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Review Article

Exploring Access to Universal Healthcare among Indigenous Peoples in Canada

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Abstract

Canada's healthcare system is founded on universality, yet Indigenous Peoples face significant barriers to equitable care. This paper explores the challenges Indigenous communities encounter, including jurisdictional disputes, systemic racism, and inadequate healthcare infrastructure. It argues that achieving inclusivity requires moving beyond one-size-fits-all policies toward culturally responsive, community-driven solutions that uphold Indigenous rights and self-determination. Strategies discussed include cultural safety programs, better healthcare provider education, and increased Indigenous participation in decision-making. It calls for a collaborative approach involving all levels of government, especially Indigenous governments, to improve policy development, resource allocation, and service delivery. Legal reform and clearer accountability frameworks are essential to shifting power dynamics and ensuring equitable access to healthcare.

Keywords: Indigenous health; Health equity; Universal healthcare; Policy development; Cultural safety

Introduction

Canada's healthcare system, founded on the principle of universality, is often seen as a global model, emphasizing that healthcare access should be based on need, not financial means [1]. The Senate affirms that every resident is entitled to publicly funded health services under provincial or territorial plans [2]. Universal programs aim to provide equal services regardless of location or socioeconomic status [3]. However, this ideal fails to address the health disparities faced by Indigenous Peoples, who continue to encounter significant barriers. These disparities highlight a critical oversight in national healthcare: the failure to incorporate the unique needs and rights of Indigenous communities. By not addressing these inequities, Canada risks reinforcing colonial structures and systemic racism in public institutions, exacerbating intergenerational trauma and eroding trust in government systems.

Research links healthcare challenges among Indigenous communities to the broader concept of universal health coverage in Canada [3]. Statistics show that 32% of First Nations people off-reserve, 30% of Métis, and 29% of Inuit report unmet healthcare needs, with discrimination reported by 24% of First Nations, 23% of Inuit, and 18% of Métis [4]. Indigenous Peoples experience higher rates of child mortality, infectious diseases, diabetes, and lower life expectancy compared to non-Indigenous populations [3], undermining the core objective of the Canada Health Act [5]. This paper examines the barriers preventing Indigenous Peoples' access to healthcare and presents strategies to overcome them. Achieving true inclusivity requires moving beyond a one-size-fits-all approach and adopting culturally responsive, community-driven solutions that respect Indigenous rights and self-determination.

Barriers Encountered by Indigenous Peoples

Indigenous communities in Canada face significant barriers within the healthcare system, undermining its ideal of universality [3]. Key obstacles include the affordability of essential services, limited funding, and lack of awareness about available coverage. These challenges stem from jurisdictional disputes in Canada's healthcare framework, where cost-sharing agreements between the federal government and provinces hinder coverage for services like dental, vision, home care, and other health supports.

Recent provincial decisions reveal the fragility of the cost-sharing model. Alberta, under Premier Danielle Smith, plans to withdraw from the federal dental care program by 2026, arguing it duplicates existing coverage for many Albertans [6]. Provinces remain wary of federal commitments, citing past instances where Ottawa reduced or cut funding, forcing them to absorb the shortfall. Although these tensions affect all Canadians, they place a heavier burden on Indigenous communities already facing socio-economic disadvantages. Despite federal initiatives like the Non-Insured Health Benefits (NIHB) program for Inuit and Status Indians, Indigenous Peoples often pay out-of-pocket for essential services not covered by these programs. As a result, they experience higher rates of dental issues, vision impairments, and chronic conditions requiring home care [3]. Gaps in knowledge about NIHB coverage and high transportation costs, especially from remote communities further hinder access to care [7]. Beyond jurisdictional issues, race plays a crucial role in healthcare access for racialized and marginalized communities [8]. In Canada, racism is a documented barrier to Indigenous peoples' access to non-Indigenous-led health services [9]. A qualitative study in Prince George identified racism and discrimination as major obstacles to healthcare for Indigenous people [9].

Additionally, 71% of Indigenous adults in Toronto reported experiencing racism from healthcare professionals, which hindered or delayed their care. Both healthcare providers and Indigenous community members highlighted discrimination based on Indigenous status, identity, or appearance [9], revealing the pervasive nature of racism in the healthcare system.

Discrimination in Canadian healthcare often stems from negative biases among healthcare professionals, rooted in widespread stereotypes about Indigenous Peoples. These biases lead to harmful assumptions, such as labeling Indigenous individuals as addicts or alcoholics, causing healthcare providers to question the legitimacy of their illnesses or suspect them of seeking medication fraudulently. This discrimination worsens healthcare disparities, with physicians withholding specialist referrals [10].

Discrimination and racism in healthcare significantly affect the quality of care Indigenous Peoples receive. One of the most common barriers reported by Indigenous participants is the perceived poor quality of care, often linked to racism, such as delayed diagnoses, denial of medication (especially pain relief), long wait times, or lack of treatment. These experiences foster the belief that care will be inadequate or discriminatory, causing many to avoid seeking healthcare. Thus, perceived poor quality, shaped by racism, mediates the impact of systemic racism on reduced healthcare access for Indigenous populations [11].

Research on urban Indigenous populations shows that racism delays healthcare seeking, often until conditions worsen and require emergency department visits. One study found that Indigenous individuals have higher hospital admission rates for conditions typically treatable in primary care settings [11]. While racism impacts Indigenous health, it is just one of many barriers to quality care. Infrastructure also plays a crucial role in the accessibility and adequacy of healthcare for Indigenous populations.

Universal healthcare for Indigenous Peoples also faces challenges due to inadequate infrastructure. While 70% of Inuit in Nunangat have seen a medical professional, only 23% have a regular doctor, and 14% report unmet healthcare needs. Common reasons include unavailable services (25%) or services not offered at the right time (15%) [7]. These statistics highlight the significant impact of inefficient infrastructure, as effective healthcare delivery relies on a sufficient and well-equipped workforce [7]. Geography further compounds these challenges as a place of residence greatly impacts access to timely health services. Indigenous peoples in rural and remote areas face challenges in finding and retaining healthcare professionals, leading to shortages and reliance on non-resident workers [7]. Lengthy waitlists and a lack of accessible doctors or nurses create additional barriers for First Nations individuals on reserves [7]. Even in urban areas, where services are more accessible, significant barriers remain [9]. The scarcity of healthcare professionals increases transportation challenges, as many Indigenous individuals must travel to urban hospitals for emergencies, specialist appointments, diagnoses, and treatments. This extensive travel incurs high costs, discouraging some from seeking care, which delays diagnosis and treatment [7]. Financial hardship exacerbates these issues, with poverty acting as a major barrier to accessing healthcare, even within Canada's universal system [12].

Breaking Down Barriers to Indigenous Healthcare with Targeted Solutions

Combating Racism and Discrimination

Racism is a significant barrier to equitable healthcare for Indigenous communities. A survey found that while only 16% of Indigenous respondents reported never experiencing healthcare discrimination, 84% of white healthcare workers acknowledged its widespread prevalence [13]. Papillon argues that addressing healthcare racism in Canada requires a model that embraces diversity within universality. In contrast, Browne et al. [14] suggest adopting the "Cultural Safety" framework, developed by Māori nurse leaders. This approach goes beyond cultural sensitivity by challenging power dynamics, discriminatory practices, and entrenched racism, while also recognizing the lasting effects of historical injustices on health and healthcare.

Patient- and family-centered care should be expanded to include contextually tailored care that addresses the unique characteristics of local communities and populations. This involves adjusting practices, policies, and clinical guidelines to meet the needs of local demographics and the changing social realities they face [14]. Successful implementation of these strategies requires supportive organizational policies and a deep understanding of the diverse contexts shaping the health of Indigenous Peoples and the socio-political environment in which healthcare is provided [14].

To combat healthcare racism, comprehensive training for professionals in all public health disciplines is essential. Indigenous Peoples often face unsafe care, disrespect, and discrimination from healthcare providers, making it critical for training to focus on delivering culturally safe care while addressing racism, discrimination, and negative stereotypes. Such training is key to narrowing the health gap between Indigenous and non-Indigenous Peoples [7]. At the organizational level, mandatory anti-racist training for all personnel, including administrators, managers, and service providers, is necessary to address the risk of inequitable treatment. Additionally, cultural safety training is crucial for improving communication between Indigenous individuals and healthcare providers, helping to counteract racism and support universal healthcare [14].

Effective communication reduces stress for Indigenous patients who may not speak English or French as their primary language, helping them express health concerns and understand their diagnosis, treatment, and medications. Key strategies include using Indigenous translators, patient navigators, and health workers, providing culturally relevant health education and respecting Indigenous family structures [7]. Building relationships, reflecting on personal behaviors and beliefs, and involving patients in care decisions are essential for improving communication and applying cultural safety in healthcare. These strategies are crucial for enhancing access to healthcare for Indigenous Peoples and combating years of racist treatment. Additionally, reforms should prioritize Indigenous-led approaches to health, with Indigenous control over service design and administration being central to ensuring cultural safety in healthcare [3].

A key strategy in combating healthcare racism is for providers to confront and actively address racism and discrimination toward Indigenous Peoples. This requires healthcare providers to understand the historical context influencing Indigenous healthcare experiences [14]. Healthcare staff must develop strategies to counter judgments about "personal responsibility" that may arise in verbal and non-verbal interactions. For example, clinic staff must learn to respond to those who blame Indigenous Peoples for their suffering, particularly regarding health and substance use issues [14]. Establishing a "speak-up culture" is vital to combat racism, as reluctance to denounce prejudiced behavior contributes to systemic racism [13]. Critical allyship is essential, involving active efforts to challenge discriminatory practices, support marginalized voices, and advocate for systemic change.

Organizations addressing racism and discrimination must challenge neoliberal discourses that promote meritocracy and individual responsibility, as these ideologies obscure systemic inequities. Such discourses overlook the structural barriers faced by marginalized communities. Allegations of discrimination should be taken seriously, as dismissing patients' concerns about disrespect as oversensitivity or an unfair advantage invalidates their experiences and perpetuates harm [14].

Resolving Jurisdictional Obstacles

The need to address "jurisdictional quagmires" is widely acknowledged [3]. The ongoing ambiguity among federal, provincial, and territorial governments leads to delays in healthcare access and exacerbates inequities for Indigenous populations [3]. Proposed solutions include promoting co-equal treatment of all stakeholders to foster collaboration, clarifying legislative responsibilities, and increasing the involvement of provinces, states, and territories in Indigenous healthcare. Papillon argues that, given Canada's political structure, "jurisdictional realignment is highly unlikely," and that the focus should shift toward "collaboration and coordination." Addressing jurisdictional challenges requires the establishment of a legislative framework that clearly defines federal responsibilities, accompanied by robust accountability mechanisms to ensure transparency and prevent the erosion of commitments. This approach fosters collaboration among federal, provincial/territorial, and Indigenous partners, treating all stakeholders as "co-equals" to move beyond the segmented model and ensure the legitimacy of healthcare programs for Indigenous beneficiaries [3].

Research also highlights the power imbalance between governmental agencies regarding healthcare. This strategy emphasizes collaborative efforts, led by the federal government, to strengthen relationships with provinces and Indigenous communities. Federal authorities have often treated provinces, states, and territories as peripheral to healthcare transfers, despite their potential roles in data collection, health service planning, and resource optimization. Although constitutional constraints limit the ability to coerce provinces, federal planners can still foster collaboration through joint studies, planning initiatives, and implementation efforts involving provinces, states, and tribes [15].

This assertion highlights the divergence between national and sub-national actors in Canadian policy toward Indigenous Peoples, challenging the view that national policy merely reflects sub-national politics. It argues that those holding this view are mistaken. Federal authorities must, therefore constitutionally and with greater conscientiousness consider the interests of provinces, states, and territories in relation to Indigenous Peoples [15]. The conclusion follows that Canadian federal policy on the transfer of health planning and implementation to Indigenous Peoples has not adequately accounted for the interests and influence of provinces, states, and territories. A model in which these actors actively contribute to shaping federal policy could improve the fulfillment of health needs within Indigenous communities and make better use of limited resources [15].

Conclusion

In conclusion, this paper underscores the urgent need for inclusive and equitable healthcare policies tailored to Indigenous communities in Canada. While Canada's healthcare system is founded on universality, the persistent health disparities faced by Indigenous Peoples, driven by underfunding, staffing shortages, and systemic barriers, reveal a significant gap in achieving this ideal. These disparities are deeply entrenched in systemic racism and institutional neglect. Including Indigenous voices in health planning and program development is essential for creating culturally responsive and effective healthcare services. Without their active participation, Indigenous needs and perspectives are overlooked, resulting in policies that are ineffective and harmful, thereby perpetuating cycles of inequality. Prioritizing Indigenous-led initiatives and establishing frameworks for collaboration between federal, provincial, territorial, and Indigenous authorities is crucial to ensuring a healthcare system that truly serves all Canadians while respecting the dignity and rights of Indigenous Peoples.

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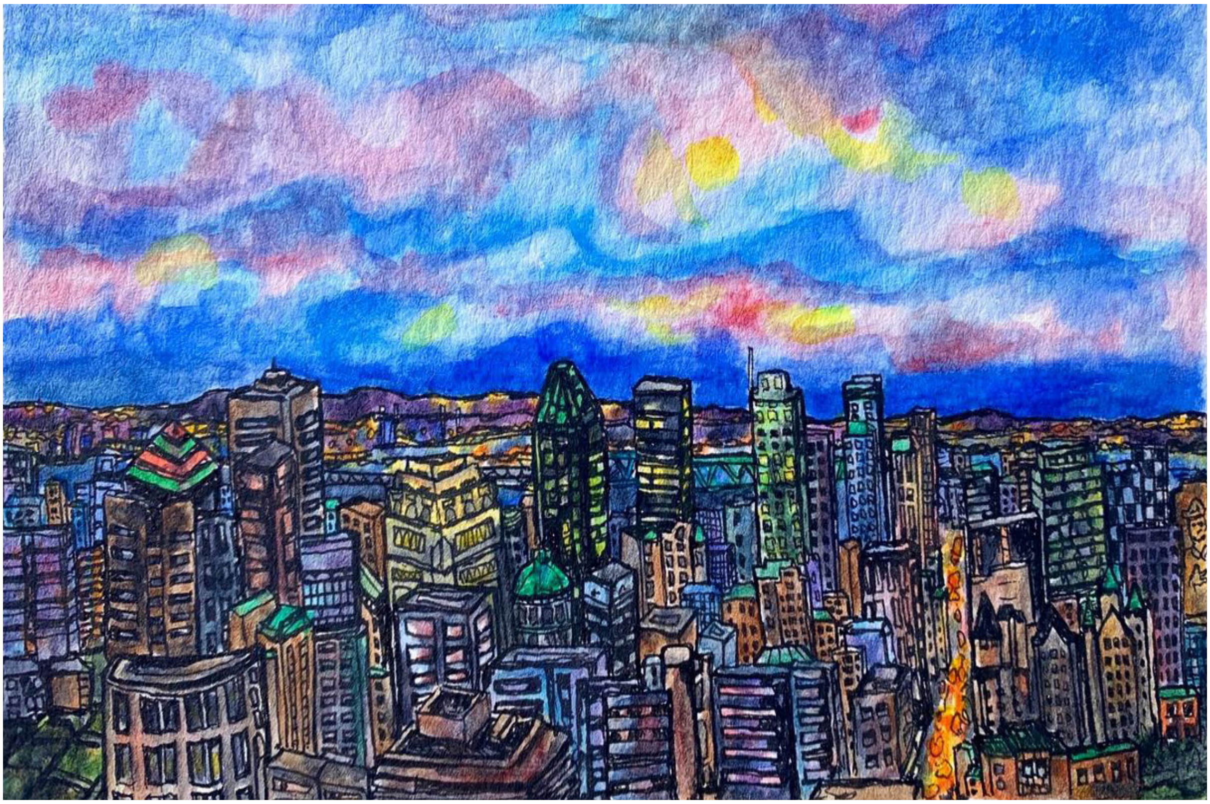

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