



# Indigenous Community Health Workers Across Canada

Technical Report



# Contents

Methodology .....	3
Statistical analyses .....	3
Literature review .....	3
Definitions of Northern and Southern Canada .....	4
Health region peer groups .....	5
Indigenous identity .....	5
Data suppression and rounding .....	6
Occupations we examined .....	6
Bibliography .....	10



# Methodology

## Statistical analyses

We conducted descriptive analyses of Statistics Canada's Census of Population (2021) to examine the representation and distribution of Indigenous people working as community health workers and related occupations. The primary occupation lens is National Occupational Classification (NOC) 2021, unit group 42201 (social and community service workers), which includes job titles that align with community health worker roles.<sup>1</sup> We summarized counts and shares by geography (North/South, northern provincial regions, territories, and health region peer groups) and by industry using North American Industry Classification System (NAICS) 2017 categories within healthcare and social assistance.

The key research questions for the statistical analyses were:

- Where are Indigenous community health workers located across Canada?
- In which industries are Indigenous community health workers employed?
- How does formal educational attainment vary among Indigenous community health workers across geographies?

## Literature review

We also conducted a literature review to support the statistical analyses. The literature review answered the following questions:

- What are the roles and responsibilities of Indigenous community health workers, particularly in rural and remote community settings?
- What are the contributions of Indigenous community health workers to their communities?
- What systemic and contextual factors help to explain observed patterns in their location, industries, and educational attainment?

Our literature review drew from academic articles, Indigenous health authority reports, Indigenous-led reports, research centre reports, and government reports. We identified and selected these sources based on their relevance to the research questions and the quality of the source material. We prioritized articles and reports written within the last five years, though more dated literature was used where these were seminal sources or there was a limited amount of material on the topic. We reviewed 49 sources of literature, focusing on Indigenous community health workers, Indigenous

---

<sup>1</sup> Statistics Canada, "NOC 2021 Version 1.0"; Statistics Canada, "NOC 2021 Version 1.0, 42201: Social and Community Service Workers."



health determinants, and social determinants of health. The literature review provided context for the statistical analyses and potential explanations for observed statistical patterns.

## Definitions of Northern and Southern Canada

Our definitions of Northern and Southern Canada follow the Northern Development Ministers' Forum definition of Canada's North. As seen on the map below, Northern Canada includes the three territories and the northern portions of seven provinces. Southern Canada includes the parts of the provinces that fall below the red line.

### Exhibit 1

#### Northern regions of Canada



Sources: Northern Development Ministers Forum, 2001; Signal49 Research.

In this online experience, we use two visual approaches to represent Northern Canada: one aggregates all Northern regions and territories into a single North versus South comparison across Canada, while the other disaggregates the northern sections of individual provinces—defined using the same Northern Development Ministers' Forum criteria—but does not combine them with the territories or other northern provincial regions. The latter enables the reader to examine individual territories or northern provincial regions.



## Health region peer groups

Health region peer groups are groups of health regions in Canada (with every part of Canada represented) that share similar social and economic conditions. They are created using a statistical method called cluster analysis, which organizes regions into groups based on:

- population density
- age distribution
- unemployment rates
- levels of migration
- proportion of visible minorities
- Indigenous populations

Importantly, health outcomes are not used to form peer groups. This ensures that any differences in health results we see between groups are more likely related to differences in social and economic conditions, not the grouping process itself.

The main purpose of peer groups is to allow fairer comparisons between regions. By comparing regions with similar social and economic conditions, researchers can better understand differences in health outcomes. Peer groups are also helpful when provincial or regional data is too small or variable to provide reliable results.<sup>2</sup>

## Indigenous identity

We recognize that Indigenous identity can be a complex subject. For the purposes of this online experience, we use the Statistics Canada Census of Population's 2021 definitions of Indigenous identity, as we relied on that data for our analyses. In this context, Indigenous identity refers to whether the person responding to the Census questionnaire self-identified as one of the Indigenous peoples of Canada. This includes those who identify as First Nations (North American Indian), Métis, and/or Inuk (Inuit), and/or those who report being Registered or Treaty Indians (that is, registered under Canada's *Indian Act*), and /or those who have membership in a First Nation or Indian band. Aboriginal peoples in Canada (referred to here as Indigenous peoples) are defined in the *Constitution Act, 1982*, Section 35 (2) as including the Indian, Inuit, and Métis peoples of Canada.<sup>3</sup>

While it is a unique and comprehensive data source that uses high-level, comparable data,<sup>4</sup> Statistics Canada's Census definitions do not reflect the complexity of cultures and rich diversity of

---

<sup>2</sup> Statistics Canada, "Health Region Peer Groups – Working Paper, 2018."

<sup>3</sup> Statistics Canada, "Dictionary, Census of Population, 2021 – Indigenous Identity."

<sup>4</sup> Steffler, "The Indigenous Data Landscape in Canada."



Indigenous peoples across Canada.<sup>5</sup> These definitions of Indigenous can also be fluid and change over time.<sup>6</sup> There are also important limitations regarding the Census data collected from Indigenous peoples, which include (but are not limited to) lower response rates for some remote, on-reserve communities and lack of disaggregated data for very small communities.<sup>7</sup>

## Data suppression and rounding

In some instances, Census data was suppressed to meet Statistics Canada's confidentiality guidelines. In the 2021 Census, Statistics Canada suppresses values where the number of individuals corresponding to a category or geography falls below 10. In addition, Statistics Canada randomly rounds all raw counts either up or down to a multiple of five.

For further details on these guidelines, including thresholds for geographic area suppression and additional privacy measures, refer to the 2021 Census of Population Guide and related Statistics Canada documentation.<sup>8</sup>

## Occupations we examined

We examined the National Occupational Classification (NOC) system codes where community health workers are categorized, along with other occupations that could provide relevant context to this work.<sup>9</sup> We examined occupations at the two- and five-digit levels.

### Professional occupations in health

This NOC two-digit major group comprises professional occupations in health, including health treating and consultation services professionals, therapy and assessment professionals, and nursing and allied health professionals. These occupations typically require a university degree (bachelor's, master's, or doctorate) or the accumulation of several years of experience and expertise in the subject matter knowledge in a related occupation.<sup>10</sup>

---

<sup>5</sup> National Indigenous Economic Development Board, "NIEDB Recommendation Letter."

<sup>6</sup> Steffler, "The Indigenous Data Landscape in Canada."

<sup>7</sup> National Indigenous Economic Development Board, "NIEDB Recommendation Letter."

<sup>8</sup> Statistics Canada, "Guide to the Census of Population."

<sup>9</sup> Statistics Canada, "NOC 2021 Version 1.0."

<sup>10</sup> Statistics Canada, "NOC 2021 Version 1.0, 31: Professional Occupations in Health."



## Social and community service workers

This is the NOC five-digit code in which we identified that community health workers are categorized. According to Statistics Canada, social and community service workers administer and implement a variety of social assistance programs and community services and assist clients with personal and social problems. They are employed by social service and government agencies, mental health agencies, group homes, shelters, substance abuse centres, school boards, correctional facilities, and other establishments.<sup>11</sup>

## Licensed practical nurses

This is a NOC five-digit occupation. Licensed practical nurses provide nursing care, usually under the direction of medical practitioners, registered nurses, or other health team members. Operating room technicians prepare patients and provide assistance to medical practitioners prior to and during surgery. Licensed practical nurses are employed in hospitals, nursing homes, extended care facilities, rehabilitation centres, doctors' offices, clinics, companies, private homes, and community health centres. Operating room technicians are employed in hospitals.<sup>12</sup>

## Nurse aides, orderlies, and patient service associates

This is a NOC five-digit occupation. Nurse aides, orderlies, and patient service associates assist nurses, hospital staff, and physicians in the basic care of patients. They are employed in hospitals, nursing homes, assisted care facilities for the elderly, and other healthcare establishments. Emergency medical care attendants are employed by private ambulance services, urgent care centres, or other health facilities.<sup>13</sup>

## Important industries for community health workers

We examined relevant industries where community health workers are present, using the North American Industry Classification Code System (NAICS) at the two-, three-, and four-digit detail levels. However, some of these industries, such as child care services, vocational rehabilitation services, and community food and housing and other relief services, may comprise occupations other than community health workers.

## Healthcare and social assistance

This two-digit NAICS sector comprises establishments primarily engaged in providing healthcare by diagnosis and treatment, providing residential care for medical and social reasons, and providing

---

<sup>11</sup> Statistics Canada, "NOC 2021 Version 1.0, 42201: Social and Community Service Workers."

<sup>12</sup> Statistics Canada, "NOC 2021 Version 1.0, 32101: Licensed Practical Nurses."

<sup>13</sup> Statistics Canada, "NOC 2021 Version 1.0, 33102: Nurse Aides, Orderlies and Patient Service Associates."



social assistance, such as counselling, welfare, child protection, community housing and food services, vocational rehabilitation, and child care to those requiring such assistance.<sup>14</sup>

### Ambulatory healthcare services

This three-digit NAICS subsector comprises establishments primarily engaged in providing healthcare services, directly or indirectly, to ambulatory patients. Health practitioners in this subsector provide outpatient services in which the facilities and equipment are not usually the most significant part of the production process.<sup>15</sup>

The ambulatory healthcare services subsector contains the following NAICS four-digit industry groups:<sup>16</sup>

- offices of physicians
- offices of dentists
- offices of other health practitioners (includes walk-in clinics)
- outpatient care centres
- medical and diagnostic laboratories
- home healthcare services
- other ambulatory healthcare services

### Hospitals

This three-digit NAICS subsector comprises establishments licensed as hospitals that are primarily engaged in providing diagnostic and medical treatment services and specialized accommodation services to inpatients. These establishments have an organized medical staff of physicians, nurses, and other health professionals, technologists, and technicians. Hospitals use specialized facilities and equipment that form a significant and integral part of the production process. Hospitals may also provide a wide variety of outpatient services as a secondary activity.<sup>17</sup>

The hospitals subsector contains the following NAICS four-digit industry groups:<sup>18</sup>

- general medical and surgical hospitals
- psychiatric and substance use hospitals
- specialty hospitals

---

<sup>14</sup> Statistics Canada, "NAICS 2017 Version 3.0, 62: Health Care and Social Assistance."

<sup>15</sup> Statistics Canada, "NAICS 2017 Version 3.0, 621: Ambulatory Health Care Services."

<sup>16</sup> Statistics Canada.

<sup>17</sup> Statistics Canada, "NAICS 2017 Version 3.0, 622: Hospitals."

<sup>18</sup> Statistics Canada.



## Nursing and residential care facilities

This three-digit NAICS subsector comprises establishments primarily engaged in providing residential care combined with either nursing, supervisory, or other types of care as required by the residents. In this subsector, the facilities are a significant part of the production process, and the care provided is a combination of health and social services, with the health component being largely nursing services.<sup>19</sup>

The nursing and residential care facilities subsector contains the following NAICS four-digit industry groups:<sup>20</sup>

- nursing care facilities
- residential developmental handicap, mental health, and substance abuse facilities
- community care facilities for the elderly
- other residential care facilities

## Social assistance

This three-digit NAICS subsector comprises establishments primarily engaged in providing a wide variety of assistance services directly to their clients. These services do not include residential or accommodation services, except on a short-stay basis.<sup>21</sup>

The social assistance subsector contains the following NAICS four-digit industry groups:<sup>22</sup>

- individual and family services
- community food and housing, emergency, and other relief services
- vocational rehabilitation services
- child care services

---

<sup>19</sup> Statistics Canada, "NAICS 2017 Version 3.0, 623: Nursing and Residential Care Facilities."

<sup>20</sup> Statistics Canada.

<sup>21</sup> Statistics Canada, "NAICS 2017 Version 3.0, 624: Social Assistance."

<sup>22</sup> Statistics Canada.



## Bibliography

Barbo, Geneveave, and Sharmin Alam. "Evidence synthesis – Indigenous people's experiences of primary health care in Canada: a qualitative systematic review." *Health Promotion and Chronic Disease Prevention Journal* 44, no. 4 (April 2024). <https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-44-no-4-2024/indigenous-people-experiences-primary-health-care-canada-qualitative-systematic-review.html>.

Battiste, Marie. *Decolonizing Education: Nourishing the Learning Spirit*. Vancouver, B.C.: Purich Publishing Limited, 2013.

Cherba, Maria, Gwen K. Healey Akearok, and W. Alexander MacDonald. "Addressing Provider Turnover to Improve Health Outcomes in Nunavut." *Canadian Medical Association Journal* 191, no. 13 (April 2019): E361–64. <https://doi.org/10.1503/cmaj.180908>.

Clarke-Grant, Debbie. "Healthcare Access for Indigenous Communities in Rural Canada: A Narrative Review and Interdisciplinary Framework for Action." *Intergovernmental Research and Policy Journal*, 2025. <https://irpj.euclid.int/articles/healthcare-access-for-indigenous-communities-in-rural-canada-a-narrative-review-and-interdisciplinary-framework-for-action/>.

Deonandan, Raywat, Ghayath Janoudi, and Mara Uzun. "Closing the Aboriginal Education Gap: A Systematic Review of Indigenous Educational Experiences in Canada." *Journal of Educational Leadership in Action* 1, no. 6 (2019). <https://www.lindenwood.edu/academics/beyond-the-classroom/publications/journal-of-educational-leadership-in-action/all-issues/volume-6-issue-1/closing-the-aboriginal-education-gap-a-systematic-review-of-indigenous-educational-experiences-in-canada/>.

First Nations Health Authority. *Anti-Racism, Cultural Safety & Humility Framework*. FNHA, 2021. <https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf>.

First Nations Information Governance Centre. *National Report of the First Nations Regional Health Survey, Phase 3: Volume 2*. FNIGC, 2018. [https://fnigc.ca/wp-content/uploads/2020/09/53b9881f96fc02e9352f7cc8b0914d7a\\_FNIGC\\_RHS-Phase-3-Volume-Two\\_EN\\_FINAL\\_Screen.pdf](https://fnigc.ca/wp-content/uploads/2020/09/53b9881f96fc02e9352f7cc8b0914d7a_FNIGC_RHS-Phase-3-Volume-Two_EN_FINAL_Screen.pdf).

Foong, Reichert. "Professional Regulation in Healthcare: Exploring Trends, Predictors, and the Disciplinary Action Process for Health Professionals in Canada." Doctoral thesis, University of Waterloo, 2024. <https://hdl.handle.net/10012/20948>.

Greenwood, Margo, Sarah de Leeuw, and Nicole Marie Lindsay. *Determinants of Indigenous Peoples' Health, Second Edition: Beyond the Social*. Canadian Scholars, 2018.

Indigenous Services Canada. "Assisted Living Program." Government of Canada, last modified November 10, 2022. <https://www.sac-isc.gc.ca/eng/1100100035250/1533317440443>.

—. *First Nations Mental Wellness Continuum Framework - Summary Report*. Government of Canada, last modified January 27, 2015. <https://www.sac-isc.gc.ca/eng/1576093687903/1576093725971>.



—. “Funding for Capital Assets: Jordan’s Principle and First Nations Child and Family Services.” Government of Canada, last modified July 6, 2023. <https://www.sac-isc.gc.ca/eng/1644603745673/1644603776364>.

—. “Pathways to Safe Indigenous Communities Initiative.” Government of Canada, last modified July 3, 2024. <https://www.sac-isc.gc.ca/eng/1646747630193/1646747651080>.

—. “Supporting Inuit Children.” Government of Canada, last modified May 23, 2025. <https://www.sac-isc.gc.ca/eng/1536348095773/1536348148664>.

Inuit Tapiriit Kanatami. *Social Determinants of Inuit Health in Canada*. ITK, 2014. [https://www.itk.ca/wp-content/uploads/2016/07/ITK\\_Social\\_Determinants\\_Report.pdf](https://www.itk.ca/wp-content/uploads/2016/07/ITK_Social_Determinants_Report.pdf).

Loppie, Charlotte, and Fred Wien. *Understanding Indigenous Health Inequalities through a Social Determinants Model*. National Collaborating Centre for Indigenous Health, 2022. [https://www.nccih.ca/Publications/Lists/Publications/Attachments/10373/Health\\_Inequalities\\_EN\\_Web\\_2022-04-26.pdf](https://www.nccih.ca/Publications/Lists/Publications/Attachments/10373/Health_Inequalities_EN_Web_2022-04-26.pdf).

Minore, B., K. Jacklin, M. Boone, and H. Cromarty. “Realistic Expectations: The Changing Role of Paraprofessional Health Workers in First Nation Communities in Canada.” *Education for Health* 22, no. 2 (2009): 298. [https://www.researchgate.net/publication/40760241\\_Realistic\\_expectations\\_the\\_changing\\_role\\_of\\_paraprofessional\\_health\\_workers\\_in\\_First\\_Nation\\_communities\\_in\\_Canada](https://www.researchgate.net/publication/40760241_Realistic_expectations_the_changing_role_of_paraprofessional_health_workers_in_First_Nation_communities_in_Canada).

Minore, Bruce, Margaret Boone, Mae Katt, Peggy Kinch, Stephen Birch, and Christopher Mushquash. “The Effects of Nursing Turnover on Continuity of Care in Isolated First Nation Communities.” *Canadian Journal of Nursing Research* 37, no. 1 (January 1, 2005): 86–100. <https://cjr.archive.mcgill.ca/article/view/1928>.

National Collaborating Centre for Indigenous Health. *Education as a Social Determinant of First Nations, Inuit and Métis Health*. NCCIH, 2017.

—. *Access to Health Services as a Social Determinant of First Nations, Inuit, and Métis Health*. NCCIH, 2019. <https://www.nccih.ca/docs/determinants/FS-AccessHealthServicesSDOH-2019-EN.pdf>.

National Indigenous Economic Development Board. “NIEDB Recommendation Letter: Stats Can Census Data Gaps.” NIEDB, March 17, 2025. <https://www.niedb-cndea.ca/letters/niedb-recommendation-letter-stats-can-census-data-gaps/>.

Oosterveer, Tim Michiel, and T. Kue Young. “Primary Health Care Accessibility Challenges in Remote Indigenous Communities in Canada’s North.” *International Journal of Circumpolar Health* 74, no. 1 (January 2015): 29576. <https://doi.org/10.3402/ijch.v74.29576>.

Pan-Canadian Public Health Network. *Key Health Inequalities in Canada: A National Portrait*. Public Health Agency of Canada, 2018. [https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/key-health-inequalities-canada-national-portrait-executive-summary/key\\_health\\_inequalities\\_full\\_report-eng.pdf](https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/key-health-inequalities-canada-national-portrait-executive-summary/key_health_inequalities_full_report-eng.pdf).

Reading, C.L., and Fred Wien. *Health Inequalities and Social Determinants of Aboriginal Peoples’ Health*. National Collaborating Centre for Aboriginal Health, 2009.



Richmond, C., and D. Smith. "Sense of Belonging in the Urban School Environments of Aboriginal Youth." *International Indigenous Policy Journal* 3, no. 1 (2012): Article 1.

Sisco, Ashley, Margaret Caron-Vuotari, Carole Stonebridge, Greg Sutherland, and Gilles Rheame. *Lessons Learned: Achieving Positive Educational Outcomes in Northern Communities*. The Conference Board of Canada, February 2012. <http://www.conferenceboard.ca/e-library/abstract.aspx?did=4658>.

Statistics Canada. "Census Profile, 2021 Census of Population." Government of Canada, last modified November 15, 2023. <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>.

—. "Dictionary, Census of Population, 2021 – Indigenous Identity." Government of Canada, last modified September 21, 2022. <https://www12.statcan.gc.ca/census-recensement/2021/ref/dict/az/Definition-eng.cfm?ID=pop001>.

—. "Guide to the Census of Population." Government of Canada, last modified November 30, 2022. <https://www12.statcan.gc.ca/census-recensement/2021/ref/98-304/index-eng.cfm>.

—. "Health Region Peer Groups – Working Paper, 2018." Government of Canada, last modified December 14, 2018. <https://www150.statcan.gc.ca/n1/pub/82-622-x/82-622-x2018001-eng.htm>.

—. "Highest Level of Education by Geography: Canada, Provinces and Territories." Government of Canada, last modified December 15, 2025. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810038601>.

—. "National Occupational Classification (NOC) 2021 Version 1.0." Government of Canada, last modified September 28, 2021. <https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1322554>.

—. "National Occupational Classification (NOC) 2021 Version 1.0, 31: Professional Occupations in Health." Government of Canada, last modified September 30, 2021. <https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1322554&CVD=1322568&CPV=31&CST=01052021&CLV=2&MLV=5>.

—. "National Occupational Classification (NOC) 2021 Version 1.0, 32101: Licensed Practical Nurses." Government of Canada, last modified September 11, 2024. <https://www23.statcan.gc.ca/imdb/p3VD.pl?CLV=5&CPV=32101&CST=01052021&CVD=1322870&Function=getVD&MLV=5&TVD=1322554>.

—. "National Occupational Classification (NOC) 2021 Version 1.0, 33102: Nurse Aides, Orderlies and Patient Service Associates." Government of Canada, last modified September 11, 2024. <https://www23.statcan.gc.ca/imdb/p3VD.pl?CLV=5&CPV=33102&CST=01052021&CVD=1322870&Function=getVD&MLV=5&TVD=1322554>.

—. "National Occupational Classification (NOC) 2021 Version 1.0, 42201: Social and Community Service Workers." Government of Canada, last modified September 11, 2024. <https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1322554&CVD=1322870&CPV=42201&CST=01052021&CLV=5&MLV=5>.



—. “North American Industry Classification System (NAICS) Canada 2022 Version 1.0, 624: Social Assistance.” Government of Canada, last modified August 6, 2024.  
<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1369825&CVD=1369848&CPV=624&CST=27012022&CLV=2&MLV=5>.

—. “North American Industry Classification System (NAICS) Canada 2022 Version 1.0, 6241: Individual and Family Services—Industry Group.” Government of Canada, last modified August 6, 2024.  
<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1369825&CVD=1369949&CPV=6241&CST=27012022&CLV=3&MLV=5>.

—. “North American Industry Classification System (NAICS) Canada 2017 Version 3.0, 62: Health Care and Social Assistance.” Government of Canada, last modified March 18, 2021.  
<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1181553&CVD=1181554&CPV=62&CST=01012017&CLV=1&MLV=5>.

—. “North American Industry Classification System (NAICS) Canada 2017 Version 3.0, 621: Ambulatory Health Care Services.” Government of Canada, last modified March 18, 2021.  
<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1181553&CVD=1181576&CPV=621&CST=01012017&CLV=2&MLV=5>.

—. “North American Industry Classification System (NAICS) Canada 2017 Version 3.0, 622: Hospitals.” Government of Canada, last modified March 18, 2021.  
<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1181553&CVD=1181576&CPV=622&CST=01012017&CLV=2&MLV=5>.

—. “North American Industry Classification System (NAICS) Canada 2017 Version 3.0, 623: Nursing and Residential Care Facilities.” Government of Canada, last modified March 18, 2021.  
<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1181553&CVD=1181576&CPV=623&CST=01012017&CLV=2&MLV=5>.

—. “North American Industry Classification System (NAICS) Canada 2017 Version 3.0, 624: Social Assistance.” Government of Canada, last modified March 18, 2021.  
<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1181553&CVD=1181576&CPV=624&CST=01012017&CLV=2&MLV=5>.

—. “Postsecondary Educational Attainment and Labour Market Outcomes among Indigenous Peoples in Canada, Findings from the 2021 Census.” Government of Canada, last modified October 27, 2023. <https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00012-eng.htm>.

—. “Profile Table, Census Profile, 2021 Census of Population—Iqaluit, City (CY) [Census Subdivision], Nunavut.” Government of Canada, last modified November 15, 2023.  
<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>.

Steffler, Jeanette. “The Indigenous Data Landscape in Canada: An Overview.” *Aboriginal Policy Studies* 5, no. 2 (2016).

Truth and Reconciliation Commission of Canada. *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada, Volume 1*. Truth and Reconciliation Commission of Canada, n.d.



Whiteside, Heather, Laurie Turner, Sophie MacRae, and Victoria Mitrova. "Spotlight: The Regulation of Healthcare Providers and Professionals in Canada." *Lexology*, August 25, 2023.  
<https://www.lexology.com/library/detail.aspx?q=aa05d9d5-cdd2-4ed9-8aa4-d26c59930150>.



Forecasts and research often involve numerous assumptions and data sources, and are subject to inherent risks and uncertainties. This information is not intended as specific investment, accounting, legal, or tax advice. The responsibility for the findings and conclusions of this research rests entirely with Signal49 Research.

An accessible version of this document for the visually impaired is available upon request.

Accessibility Officer, Signal49 Research | Tel.: 613-526-3280 or 1-866-711-2262 | Email: [accessibility@signal49.ca](mailto:accessibility@signal49.ca)

Published in Canada | All rights reserved | Agreement No. 40063028

AERIC Inc. is an independent Canadian registered charity operating as Signal49 Research.



Where knowledge  
inspires action