



Healthcare for Indigenous women:

A story of struggles to positive strides

Indigenous women, people assigned female at birth (AFAB), and gender-diverse folks are entitled to high-quality and equal healthcare.

Regular and easy-to-get healthcare is important to stay healthy. During reproductive years, healthcare is also important to ensure healthy pregnancies and children.

But researchers and Indigenous organizations have found that Indigenous women, people AFAB, and gender-diverse folks often struggle to get the healthcare they need.

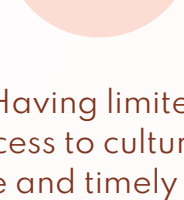
There are three general barriers to healthcare:



Living far from healthcare facilities and providers



Not being able to afford healthcare services, medication, transportation, or childcare



Having limited access to culturally safe and timely care

Indigenous Peoples also face other barriers:



Systemic racism



Intergenerational trauma



Mistrust of the healthcare system



Gender inequality

Healthcare challenges by the numbers

Today, these barriers are making it harder for **off-reserve First Nations, Métis, and Inuit women, people AFAB, and gender-diverse folks** to get the healthcare they need compared to **non-Indigenous people**.

FIRST NATIONS WOMEN & PEOPLE AFAB

Off-reserve First Nations

vs

Non-Indigenous

80%

had a regular healthcare provider

89%

9%

accessed immediate, non-urgent care at an emergency department

6%

10%

reported that they did not receive healthcare when needed

7%

MÉTIS WOMEN & PEOPLE AFAB

Métis

vs

Non-Indigenous

16%

reported waiting over two weeks for an appointment with their regular care provider

12%

36%

visited an emergency department for any care in the past year

26%

11%

reported that they did not receive healthcare when needed

7%

INUIT WOMEN & PEOPLE AFAB

Inuit

vs

Non-Indigenous

29%

living in remote areas had a regular healthcare provider

88%

22%

reported waiting over two weeks for an appointment with their regular care provider

12%

12%

could not get any healthcare appointment in the past year

6%

These gaps were even larger during and soon after pregnancy

New and expecting Indigenous mothers

vs

New and expecting non-Indigenous mothers

71%

had a regular healthcare provider

89%

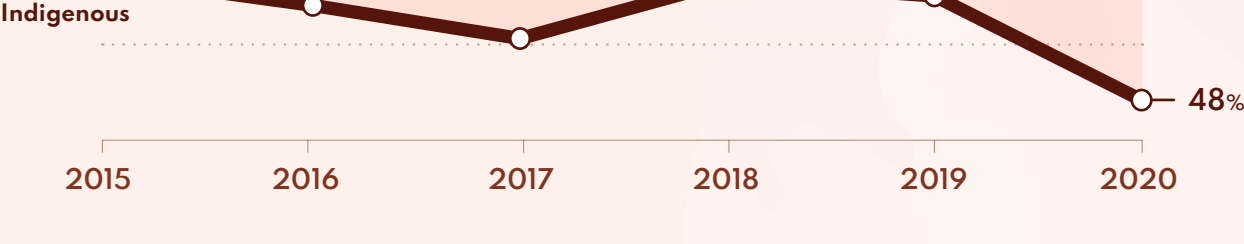
52%

visited an emergency department for any care in the past year

36%

Fewer saw a family doctor, eye specialist, dentist, or any other specialist (including a gynecologist) in the past year

The gap in having a healthcare provider grew bigger over time



Changing the Story

Indigenous Peoples, governments and organizations are working to address the situation by following the **Truth and Reconciliation Commission's Calls to Action on Health (#18 to 24)**.

THEY ADVOCATE FOR



Primary care that is easy to access

Calls to Action #19 & 21

Some provinces and territories are teaming up with pharmacists and nurses to add new ways to get care. Indigenous midwives are also making **sexual and reproductive healthcare more accessible in their communities**.



Primary care that is safe and supportive

Calls to Action #23 & 24

Indigenous leaders are partnering with the **Canadian Medical Association** and the **Government of Canada** to provide more healthcare training on Indigenous cultures and increase the number of Indigenous healthcare providers.



Primary care that is strengthened by Indigenous voices

Calls to Action #23 & 24

Indigenous leaders are advising the Government of Canada to **address racism in healthcare** and **support Indigenous health and worldviews**.

Learn more

Indigenous Peoples and cultures / Healthcare disparities for off-reserve Indigenous women and people assigned female at birth

This product was created by researchers from the Public Health Agency of Canada and University of Calgary and Indigenous advisors from **Les Femmes Michif Otipemisiwak—Women of the Métis Nation**, **Native Women's Association of Canada**, **Pauktuutit Inuit Women of Canada**, **2 Spirits in Motion**, and **Faces to the Sun Consulting Inc.**

