

Indigenous females found to face disparities in health care in Canada

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Indigenous females living "off reserve" face many disparities in health

care access, use and unmet needs, found new research in the *Canadian Medical Association Journal*.

The study included 2,902 First Nations, 2,345 Métis, 742 Inuit and 74,760 non-Indigenous females of reproductive age (aged 15–55 years) obtained from the Canadian Community Health Survey from 2015 to 2020, including 4 months during the COVID-19 pandemic.

"We found that 'off-reserve' First Nations, Métis and Inuit females reported higher morbidity and continue to face various disparities in [health care access](#), use and unmet needs," writes Sebastian Srugo, a researcher with the Public Health Agency of Canada. "Specifically, fewer Indigenous females reported having access to a regular health care provider, especially in the territories and Prairies; more waited longer for an appointment; and more used hospital services for nonurgent care."

The authors, who include patients and members of community organizations on the Indigenous Advisory Committee, note that racism and lack of equity are widespread and contribute to disparities in health access and higher rates of illness among Indigenous females. A key issue is having access to a consistent primary care provider for continuity of care.

"To alleviate these disparities, our Indigenous advisors recommend that Canada leverage more accessible and culturally competent health care providers and that survey developers try to fill outsized gaps in Indigenous health data," the authors conclude. "Future work should monitor these disparities over time and fill large gaps in our findings, such as by ascertaining data on 'reserves.'"

More information: Disparities in primary and emergency health care among "off-reserve" Indigenous females compared with non-Indigenous females aged 15–55 years in Canada, *Canadian Medical Association*

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