



# Indigenous Professionals Needed

Technical Report for the Analysis of Indigenous  
Representation in Primary Care Professions





# Methodology

In this research, we used descriptive analyses of Statistics Canada's Census of Population from 2016 and 2021 to examine Indigenous representation in healthcare occupations, with an emphasis on primary care occupations. We examined and compared Indigenous representation in these occupations across different geographic regions of Canada for the year 2021 and looked at changes to Indigenous representation in primary healthcare occupations between 2016 and 2021.

We also conducted a literature review to further explore Indigenous representation in healthcare professions in Canada. It identified systemic, cultural, geographic, and educational barriers to Indigenous students' success, as well as strategies to improve their participation and retention in healthcare professions.

Key questions addressed in our research include:

- What is the current state of Indigenous representation in healthcare?
- Why is greater Indigenous representation in healthcare important?
- What barriers affect Indigenous students' access to education and their retention?
- What facilitators promote Indigenous participation in medical fields?
- What programs, policies, or strategies exist to enhance Indigenous representation?

We evaluated sources based on their relevance to these questions, with attention to the Indigenous populations studied (First Nations, Métis, Inuit), the geographic context (urban, rural and remote), and the institutions involved in programming and policy (mainstream versus Indigenous-focused). Our criteria for source inclusion included Canadian origin, publication within the last decade, methodology, and relevance to systemic barriers or Indigenous healthcare representation. Our review included approximately 50 sources, providing a comprehensive and diverse range of perspectives.

## Indigenous representation and equal representation

Indigenous representation indicates the proportion of the population working in a healthcare occupation that identifies as Indigenous.

In our analysis, equal Indigenous representation is met when the proportion of Indigenous people in an occupation reflects the proportion of Indigenous people living in the region. For example, five per cent of Canada's population identified as Indigenous in 2021, so Indigenous representation in an occupation would be equal if at least 5 per cent of people employed in that occupation across Canada identified as Indigenous. Because Indigenous population sizes vary across the country, targets for equal representation differ by geography.



## Data suppression and rounding

In some instances, data was suppressed to meet Statistics Canada's confidentiality guidelines. In the 2016 and 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 2016 and 2021 Census of Population Guide and related Statistics Canada documentation.<sup>1</sup>

## Impact of COVID-19 pandemic on employment and education estimates in Canada

It is worth noting that the COVID-19 pandemic may have impacted estimates of education and employment in the 2021 Census. This includes the impact of the pandemic on data collection in Indigenous and Northern communities and that of the lockdowns on employment and educational pursuit and attainment.<sup>2</sup> The response rate for Indigenous and Northern communities to the 2021 Census was 85.6 per cent, down from 92 per cent in 2016.<sup>3</sup>

## Healthcare occupations

We derived healthcare occupations from the 2016 and 2021 versions of the National Occupational Classification system.<sup>4,5</sup> We used Statistics Canada's correspondence table to compare the occupation classifications between the 2016 and 2021 versions.<sup>6</sup> However, we were unable to make comparisons for psychologists, clinical and laboratory medicine specialists, and nurse practitioners, due to changes made to the classification system between 2016 and 2021.

### Occupations important for primary care in Indigenous people and communities

We defined primary care, using Health Canada and Statistics Canada definitions,<sup>7</sup> as the first and main point of entry into the Canadian healthcare system. It includes routine care, diagnosis, treatment and management of health conditions, health promotion, and disease prevention.

There is no consensus on the exact occupations that play a role in primary care in Canada. Rather, the exact occupations needed for primary care services are population- and context-specific. We chose to focus on healthcare occupations that play a key role in primary care for Indigenous people in Canada. Our rationale for each occupation is described below.

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<sup>1</sup> Statistics Canada, "Guide to the Census of Population, 2016"; Statistics Canada, "Guide to the Census of Population, 2021."

<sup>2</sup> Statistics Canada, "Guide to the Census of Population, 2021."

<sup>3</sup> Indigenous Services Canada, "An Update on the Socio-Economic Gaps."

<sup>4</sup> Statistics Canada, "National Occupational Classification (NOC) 2021 Version 1.0."

<sup>5</sup> Statistics Canada, "National Occupational Classification (NOC) 2016."

<sup>6</sup> Statistics Canada, "Correspondence Table."

<sup>7</sup> Health Canada, "About Canada's Health Care System"; Statistics Canada, "Survey on Health Care Access."



**Psychologists:** The Indigenous population is disproportionately impacted by the mental health crisis in Canada.<sup>8</sup> To support treatment outcomes, it is important that mental health services in Indigenous communities integrate and are responsive to historical, cultural, and social contexts, including Indigenous histories and realities, Indigenous knowledge and healing practices, and community values.<sup>9</sup>

**General practitioners and family physicians:** As primary points of contact, general practitioners and family physicians are critical for diagnosing, managing, and coordinating care. They address diverse health needs and play an important role in improving health equity for Indigenous populations in Canada.

**Nurse practitioners:** Nurse practitioners often operate in underserved areas, offering comprehensive care that bridges gaps left by physician shortages, particularly in remote Indigenous communities.

**Specialists in clinical and laboratory medicine:** Specialists in clinical and laboratory medicine ensure accurate diagnostics and contribute to tailored treatment plans, which are essential for managing chronic and acute conditions in both Indigenous and non-Indigenous populations in Canada.

**Registered nurses and registered psychiatric nurses:** Registered nurses act as community health nurses in many rural and remote Indigenous communities in Canada. These nurses take on an expanded scope of practice to deliver primary care in community.<sup>10</sup> While they work in collaboration with other professionals, they are often the first point of access to primary care in rural and remote Indigenous communities.<sup>11</sup>

**Pharmacists:** As medication experts, pharmacists play a crucial role in ensuring medication safety, adherence, and education for both Indigenous and non-Indigenous populations in Canada.

**Dietitians and nutritionists:** Indigenous populations have higher rates of diabetes than non-Indigenous populations in Canada and are more likely to experience complications and poor treatment outcomes.<sup>12</sup> Effective diabetes prevention and management requires culturally informed dietary interventions, and must address lifestyle risk factors, food insecurity, and the impact of colonialism on traditional diets. Strengthening primary care with dietitians and nutritionists can support community-driven approaches to chronic disease management and reduce diabetes-related health disparities.<sup>13</sup>

**Dentists, dental hygienists, and dental therapists:** Dentists and dental hygienists and therapists work as part of a multidisciplinary team of primary care providers in Indigenous communities in Canada. Dentists also support preventive primary care.<sup>14</sup> However,

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<sup>8</sup> Nelson and Wilson, "The Mental Health of Indigenous Peoples in Canada."

<sup>9</sup> Nelson and Wilson.

<sup>10</sup> Fournier, Blanchet Gameau, and Pepin, "Understanding the Expanded Nursing Role."

<sup>11</sup> Indigenous Services Canada, "Working as a Nurse in a First Nations Community."

<sup>12</sup> Diabetes Canada, "Indigenous Communities and Diabetes."

<sup>13</sup> Harris, Tompkins, and TeHiwi, "Call to action."

<sup>14</sup> Gambhir, "Primary Care in Dentistry."



Indigenous people have disproportionately worse oral health outcomes than non-Indigenous people in Canada, which is partly related to dental care access.<sup>15</sup>

**Paramedical occupations:** Many rural and remote Indigenous communities in Canada currently rely on medical transportation and evacuations to Southern health centers for treatment.<sup>16</sup> Community paramedicine is also being integrated into Indigenous communities by expanding the paramedic’s professional role beyond emergency medicine to provide preventative and continuous care in community.<sup>17</sup>

## Definition 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 portions of the provinces that fall below the red line.

Exhibit 1  
Northern regions of Canada



Sources: The Conference Board of Canada; Northern Development Ministers Forum, 2001.

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<sup>15</sup> Hussain, “Key Challenges for Indigenous Peoples of Canada.”

<sup>16</sup> Michiel Oosterveer and Kue Young, “Primary Health Care Accessibility Challenges.”

<sup>17</sup> Ashton, “Health in the North”; Waapihk Research, “How Community Paramedicine Can Serve First Nations.”



## Definitions of urban and rural Canada

Urban Canada includes all Census Metropolitan Areas, Tracted Census Agglomerations, and non-tracted Census Agglomerations in Canada, as defined by Statistics Canada. Rural Canada includes those areas lying outside of all recognized urban boundaries.



# Appendix A

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