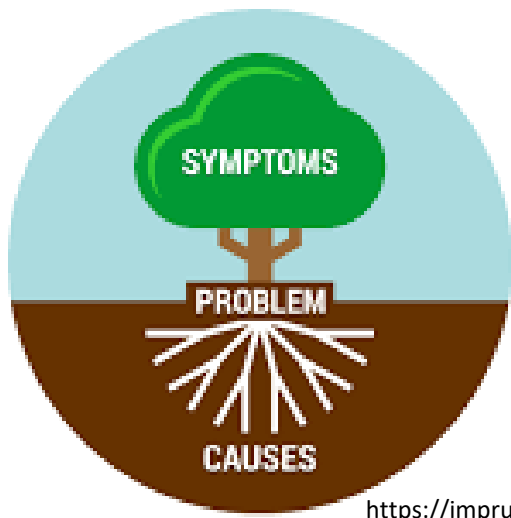


Exploring the Factors Influencing Indigenous Health Disparities

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Introduction

Despite being the fastest growing population in Canada, Indigenous Canadians possess some of the poorest levels of health in the Nation. Research suggests Indigenous Canadians have long suffered from vast and complex health disparities, however, the gaps in health status continue to grow. Evidently, current efforts to improve Indigenous health outcomes and reduce the health gap have not been sufficient and must be rethought. The purpose of this study was to explore the major root factors influencing the growing health disparities which disproportionately burden Indigenous Canadians. This research contributes to the wealth of knowledge regarding Indigenous health disparities and provides new perspectives to consider. For the purposes of this study, the term Indigenous refers to the First Nations, Inuit, and Métis people of Canada.



Background

Despite unique group identities, Indigenous Canadians have all experienced similar or shared challenges that have collectively affected their health. Due to their vast and interconnected nature, a specific focus regarding singular health disparities may not have proved sufficient, therefore an all-encompassing approach to the research topic was preferred. To provide a sample, compared to non-Indigenous Canadians, Indigenous groups disproportionately suffer from:

- An average life expectancy 11 years less
- 2x the rate of infant mortality
- 4.2x the rate of diabetes
- 300x the rate of tuberculosis for Inuit populations
- 2-11x the rate of suicide (Public Health Agency of Canada, 2018)

Methods

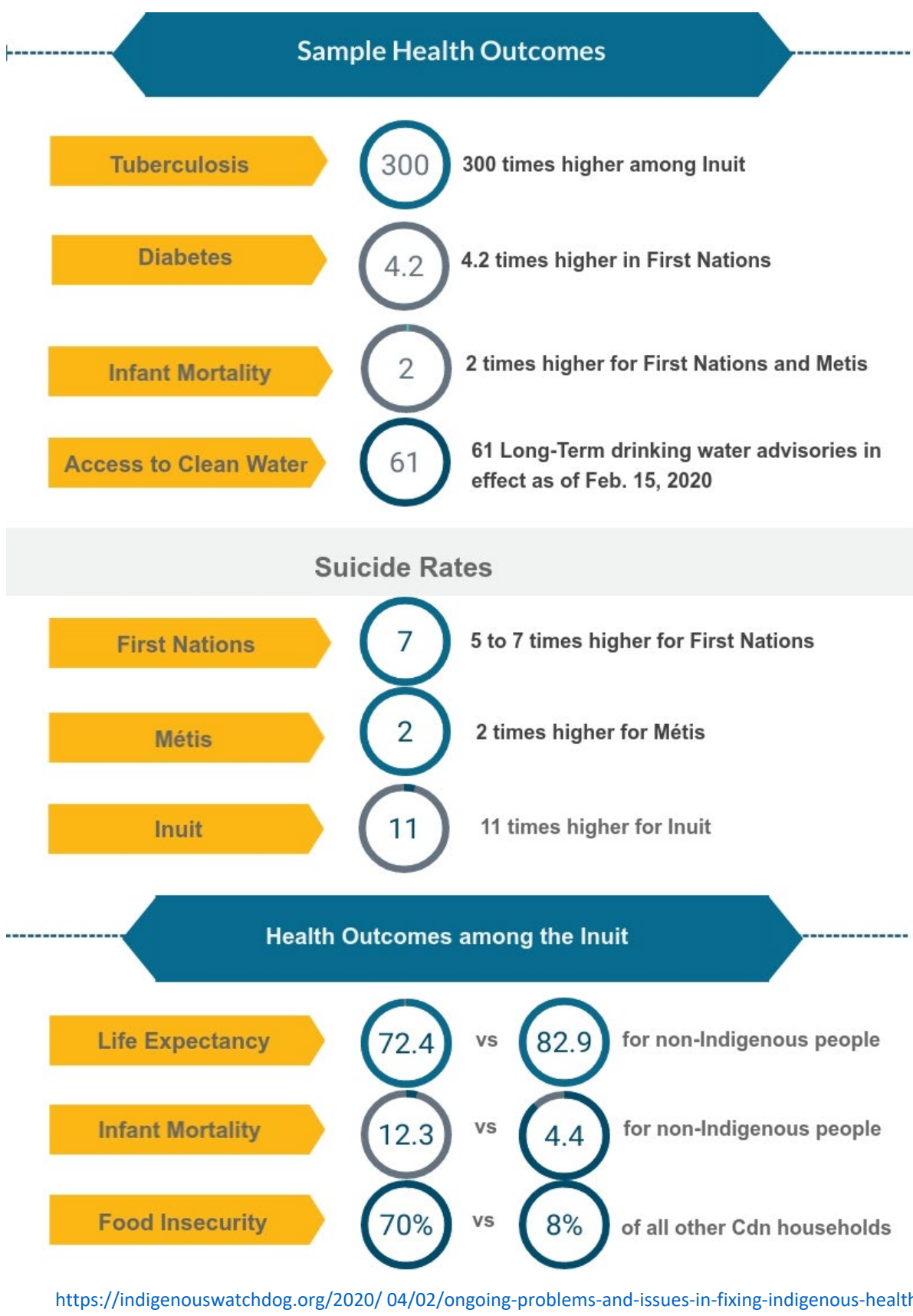
In exploring the research topic, a qualitative approach was used in conducting a review of current literature. Primarily using the EBSCO discovery service provided by the Justice Institute of British Columbia’s library and Google Scholar, a multitude of secondary source databases were accessed. To tailor the literature to the interests of this study, keywords and inclusion/exclusion criteria were implemented. The keywords “Canada”, “health disparity”, “intersectionality” and “Indigenous” were used, while results were limited to peer-reviewed, scholarly articles published between 2010-2021. All results not meeting these requirements were excluded. A process of abstract and full source reviews were then conducted, with seven articles subsequently chosen for study. The Themes of each study were compared and synthesized to provide the most accurate and reliable information.

Results/Findings

Throughout the literature, four themes were consistently identified as the main root factors influencing the health disparities. The social determinants of health were widely agreed to influence the overall status of health and health outcomes of all Canadians. Social determinants of health are the everyday, social and economic factors that influence one’s health, to which Indigenous Canadians are disproportionately affected. The second theme presented surrounded the consequences of colonialism and its processes. These consequences, historical and ongoing, are also very likely to negatively affect the health of Indigenous Canadians. Unfortunately, the concept of colonial trauma allows these impacts to persist. Similarly, a third theme of discrimination, especially within healthcare institutions has been directly linked to lower-level treatment and the furthering of the health gap (Turpel-Lafond, 2020). Research also suggests the strength of one’s cultural identity plays a large role in shaping Indigenous health disparities. The lack of cultural buffers to the various societal inequalities experienced, leaves Indigenous Canadians vulnerable to health damaging factors

Discussion

Based on the themes presented in the literature, social determinants of health within the distal category are at the root of Indigenous health disparities. Distal determinants referring to the lasting impacts of colonialism and discrimination, from which modern inequalities have been constructed (Reading & Wien, 2013, p.22). Throughout the research, new perspectives were also identified. A reference of intersectionality was argued as being essential to effecting positive and lasting change. As the large majority of the disparities making up the health gap stem from common influences, they should no longer be viewed as unique and individual to the person. Factors that disproportionately affect entire groups and populations must be addressed as such. When developing aspects of treatment, intervention and action policy, a focus on collective and communal improvements is more important than singular. Additionally, despite research describing the loss of culture and connection to land as being major root influences, there was surprisingly little information exploring the feasibility and value of cultural revitalization.



Conclusions

As Indigenous health disparities have been acknowledged for decades, there is an extensive wealth of information exploring their causes. Despite this, few improvements in health outcomes or in the size of the health gap have been identified. The failure to effect meaningful and positive change may be linked to the intersectional nature of the disparities and their influences. Efforts for further research should be extended to investigate the complex facets in which the various influences interact to shape one another. Additionally, there is value in increasing research efforts concerning the potential of cultural revitalization, its impacts and how it may be achieved. If conducted, future research could help shape new policies, treatments and initiatives effecting positive change.

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