

George T. Kitching

-Medical student, Schulich School of Medicine and Dentistry, Western University  
(gkitching2021@meds.uwo.ca)

Dr. Michelle Firestone

-Research Scientist, Well Living House Action Research Centre for Indigenous Infant Child and Family Health and Wellbeing, Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital  
-Assistant Professor, Dalla Lana School of Public Health, University of Toronto

Dr. Berit Schei

-Physician (Gynecology), St. Olavs Hospital, Trondheim, Norway  
-Professor, Department of Public Health and General Practice, NTNU

Sara Wolfe

-Founding Partner & Registered Midwife, Seventh Generation Midwives Toronto

Cherylee Bourgeois

-Founding Partner & Registered Midwife, Seventh Generation Midwives Toronto

Dr. Pat O'Campo

-Interim Executive Director, Li Ka Shing Knowledge Institute, St. Michael's Hospital  
-Professor, Dalla Lana School of Public Health, University of Toronto

Dr. Michael Rotondi

-Associate Professor, School of Kinesiology and Health Science, York University

Dr. Rosane Nisenbaum

-Associate Scientist, Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital  
-Assistant Professor, Dalla Lana School of Public Health, University of Toronto

Dr. Raglan Maddox

-Post-doctoral Fellow & Research Associate, Well Living House Action Research Centre for Indigenous Infant Child and Family Health and Wellbeing, Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital

Dr. Janet Smylie

-Director, Well Living House Action Research Centre for Indigenous Infant Child and Family Health and Wellbeing, Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital  
-Physician (Family Medicine), St. Michael's Hospital  
-Professor, Dalla Lana School of Public Health, University of Toronto

## **Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada.**

### **OBJECTIVES:**

Inequalities between Indigenous and non-Indigenous people in Canada persist. Despite the growth of the Indigenous population in urban settings, information on their health is scarce. The objective of this study is to assess the association between experience of discrimination by a healthcare provider and having unmet health needs within the Indigenous population of Toronto, a major urban centre in Canada.

### **METHODS:**

The Our Health Counts Toronto (OHCT) database was generated using respondent-driven sampling (RDS) to recruit self-identified Indigenous adults to complete a comprehensive health assessment survey with assistance of a trained interviewer. In this cross-sectional study, analyzing data from the OHCT database, we drew on information from 836 personal interviews. Odds ratios and 95% confidence intervals were estimated to examine the relationship between lifetime experience of discrimination by a healthcare provider and having an unmet health need in the 12 months prior to the study. We also conducted stratified analysis to understand how information on access to primary care and sociodemographic factors, including: Indigenous identity; gender; age; education; employment; food security; mobility; income; and access to a regular healthcare provider; influenced this relationship.

### **RESULTS:**

The RDS-adjusted prevalence estimates of unmet health needs and discrimination by a healthcare provider in the Indigenous population in Toronto were 27.3% (19.1-35.5 95% C.I.) and 28.5% (20.4-36.5 95% C.I.), respectively. Discrimination by a healthcare provider was positively associated with unmet health needs, OR 3.1 (1.3-7.3 95% C.I.).

### **CONCLUSION:**

The strong community partnership integral to the Our Health Counts study, along with the use of RDS methodology, has contributed to generating important information on determinants of health care access for the Indigenous population living in Canada's largest city. Our results contribute to the knowledge of the impact of discrimination in healthcare settings among Indigenous people. This reinforces the need for healthcare providers to receive cultural safety training to address implicit bias affecting their provision of care.