

OUR HEALTH COUNTS KENORA



COMMUNITY REPORT #2: ACCESS TO HEALTH CARE, INDIGENOUS ADULTS





ACKNOWLEDGEMENTS

Gichi-Miigwech to everyone who shared their time, knowledge, and stories with us.

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We acknowledge and honour the First Nations, Inuit, and Métis community members of Kenora and related homelands who generously shared their time and stories with us.

We acknowledge the Our Health Counts Kenora Reference Group for their guidance and direction in the development of the Our Health Counts survey tools.

Reference Group members: Sarah Mandamin (IIFN), Tania Cameron (NAN), Daphne Armstrong (KCA), Bridget Loeppky (7 Gens), Anthony Gabriel (Bimose), Marilyn Sewell (Bimose), Kit YoungHoon (NWHU), Dorian Lunny (NWHU), Jan Hardy (WNHAC), Ken Nash (WNHAC), Marlene Elder (Nechee), Serena Joseph (WNHAC), Anita Cameron (WNHAC), Darci Everson (ONWA), Philina Sky (Mishkiki Ikwe Consulting)

We acknowledge the academic and community staff involved in the Our Health Counts Kenora project. Academic research team members: Janet Smylie (Scientific Director), Patricia O'Campo (UHT), Michelle Firestone (WLH), Michael Rotondi (Biostatistician), Jennifer Walker (ICES), Raglan Maddox (WLH)

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We would like to acknowledge that Dr. Janet Smylie is funded as a Tier 1 Canada Research Chair in Advancing Generative Health Services for Indigenous Populations in Canada.

Recommended Citation: Snyder, McConkey, Blais, Brar, Joseph, Cameron & Smylie. (2022). Our Health Counts Kenora. Community Report #2: Access to Health Care.

OHC KENORA: KEY FINDINGS

Health Care Access in Kenora and Related Homelands

Lack of access to a regular health care provider, and experiences of discrimination when accessing services, are key barriers that contribute to inequities in health service access for Indigenous people.^(1,2)

Indigenous people also face significant barriers due to lack of clarity in the roles of federal and provincial jurisdiction in the provision of urban health services.⁽³⁾

Discrimination and barriers to care negatively impact health and well-being and result in unmet health care needs.⁽⁴⁾

The OHC Kenora survey findings also show that gaps in access to health care and health care providers are present in Kenora and related homelands.

OHC Kenora findings are supported by recent research in Kenora which shows that Indigenous peoples face inequities in accessing health care, and are less likely to receive respectful professionalism from health care providers.⁽⁵⁾



ACCESS TO PRIMARY CARE

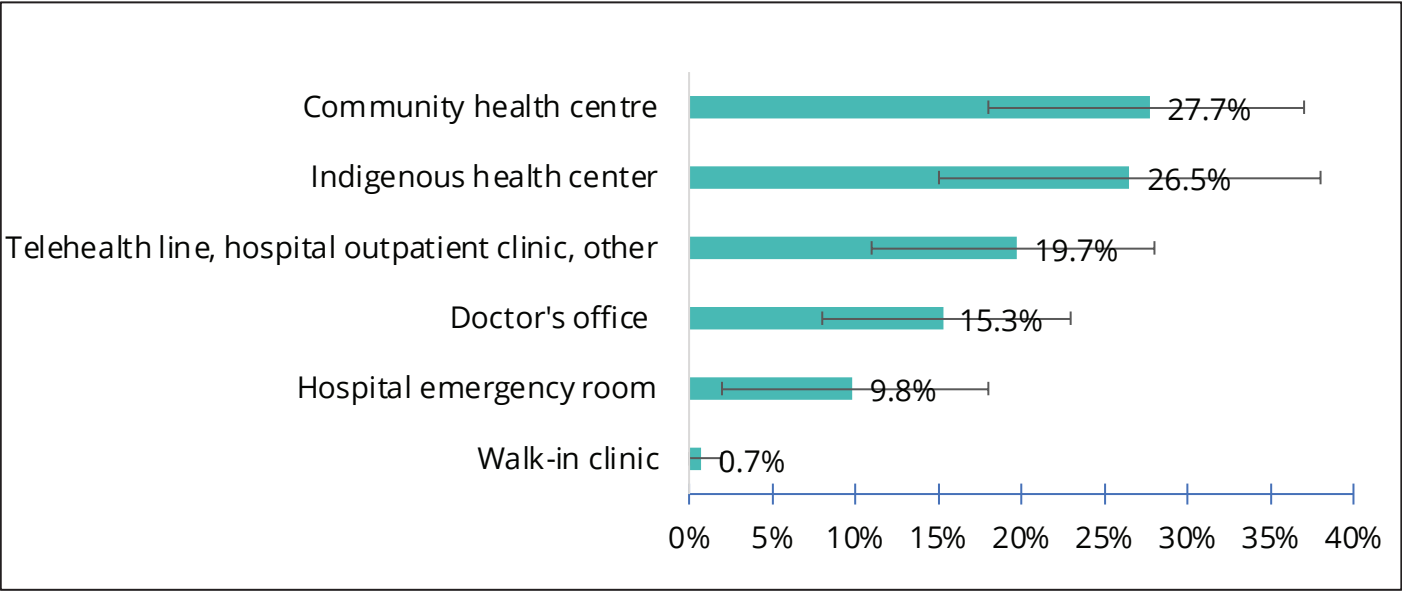
63% of Indigenous adults in Kenora and related homelands had a regular family doctor or nurse practitioner. **This is almost 1.5x lower than adults in Ontario (91%).**⁽⁶⁾

2 in 3 Indigenous adults (66%) in Kenora and related homelands had a place to go to when they were sick or in need of health advice.

33% of Indigenous adults do not have a regular place to go for health advice or when they are sick.

Indigenous adults in Kenora and related homelands are **most likely to visit an Indigenous health centre (27%) or community health centre (28%)** when they are sick or in need of health advice (see Figure 1).

Figure 1: Health services accessed when Indigenous adults in Kenora and related homelands needed health advice or were sick



Indigenous adults were **least likely to choose to go to a hospital emergency room or doctor's office**. This finding suggests that these settings are not meeting the health care needs of Indigenous adults living in Kenora and related homelands. Indigenous peoples often feel unsafe accessing health care and avoid health services due to unfair treatment by health care providers.⁽¹⁾

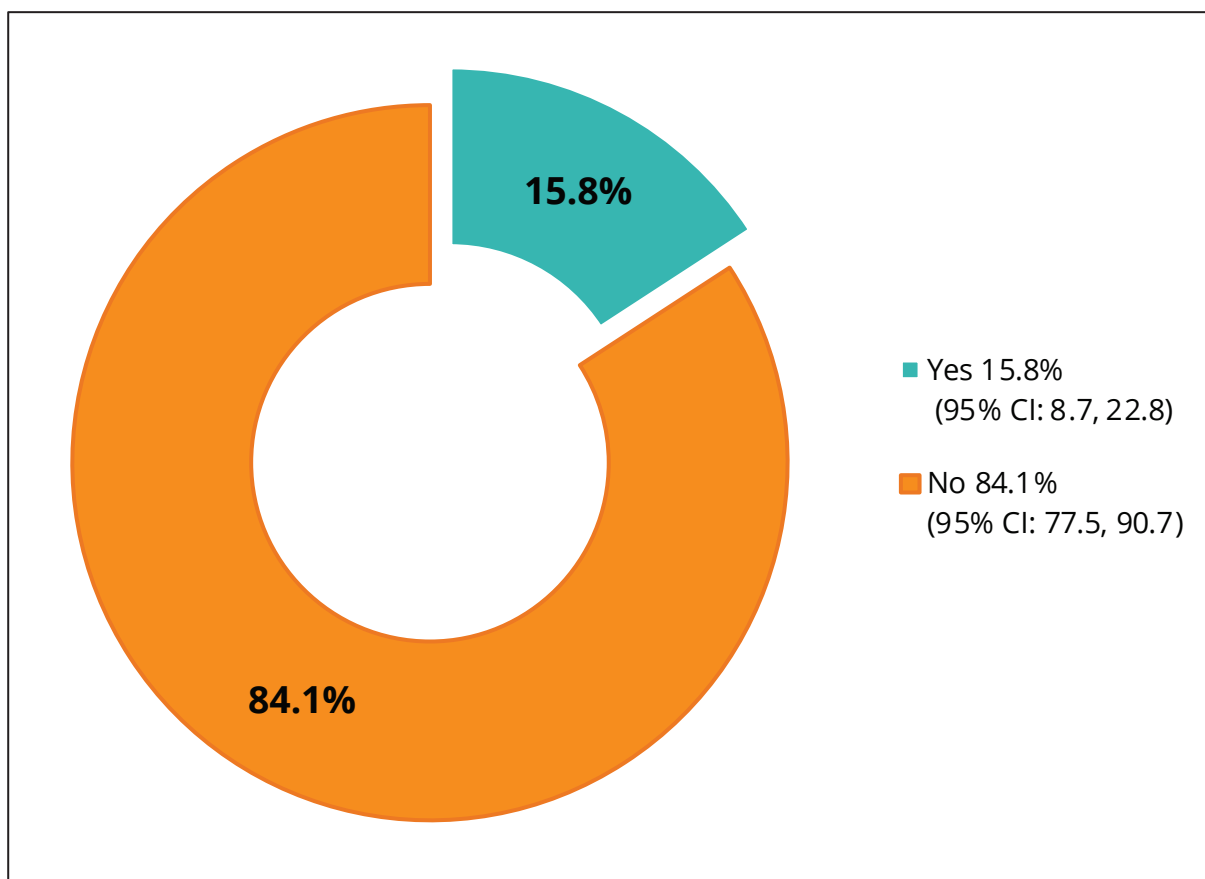
ACCESS TO PRIMARY CARE

16% of Indigenous adults had travelled outside Kenora for health care services that were available in Kenora (see Figure 2).

The most common reasons for travelling outside of Kenora for health care are:

- Referral to a specialist outside of Kenora
- Service not available in the area
- Felt health care provided was inadequate

Figure 2: Have you ever travelled outside of Kenora for health care services that were available in Kenora?

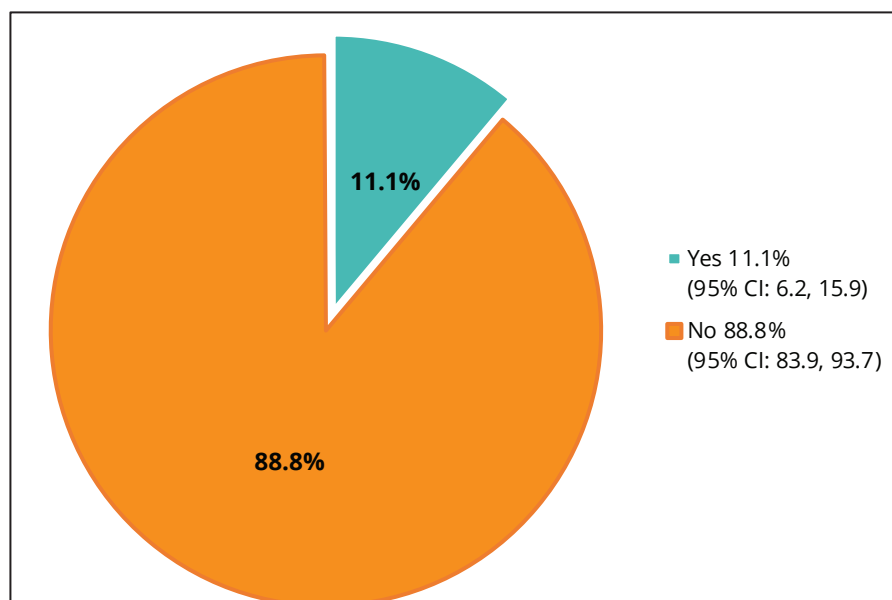


UNMET HEALTH NEEDS

Over **1 in 10** Indigenous adults in Kenora and related homelands (**11%**) reported **unmet health needs** in the 12 months leading up to the survey (see Figure 3).

In comparison, **6%** of the general Ontario population reported unmet health care needs, and **9%** of the Northwestern Health Unit population reported unmet health care needs.⁽⁷⁾

Figure 3: In the previous 12 months, was there a time you felt like you needed health care services and did not receive them?



The number of Indigenous adults with unmet health needs in Kenora and related homelands is smaller than expected. Past OHC studies show that over 20% of Indigenous adults have unmet health needs. It is also well-documented that Kenora faces a physician and staff shortage, and that discrimination toward Indigenous people is an ongoing concern.^(8,9) **Discrimination in health care settings is directly linked to difficulties accessing health care and experiences of unmet health needs among Indigenous adults.**⁽⁴⁾ Previous OHC studies have also shown that racism and discrimination affect overall health and well-being, and result in unmet health needs.⁽¹⁰⁻¹²⁾

The OHC Kenora study shows that **the most common reasons for unmet health needs** among Indigenous adults in Kenora and related homelands are **lack of trust in health care provider; felt health care provided was inadequate; and doctor not available.**

HOSPITAL & EMERGENCY CARE

44% of Indigenous adults in Kenora and related homelands reported having **spent at least one night in a hospital in the past 5 years.**

43% of Indigenous adults in Kenora and related homelands reported having **accessed emergency care in the 12 months leading up to the survey.**

This rate is more than 2x higher than that of mainstream Ontarians (19%).⁽¹³⁾



QUALITY OF CARE AND DISCRIMINATION IN ACCESSING CARE

Previous **OHC studies demonstrate that urban Indigenous people are at least 2x more likely to access emergency department care** than the general Ontario population. High rates of ER use are usually **linked to racism, poor access to primary care services, poor quality of care, and/or long wait times**, which influence whether a person will access care.^(1,14)

Over 1 in 5 Indigenous adults reported being treated unfairly during their ER visit. Of those treated unfairly, **73% felt they were treated unfairly because of their Indigenous identity.**

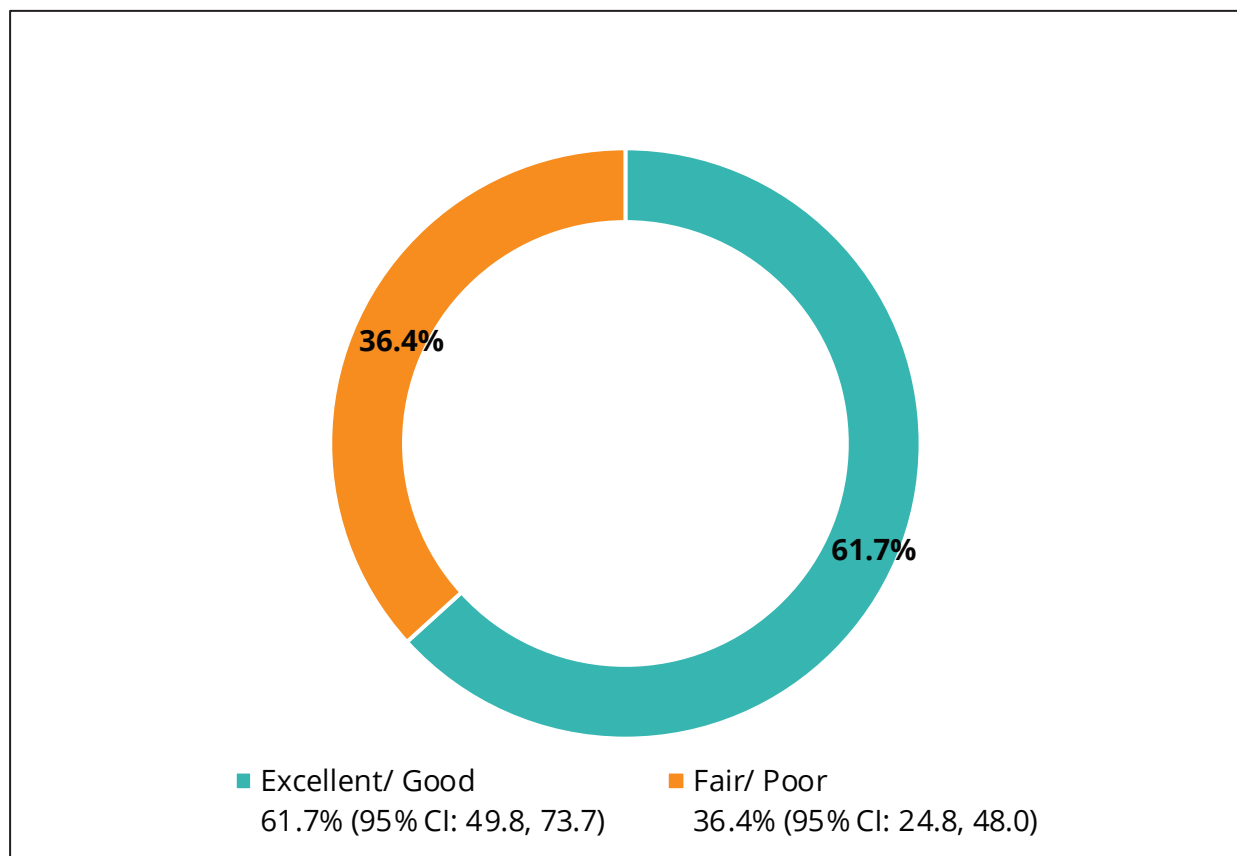


HOSPITAL & EMERGENCY CARE

Of those who accessed hospital care, **15%** rated the quality of care as fair or poor.

Of those who accessed emergency care, **36%** rated the quality of care as fair or poor (see Figure 4).

Figure 4: How would you rate the quality of emergency care you received at the time?



Discrimination in the Health Care System

Almost 2 in 5 Indigenous adults in Kenora and related homelands reported that they had been treated unfairly by a health care professional because of their Indigenous identity and 14% reported avoiding health or social services in Kenora due to discrimination.

RECOMMENDATIONS MOVING FORWARD

This data shows critical gaps in access to health care among Indigenous adults in Kenora and related homelands. We call on the city of Kenora, provincial, and federal governments to work in partnership with urban Indigenous peoples and organizations to:

Increase equitable access to primary care providers and health care services.

Mandate anti-Indigenous racism policies at a systems level and **Indigenous Cultural Safety** training in health care settings.

Develop and implement programs and services to **improve access to Indigenous ceremonies and traditional medicines.**

Create dedicated spaces in hospitals and clinics for traditional cultural practices and ceremonies.

Create local mentorship opportunities and programs for Indigenous health care providers and youth/students.

Actively work to **recruit and retain Indigenous health care providers and professionals** in the region.

Actively **recruit Indigenous peoples to senior positions** to oversee and promote necessary system change.

These findings point to the ongoing, and still unaddressed need, for **mainstream health care providers and organizations to be held accountable, and to work together** to effect positive change.

RECOMMENDATIONS MOVING FORWARD

Recommendations much the same as these have been forwarded before.

Taking inspiration from the *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care Report*⁽¹⁵⁾, we further recommend:

That all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in Kenora and related homelands adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that is developed in collaboration and cooperation with Indigenous peoples.

That all levels of government affirm their responsibility to direct and implement a comprehensive system-wide approach to addressing anti-Indigenous racism, including standardized language and definitions, and clear roles and responsibilities for health authorities, regulatory bodies, associations and unions, and educational institutions.

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