

Study: Access to primary health care among First Nations people living off reserve, Métis and Inuit, 2017 to 2020

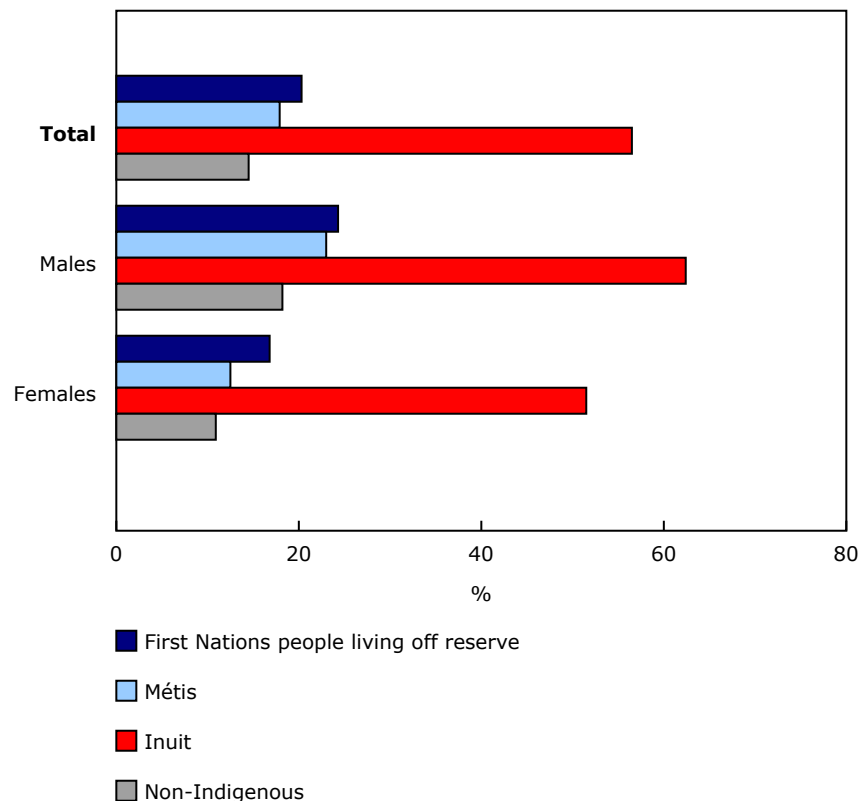
Released at 8:30 a.m. Eastern time in *The Daily*, Friday, October 6, 2023

Using combined data from the Canadian Community Health Survey from 2017 to 2020, a new study shows that being male, aged 18 to 34 years, living in remote or very remote areas and in regions such as the territories were important factors associated with not having a regular health care provider among First Nations people living off reserve, Métis and Inuit.

Regular health care providers (RHCPs) are health professionals that a person sees or talks to when they need care or advice about their health, including family doctors, specialists, nurses, pharmacists and social workers. Access to a RHCP plays an important role in preventative care and managing ongoing medical conditions.

From 2017 to 2020, significantly higher proportions of First Nations people living off reserve (20.3%), Métis (17.9%) and Inuit (56.5%) reported being without a RHCP, compared with their non-Indigenous counterparts (14.5%).

Chart 1
Percentage of the population aged 12 and older without a regular health care provider, by Indigenous identity and sex, Canada, 2017 to 2020



Note(s): Responses "not stated," "don't know" and refusal are excluded from the calculation of the percentages.
Source(s): Canadian Community Health Survey (3226), combined two-year files (2017-2018 and 2019-2020).

Younger adults aged 18 to 34 were least likely to have a RHCP, compared with all other age groups. About one-quarter of First Nations people living off reserve (26.3%), Métis (24.7%) and non-Indigenous people (25.1%) aged 18 to 34, as well as two-thirds (66.0%) of Inuit younger adults, did not have a RHCP.

Regionally, access to a RHCP was lowest in the territories and highest in Ontario among First Nations people living off reserve and Métis. About one-half of First Nations people living off reserve (52.2%) and Métis (49.3%) in the territories reported not having a RHCP, compared with Ontario, at 12.3% for First Nations people living off reserve and 11.8%^E (see Note to readers) for Métis. Inside Inuit Nunangat, over 8 in 10 (84.5%) Inuit did not have a RHCP.

Higher proportions of those living in very remote areas did not have an RHCP. A little over one-half of First Nations people living off reserve (50.4%) and Métis (51.7%^E) (see Note to readers) in very remote areas did not have a RHCP from 2017 to 2020. The proportion among Inuit living in very remote areas was 81.6%.

Among those who reported having a RHCP, similar proportions of First Nations people living off reserve (12.9%), Métis (14.2%), Inuit (11.6%^E) (see Note to readers) and non-Indigenous people (11.0%) reported waiting for more than two weeks for an appointment with their RHCP or another provider in the same office.

Wait times among First Nations people living off reserve and Métis were higher in the Atlantic provinces (19.7% for First Nations people living off reserve and 20.9%^E for Métis) (see Note to readers), compared with Ontario (12.9% and 13.6%, respectively).

Across all groups, those living in remote areas were significantly more likely than those living in easily accessible areas to report having to wait for more than two weeks for an appointment with their RHCP or another provider in the same office.

Note to readers

Inuit Nunangat—the homeland of Inuit in Canada—comprises four regions: Inuvialuit region (northern Yukon and northwestern part of the Northwest Territories), the territory of Nunavut, Nunavik (northern Quebec) and Nunatsiavut (northern Labrador).

This study uses Statistics Canada's remoteness index (RI) and RI thresholds established by Subedi et al. (2020) to manually classify all census subdivisions into varying levels of remoteness: easily accessible, accessible, less accessible, remote and very remote areas.

The Canadian Community Health Survey did not sample those living on reserves and in the two Quebec health regions of Région des Terres-Criées-de-la-Baie-James and Région du Nunavik.

Estimates with a coefficient of variation from 16.6% to 33.3% are indicated with an "E" and should be used with caution.

Definitions, data sources and methods: survey number 3226.

The study "[Primary health care access among First Nations people living off reserve, Métis and Inuit, 2017 to 2020](#)" is now available as part of the *Indigenous Peoples Thematic Series* ([41200002](#)).

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).