REPORT SUMMARY

THE HEALTH OF INDIGENOUS PEOPLE RESIDING IN URBAN CENTRES

This report summary provides an overview of the health of urban Indigenous populations in Canada. Despite the growth of Indigenous populations in urban centres over the last 80 years, there is a lack of research and appropriate policies and services for urban Indigenous people – a situation that negatively affects their health and well-being. The information presented here comes from a 2022 report from the National Collaborating Centre for Indigenous Health called *The health of Indigenous people residing in urban centres*.

Snapshot of trends and demographics

Indigenous Peoples[1] in Canada are increasingly living in urban centres. Today, more than half of the 1.8 million Indigenous people in Canada live in urban centres.

The urban Indigenous growth rate was 9.4% between 2016 and 2021 and is expected to continue growing at a slightly higher rate than the non-Indigenous population, mirroring the projected increase in the overall Indigenous population.

There are many reasons for the rapid growth in the number of urban Indigenous people. Much of the population increase is a direct result of natural growth from increased life expectancy and relatively high fertility rates. Another key reason is that more people are now self-reporting as Indigenous, particularly in response to court decisions that restored "Indian" status to people who had their registered status removed through enfranchisement.

The rapid growth of urban Indigenous populations is also rooted in historical and social factors. Historical factors include forced relocations, assimilation policies (such as those that stripped First Nations women of their status when they married non-status men), residential schools and "Indian" hospitals (which were generally located in urban areas), and child welfare polices (particularly during the Sixties Scoop, when mass numbers of Indigenous children were placed with non-Indigenous foster families, often in urban centres).

[1] The term *Indigenous Peoples* is used throughout this report to refer collectively to the original inhabitants of the lands that comprise Canada, including First Nations people, Inuit, and Métis people. Where possible and appropriate, the distinction between First Nations people, Inuit, and Métis people is noted.

Social factors generally involve conditions on reserve or in Inuit Nunangat, such as housing shortages, limited economic opportunities, and a lack of access to high schools and other social services. Some Indigenous people also relocate to urban centres for reasons related to family breakdown and social alienation stemming from the historical circumstances described above.

Urban Indigenous populations are diverse and highly mobile. Many urban Indigenous people frequently move between urban centres and rural or northern communities, as well as within urban neighbourhoods. Women and youth are over-represented in urban Indigenous populations but there is also a growing population of urban Indigenous seniors. Although some First Nations reserves are located within or adjacent to urban centres, the urbanization of Indigenous Peoples mostly involves their movement from rural/northern communities to medium or large urban centres (population of 30,000 people or more).

Health status of urban Indigenous people

Overall, urban Indigenous people have seen improvement in their health status. This may be because of the health and social benefits that come with living in urban centres, such as greater education and employment opportunities, better access to health care services, and higher socioeconomic status.

Even so, compared with the non-Indigenous urban population, urban Indigenous people experience lower levels of health in all measurable areas. For example, they are more likely to report higher rates of smoking, exposure to second-hand smoke, obesity, and chronic health conditions. They have a shorter life expectancy and are more likely than their non-Indigenous counterparts to die prematurely from avoidable causes such as intentional and unintentional injuries. They also have higher rates of poverty and other related factors that affect health, like food and housing insecurity, and high-risk behaviours.

Barriers to getting health care

Urban Indigenous people face more barriers to accessing health care services than do their non-Indigenous counterparts. Discrimination embedded in healthcare systems is a significant problem. It is well documented that Indigenous people are more likely to experience racism, stigma, and discrimination when seeking health care from non-Indigenous health services. It is particularly pronounced for people who face issues of poverty, disability, mental health, or substance use. The situation results in reduced access to appropriate health care and more experiences of lower quality, under-resourced healthcare. This in turn leads to a higher risk of misdiagnoses, under-treatment, medical errors, and untimely care.

A major challenge in improving the health of urban Indigenous people involves the complicated nature of healthcare systems. The Canadian health system is a complex patchwork of policies, legislation, and relationships. Federal and provincial/territorial governments share jurisdiction for health care for Indigenous people, but these services are mostly uncoordinated.

The federal position is that the provinces/territories are responsible for providing health services and benefits for status First Nations people living off reserve, non-status First Nations people, Inuit living outside Inuit Nunangat, and Métis people. The provinces/territories maintain that the federal government has constitutional responsibility for all Indigenous Peoples but has off-loaded that responsibility to the provinces/territories to provide services to an increasingly urban, non-reserve population. The uncertainty about responsibility means urban Indigenous people generally receive lower levels of funding for health and social supports than provided federally on reserves and in Inuit Nunangat.

There are few federal and provincial/territorial health initiatives specifically for urban Indigenous people. With fewer Indigenous-specific service options, urban Indigenous people are likely to use public health services intended for mainstream populations. These services may not be culturally appropriate for Indigenous people. All of this creates barriers to urban Indigenous people getting appropriate health care.

Research, policy development and programming

The changing nature of urban Indigenous populations demonstrates the need for more targeted programs and resources to support the health needs of these populations, particularly increasing populations of Indigenous seniors and Inuit. More programs and services are also needed to address other issues that affect the health of urban Indigenous people, such as homelessness, food insecurity, and lack of affordable and accessible rental housing.

Cultural continuity is an essential element that must be better incorporated into policy and programming. This refers to Indigenous knowledge, cultural practices, identity and sense of belonging, and connections to the land, which have all proven to have positive influences on the health and well-being of urban Indigenous people.

Cultural safety is another essential element for improving health care for urban Indigenous populations. Cultural safety training for health care providers will increase understanding of the social, political, and historical influences on urban Indigenous people's access to health care services and the ways in which Indigenous people endure a disproportionate burden of ill-health. It will also highlight the positive influence health care providers can have on the health status and health outcomes of urban Indigenous populations.

There is an increasing number of Indigenous-based organizations that provide health services to urban Indigenous people but funding support for these organizations is minimal. Urban Indigenous people have become proactive in working to improve their quality of life and health outcomes. This work incorporates Indigenous cultures, knowledges, languages, identities, and spirituality. However, much more work is needed to incorporate Indigeneity into health research, policy development, and programming for urban Indigenous people.

Finally, more demographic data is needed to identify existing needs, service gaps, and priorities. Accurate data will also help ensure funding is fairly allocated for vital Indigenous-targeted programs and services in urban centres.

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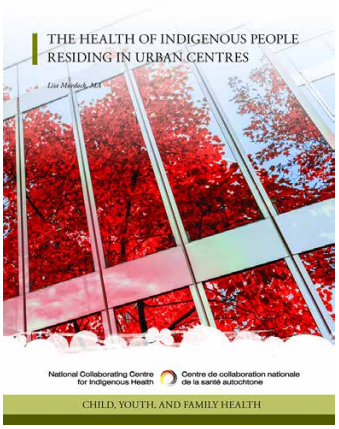

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