higher percentage of First Nations people (31%) and Métis (31%) reported this than non-Indigenous people (20%).



Please note that estimates with a coefficient of variation between 15% and 35% are indicated with an ^E in this release and should be used with caution.

Definitions, data sources and methods: survey number 5346.

The study "Unmet health care needs during the pandemic and resulting impacts among First Nations people living off reserve, Métis and Inuit" is now available as part of the series *StatCan COVID-19: Data to Insights for a Better Canada* (45280001).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca).