

Challenges in health equity for Indigenous peoples in Canada



Canada's health-care system, like the country itself, is a complex entity. As the two papers in *The Lancet's* Series on Canada^{1,2} make clear, the country's health-care landscape is made up of multiple people, places, and policies with often overlapping—and sometimes conflicting—jurisdictions, priorities, paradigms, and practices. These complexities are rooted in Canada's fairly young colonial history that resulted in a nation comprised of a majority of settler and recent immigrants and their descendants, alongside a steady resurgence of Indigenous populations of First Nations, Inuit, and Métis peoples that are growing in numbers, political acumen, and agency. Our response to these Series papers is situated in this context. It is informed by our work as academics and researchers in Indigenous public health. We are, individually, an Indigenous grandmother, a daughter of a recent immigrant, and a descendant of early settlers raising a young family with a non-Canadian partner. Our perspectives represent a small slice of Canada's diverse populations and the complexities of health-care users.

The two Series papers raise important points about the strengths of Canada's health-care system and the continuing health inequities the country must find ways to address. Some of the inequity challenges are persistent precisely because of their complexity and opacity. This year marks a decade since the watershed WHO report *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health*,³ which set out a 20-year roadmap for improving health equity globally for marginalised populations and acknowledged complexity as a driver of inequity. Recognising dramatic improvements in health in the last 30 years, the WHO report³ nevertheless called for action to close the gap of population health inequities existing between and within countries. Canada has led health equity work domestically through its universal health-care system¹ and internationally through alliance building and collective action.² Still, deep inequities persist in wellness indicators and access to health care for Indigenous populations in Canada. As Danielle Martin and colleagues¹ point out, pride in the Canadian health-care system is based on an "implicit social contract between governments, health-care providers, and the public—one that demands a shared and ongoing commitment to equity and solidarity". We remain curious about that implicit social contract: to

whom it is implicit, who it serves, by whom it is taken up, and who lives the inequality gaps that persist despite decades of inquiries, reports, policies, and initiatives aiming to ameliorate them.⁴⁻⁷

The reality remains that Indigenous children, youth, and their families and communities continue to live with unacceptably disproportionate burdens of ill health, including higher rates of infant mortality, tuberculosis, child and youth injuries and death, obesity and diabetes, youth suicide, and exposure to environmental contaminants.⁸ Social determinants of health approaches remind us that First Nations, Inuit, and Métis peoples' health status reflects the socioeconomic, environmental, and political contexts of their lives, a context inextricable from past and contemporary colonialism.⁹⁻¹¹ Major disparities in the socioeconomic status and environmental contexts resulting from colonial policies and practices continue to drive inequities that have persisted for generations. These disparities include higher levels of substandard and crowded housing conditions, poverty, and unemployment, together with lower levels of education and access to quality health-care services.¹²⁻¹⁴ Taken together with the historic and ongoing impacts of residential schooling, loss of traditional lands, decimation of political and economic self-determination, aggressive social welfare policies that remove children from their families, and other marginalising and traumatising governance policies, these disparities and conditions continue to bear down on the lives of First Nations,

Published Online
February 23, 2018
[http://dx.doi.org/10.1016/S0140-6736\(18\)30177-6](http://dx.doi.org/10.1016/S0140-6736(18)30177-6)

See Online/Comment
[http://dx.doi.org/10.1016/S0140-6736\(18\)30176-4](http://dx.doi.org/10.1016/S0140-6736(18)30176-4),
[http://dx.doi.org/10.1016/S0140-6736\(18\)30178-8](http://dx.doi.org/10.1016/S0140-6736(18)30178-8),
[http://dx.doi.org/10.1016/S0140-6736\(18\)30179-X](http://dx.doi.org/10.1016/S0140-6736(18)30179-X), and
[http://dx.doi.org/10.1016/S0140-6736\(18\)30180-6](http://dx.doi.org/10.1016/S0140-6736(18)30180-6)

See Online/Series
[http://dx.doi.org/10.1016/S0140-6736\(18\)30181-8](http://dx.doi.org/10.1016/S0140-6736(18)30181-8) and
[http://dx.doi.org/10.1016/S0140-6736\(18\)30322-2](http://dx.doi.org/10.1016/S0140-6736(18)30322-2)



Thomas Fricke/Getty Images

Inuit, and Métis individuals, families, and communities, impacting their health and wellbeing over the short and long term.^{8,9,15} As these two Series papers suggest, it is difficult to account for such complex determinants of wellbeing within traditional health-care framings, and to translate the values of equity, fairness, and inclusion into meaningful, durable, and transformative change.

Both Series papers recognise that equitable access to high-quality, culturally respectful health services for Indigenous children and families is crucial to address disparities and bring about necessary transformations in the health of Indigenous peoples. However, concepts like “culturally respectful” and “high quality” are difficult to measure, much less to implement cleanly in a complex system of health-care services. Still, important initiatives do exist that try to ensure all children have access to the same level of services, including health-care services. For example, *Jordan’s Principle*—named after Jordan River Anderson, a First Nations child from Norway Cree House Nation in northern Manitoba who died at the age of 5 years in a hospital away from family and home in the midst of a 2-year jurisdictional dispute over what level of government would pay for his home care needs—calls on the government of first contact to ensure that First Nations children have access to public services on the same terms as other children.¹⁶ However, in 2016, the Canadian Human Rights Tribunal (HRT) released a ruling against the federal government’s discriminatory underfunding of social services for First Nations children on reserves. The ruling called for the federal government to address funding disparities, ensure equitable access to culturally appropriate child and youth services, and to fully implement *Jordan’s Principle*. Since the 2016 ruling, the HRT has issued three compliance orders to the federal government,¹⁷ raising questions about where responsibilities lay for the “implicit social contract” guiding Canada’s vision of equitable health care.

Viewing the health inequities still experienced by Indigenous children and families through a social determinants of health framework can help in bringing about a more nuanced view of our health-care system and the social contract upon which it rests. Equally important is the recognition that Indigenous child and family health and wellbeing unfolds across multiple scales: clinical, systemic, and structural. These scales, which are infused with cultural nuance, are also interdependent and

relational. How these scales become operationalised can either support and enable or undermine good practice. The two Series papers allude to this. The principles of cultural safety, which focus on experiences of people receiving care, emphasise the need for self-awareness, empathy, and respect on the part of health-service providers—an orientation often requiring personal, practical, and institutional shifts.¹⁸

Cultural respect and safety threads its way through all levels of health care and is difficult to measure or chart. Practices, policies, and structures that reflect and respect cultures of those being served are the building blocks of respectful, safe health-care relationships. Creating equity, safety, and respect in health care means transforming systems, practices, and policies at multiple levels, including medical education, funding and jurisdiction, service delivery, and infrastructure. It also demands respectful collaborations and partnerships between government, communities, and health-care providers to realise the collective goal of successfully providing care to all Canadians.

*Margo Greenwood, Sarah de Leeuw, Nicole Lindsay
National Collaborating Centre for Aboriginal Health, University of Northern British Columbia, Prince George, BC V2N 4Z9, Canada (MG, SdL, NL); and Northern Medical Program, University of Northern British Columbia, Prince George, BC, Canada (SdL)
margo.greenwood@unbc.ca

We declare no competing interests.

- 1 Martin D, Miller AP, Quesnel-Vallée A, Caron NR, Vissandjée B, Marchildon GP. Canada’s universal health-care system: achieving its potential. *Lancet* 2018; published online Feb 23. [http://dx.doi.org/10.1016/S0140-6736\(18\)30181-8](http://dx.doi.org/10.1016/S0140-6736(18)30181-8).
- 2 Nixon SA, Lee K, Bhutta ZA, et al. Canada’s global health role: supporting equity and global citizenship as a middle power. *Lancet* 2018; published online Feb 23. [http://dx.doi.org/10.1016/S0140-6736\(18\)30322-2](http://dx.doi.org/10.1016/S0140-6736(18)30322-2).
- 3 Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organization, 2008.
- 4 Royal Commission on Aboriginal Peoples. Report of the Royal Commission on Aboriginal Peoples. 1996. <https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx> (accessed Jan 23, 2017).
- 5 Truth and Reconciliation Commission of Canada. Honouring the truth, reconciling for the future: summary of the final report. July 23, 2015. http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf (accessed Jan 23, 2017).
- 6 Government of Canada, Ontario, Quebec, Nova Scotia, New Brunswick, Manitoba, British Columbia, Prince Edward Island, Saskatchewan, Alberta, Newfoundland and Labrador, Yukon, Northwest Territories, Nunavut, Assembly of First Nations, Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council, Native Women’s Association of Canada. Blueprint on Aboriginal health: a 10-year transformative plan. 2005. <https://www.canada.ca/en/health-canada/services/publications/health-system-services/blueprint-aboriginal-health-10-year-transformative-plan.html> (accessed Jan 23, 2017).

- 7 Reading J, Loppie C, O'Neil J. Indigenous health systems governance: from the Royal Commission on Aboriginal Peoples (RCAP) to Truth and Reconciliation Commission (TRC). *Int J Health Governance* 2016; **21**: 222–28.
- 8 Greenwood ML, de Leeuw SN. Social determinants of health and the future well-being of Aboriginal children in Canada. *Paediatr Child Health* 2012; **17**: 381–84.
- 9 Reading C. Structural determinants of Aboriginal peoples' health. In: Greenwood M, de Leeuw S, Lindsay NM, Reading C. Determinants of Indigenous peoples' health in Canada: beyond the social. Toronto: Canadian Scholars' Press, 2015: 3–13.
- 10 Simpson L. Toxic contamination undermining Indigenous food systems and Indigenous sovereignty. *Pimatiziwini: J Aboriginal Indigenous Commun Health* 2003; **1**: 130–34.
- 11 Smith LT. Decolonizing methodologies, 2nd edn. London/New York: Zed Books, 2012.
- 12 Bougie E, Kelly-Scott K, Arriagada P. The education and employment experiences of First Nations people living off reserve, Inuit, and Metis: selected findings from the 2012 Aboriginal Peoples Survey. Ottawa, ON: Statistics Canada, 2013. <http://www.statcan.gc.ca/pub/89-653-x/89-653-x2013001-eng.pdf> (accessed Jan 23, 2017).
- 13 Kohen DE, Bougie E, Guèvremont A. Housing and health among Inuit children. *Health Reports* 2015; **26**: 21–27.
- 14 Statistics Canada. Aboriginal peoples in Canada: First Nations people, Métis and Inuit. Ottawa, ON: Statistics Canada, 2015. <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.cfm#a7> (accessed Jan 23, 2017).
- 15 Allan B, Smylie J. First Peoples, second class treatment: the role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: Wellesley Institute, 2015.
- 16 Chambers L, Burnett K. Jordan's Principle: the struggle to access on-reserve health care for high-needs Indigenous children in Canada. *American Indian Quart* 2017; **41**: 101–24.
- 17 Fontain T. Advocates once again push federal government to comply with First Nations child welfare ruling. *CBC News*, March 23, 2017. <http://www.cbc.ca/news/indigenous/blackstock-human-rights-tribunal-2017-1.4038595> (accessed Jan 23, 2017).
- 18 Greenwood M, Lindsay N, King J, Loewen D. Ethical spaces and places: Indigenous cultural safety in British Columbia health care. *AlterNative: Int J Indig Peoples* 2017; **13**: 179–89.