



FALLING THROUGH THE CRACKS

Systemic Drivers of Urban
Indigenous Health Disparities

February 2026





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AMBULANCE



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Introduction

Persistent and well-documented health disparities among Indigenous people in Canada are often most associated with rural or remote communities. However, in urban settings like St. John's and its surrounding census metropolitan area (CMA) – home to an Indigenous community of more than 7,000 – these inequities are just as urgent, though frequently overlooked.

As with many other cities across Canada, the urban Indigenous community in St. John's faces layered and compounding challenges rooted in the social determinants of health, systemic racism, and lack of jurisdictional clarity. Without targeted attention, these realities remain invisible within a health system primarily designed for a non-Indigenous population. A coordinated policy response grounded in cultural safety, trauma-informed care, and Indigenous leadership in urban settings is urgently required.





3.4%
of the population in
the St. John's CMA are
Indigenous

(2021)

■ Demographic Context

The urban Indigenous community in the City of St. John's has grown significantly over the past two decades. In 2001, 1,190 city residents identified as Indigenous (0.6%);¹ by 2011, the number had risen to 2,705 (2.5%);² and by 2021, to approximately 3,580 (3.2%). In the broader census metropolitan area (CMA), the Indigenous population

is estimated at more than 7,000 – approximately 3.4% of the total population.³ This population is not only growing rapidly; it is also younger and arguably more diverse than the non-Indigenous population. The median age of the Indigenous population in the CMA is just 31 years, compared to 42 among non-Indigenous residents. Within the



same region, 60.6% identify as First Nations, 19.4% as Métis, and 13.0% as Inuit.⁴ Indigenous Peoples from across the country call St. John's home – a dynamic also reflected in other major urban centres across Canada.

The city's evolving demographics point to a rising and increasingly urgent need for culturally appropriate, community-led health services in the urban context. These services must address the distinct and often compounding challenges faced by urban Indigenous communities – including mental health disparities, higher rates of chronic disease, complex social determinants of health, and systemic barriers created by jurisdictional gaps.

- 1 [Statistics Canada, 2001 Census Aboriginal Population Profiles – St. John's \(Census Metropolitan Area\), Newfoundland and Labrador, 2019, <https://www12.statcan.gc.ca/english/profil01/AP01/Details/Page.cfm?Lang=E&Geo1=CMA&Code1=001&Geo2=PR&Code2=10&Data=Count&SearchText=St.%20John%27s&SearchType=Begin&SearchPR=01&B1=All&GeoLevel=&GeoCode=001>.](https://www12.statcan.gc.ca/english/profil01/AP01/Details/Page.cfm?Lang=E&Geo1=CMA&Code1=001&Geo2=PR&Code2=10&Data=Count&SearchText=St.%20John%27s&SearchType=Begin&SearchPR=01&B1=All&GeoLevel=&GeoCode=001)
- 2 [Statistics Canada, "St. John's, CY, Newfoundland and Labrador \(Code 1001519\) \(Table\), National Household Survey \(NHS\), Aboriginal Population Profile," 2011 National Household Survey, 2013, <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/aprof/index.cfm?Lang=E>.](http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/aprof/index.cfm?Lang=E)
- 3 [Statistics Canada, "St. John's, CMA \[Census Metropolitan Area\], Newfoundland and Labrador \(Table\), Indigenous Population Profile, 2021 Census of Population."](#)
- 4 [Statistics Canada, "St. John's, CMA \[Census Metropolitan Area\], Newfoundland and Labrador \(Table\), Indigenous Population Profile, 2021 Census of Population."](#)



72%
of First Nations adults
have unmet mental
health needs
(2024)

■ Health Disparities

Mental health outcomes illustrate a stark divide. Indigenous adults living off-reserve are significantly more likely to report poor or fair mental health than non-Indigenous counterparts, and are nearly twice as likely to have been diagnosed with an anxiety or mood disorder.⁵ Youth are especially vulnerable, with lower rates of reported mental wellness and higher suicide risk, particularly among young Indigenous women.⁶

Despite these needs, access to appropriate care remains limited. Only 28% of First Nations adults who reported a mental health need in 2024 said their need was fully met.⁷ Experiences of stigma, dismissal, and discrimination within mainstream health systems are well documented and contribute to avoidance or delay in care.⁸ Programs that incorporate

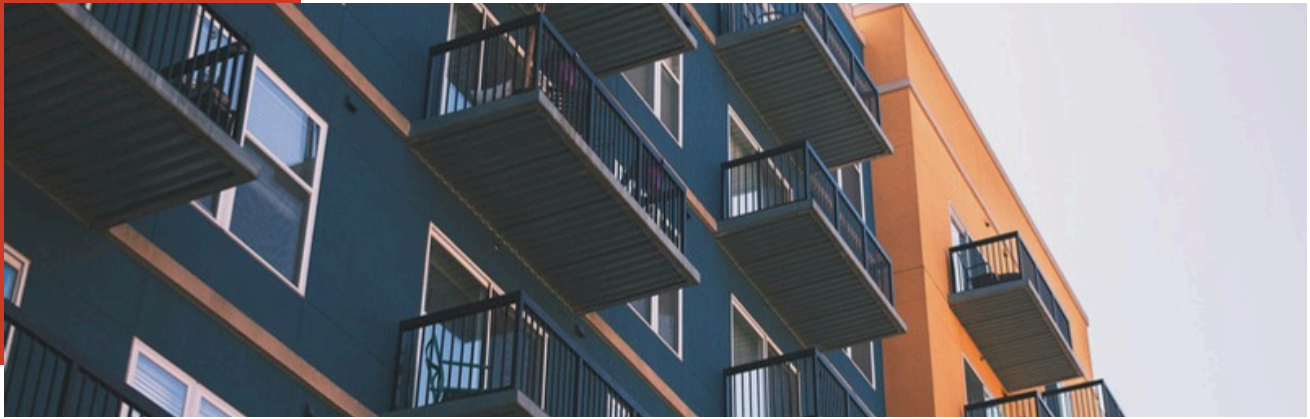




traditional healing, Elders, and ceremony have been shown to increase trust and improve outcomes.⁹ In addition to mental health disparities, Indigenous people in urban areas also face disproportionate rates of physical health conditions. Off-reserve First Nations adults report higher rates of chronic disease – including arthritis, diabetes, heart disease, and asthma – than the general population.¹⁰ These disparities are caused by inequitable distribution of social determinants of health, by ongoing systemic barriers and by jurisdictional gaps.



- 5 [Statistics Canada, “The Daily: Health Indicators for First Nations Adults Living off Reserve, Métis and Inuit Adults, 2015 to 2022.”](#)
- 6 [Mohan B Kumar and Michael Tjepkema, “Suicide among First Nations People, Métis and Inuit \(2011–2016\): Findings from the Canadian Census Health and Environment Cohort \(CanCHEC\),” Statistics Canada, June 28, 2019, <https://www150.statcan.gc.ca/n1/pub/99-011-x/99-011-x2019001-eng.pdf>.](#)
- 7 [Statistics Canada, “The Daily: Health Care Access and Experiences among Indigenous People, 2024.”](#)
- 8 [Martin Cooke and Tasha Shields, “Anti-Indigenous Racism in Canadian Healthcare: A Scoping Review of the Literature,” International Journal for Quality in Health Care 36, no. 3 \(2024\): mzae089, <https://doi.org/10.1093/intqhc/mzae089>.](#)
- 9 [Gideon Darko Asamoah et al., “Exploring Indigenous Traditional Healing Programs in Canada, Australia, and New Zealand: A Scoping Review,” EXPLORE 19, no. 1 \(2023\): 14–25, <https://doi.org/10.1016/j.explore.2022.06.004>.](#)
- 10 [Rochelle Garner et al., The Health of First Nations Living Off-Reserve, Inuit, and Métis Adults in Canada: The Impact of Socio-Economic Status on Inequalities in Health \(Statistics Canada, 2010\), <https://www150.statcan.gc.ca/n1/pub/82-622-x/82-622-x2010004-eng.pdf>.](#)



■ Social Determinants of Health

The social conditions of people's lives strongly affect their health outcomes. These social conditions, including position within structures of power, their access to resources, and safety within the community, are called social determinants of health.¹¹ Indigenous people face persistent inequities in their social determinants of health, which lead to poorer health outcomes, higher rates of illness, and ultimately more complex health care needs.



Housing

More than 17% of Indigenous individuals live in overcrowded conditions, and more than 16% in homes needing major repairs.¹² Housing insecurity contributes to higher rates of illness and limits continuity of care.¹³



Income

19.8% of off-reserve First Nations people and up to 17% of Inuit and non-Status individuals live in low-income households, nearly double the non-Indigenous rate.¹⁴ Low income is associated with poor health status,¹⁵ a lack of continuity of care,¹⁶ and housing insecurity.¹⁷



Education

Post-secondary attainment rates remain significantly lower among Indigenous adults, reducing employment opportunities and access to health information. According to Statistics Canada, in 2021 only 49% of Indigenous adults had attained a post-secondary certificate, diploma, or degree, compared to 68% of the non-Indigenous population.¹⁸



Food Insecurity

The rate of food insecurity among off-reserve First Nations households is significantly higher than that of non-Indigenous households (34% compared to 18%). Even among households with incomes above the poverty line, the rate of food insecurity among Indigenous households (31%) is double that of non-Indigenous households (15%), pointing to larger patterns of inequitable access to nutritious food.¹⁹ Indigenous adults in food insecure households are more likely to have chronic health conditions, mental health disorders, poor general health, and poor mental health than food-secure Indigenous adults.²⁰

- 11 World Health Organization, "Social Determinants of Health," accessed January 26, 2026, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.
- 12 Statistics Canada, *Census in Brief: Housing Conditions among First Nations People, Métis and Inuit in Canada from the 2021 Census* (Ottawa, 2022), <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-x/2021007/98-200-x2021007-eng.cfm>.
- 13 Patricia Martin et al., "Adults with Housing Insecurity Have Worse Access to Primary and Preventive Care," *The Journal of the American Board of Family Medicine* 32, no. 4 (2019): 521–30, <https://doi.org/10.3122/jabfm.2019.04.180374>.
- 14 Indigenous Services Canada, "An Update on the Socio-Economic Gaps between Indigenous Peoples and the Non-Indigenous Population in Canada: Highlights from the 2021 Census," *A Compendium Report to the Department's 2023 Annual Report to Parliament*, Government of Canada, 2023, <https://www.sac-isc.gc.ca/eng/1690909773300/1690909797208>.
- 15 Noreen D. Willows et al., "Indigenous Identity and Household Food Insecurity Are Associated with Poor Health Outcomes in Canada," *Canadian Journal of Dietetic Practice and Research* 85, no. 2 (2024): 76–82, <https://doi.org/10.3148/cjdpr-2023-024>.
- 16 Deanna L. Williamson et al., "Low-Income Canadians' Experiences with Health-Related Services: Implications for Health Care Reform," *Health Policy* 76, no. 1 (2006): 106–21, <https://doi.org/10.1016/j.healthpol.2005.05.005>.
- 17 Martin et al., "Adults with Housing Insecurity Have Worse Access to Primary and Preventive Care."
- 18 Alexandria Melvin, "Postsecondary Educational Attainment and Labour Market Outcomes among Indigenous Peoples in Canada, Findings from the 2021 Census," *Statistics Canada*, October 27, 2023, <https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00012-eng.pdf>.
- 19 Sharanjit Uppal, *Food Insecurity among Canadian Families*, Catalogue no. 75-006-X, *Insights on Canadian Society* (Statistics Canada, 2023), 29, <https://www150.statcan.gc.ca/n1/en/catalogue/75-006-x202300100013>.
- 20 Willows et al., "Indigenous Identity and Household Food Insecurity Are Associated with Poor Health Outcomes in Canada."

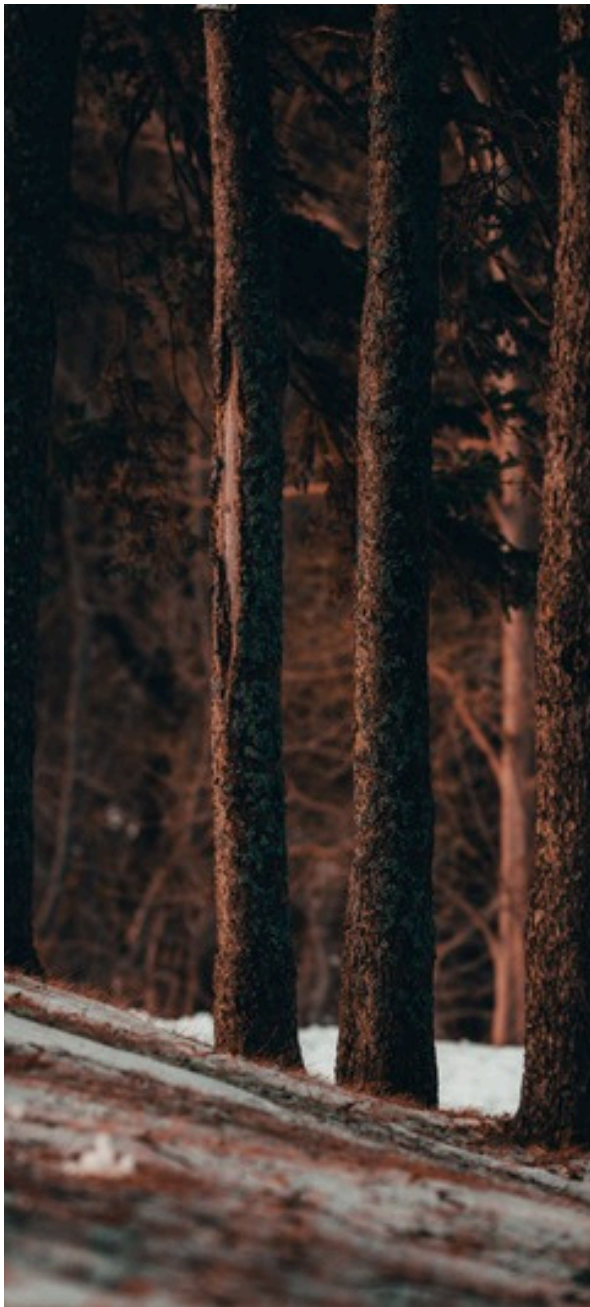


Access to Health Care

Indigenous adults are less likely to have a regular health care provider and more likely to report unmet health needs.²¹

Racism within health care systems further discourages individuals from seeking the care they need.²² According to Statistics Canada, approximately 24% of First Nations people living off-reserve, 23% of Inuit, and 18% of Métis adults reported experiencing unfair treatment, racism, or discrimination from a health care professional in the past year.²³

When these determinants intersect, the cumulative impact on health can be severe. Without stable housing, income, and access to culturally appropriate care, Indigenous people living in urban centres are far less likely to experience positive health outcomes.²⁴



Without dedicated services to coordinate federal and provincial providers of health care, duplication of services and gaps in care are common. The result is a fragmented system where urban Indigenous people – particularly Métis, Non-Status, and those of mixed-heritage – often fall through the cracks.²⁵

Federal funding for urban Indigenous health centres has improved through federal funding streams like Urban Programming for Indigenous Peoples (UPIP), but many centres remain chronically underfunded relative to need, and uncertainty around UPIP post-2025 has added to the precarious circumstances under which they must operate.

The jurisdictional ambiguity and service gaps have real consequences including delays in care, duplication of services, lack of coordination, and, ultimately, poor health outcomes for those in need of care.

21 [Statistics Canada, "The Daily: Health Care Access and Experiences among Indigenous People, 2024."](#)

22 [Lloy Wylie and Stephanie McConkey, "Insiders' Insight: Discrimination against Indigenous Peoples through the Eyes of Health Care Professionals," *Journal of Racial and Ethnic Health Disparities* 6, no. 1 \(2019\): 37–45, <https://doi.org/10.1007/s40615-018-0495-9>.](#)

23 [Statistics Canada, "The Daily: Health Care Access and Experiences among Indigenous People, 2024."](#)

24 [Kim, "Social Determinants of Health Inequities in Indigenous Canadians Through a Life Course Approach to Colonialism and the Residential School System."](#)

25 [Brittany Collier, "Services for Indigenous People Living in Urban Areas \(Background Paper\)," *Library of Parliament, December* \], 2020, \[https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/202066E\]\(https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/202066E\).](#)



20%
reduction in emergency
department usage

(2023)

■ Proven Models of Care

Indigenous-led clinics that integrate cultural safety and relational approaches have shown measurable success across Canada. Wabano Centre in Ottawa²⁶ and Anishnawbe Health Toronto²⁷ offer care models that combine clinical services with traditional healing, improving access and building trust. Ontario community health centres, including

Indigenous-led sites, have reduced emergency department utilization rates by over 20%, saving the system an estimated \$27 million annually.²⁸



These outcomes point to the broader systemic benefits of Indigenous-designed, community-based care. They also serve as practical models for reconciliation in action, blending Indigenous and Western knowledge systems in ways that honour autonomy and promote health equity.

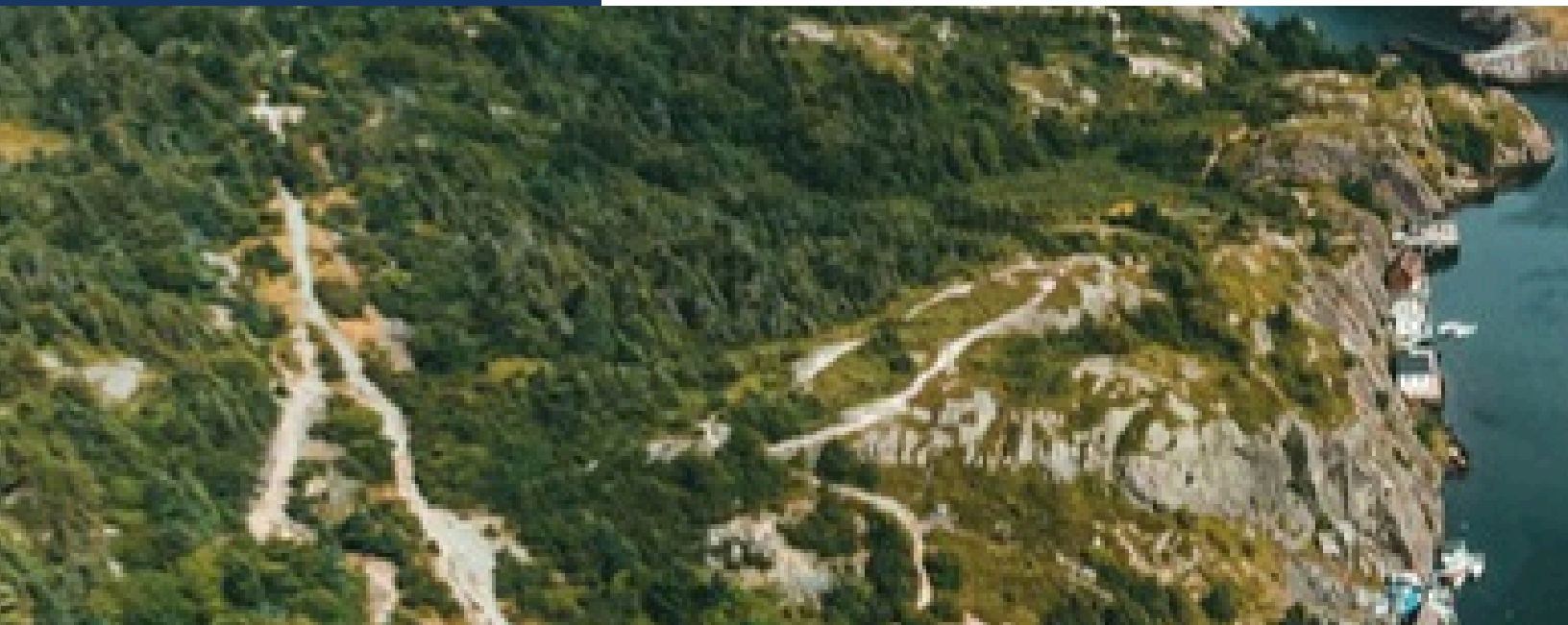


- 26 [Wabano Centre, "Wabano Centre - Indigenous Centre for Excellence in Health Care - Ottawa," https://wabano.com/.](https://wabano.com/)
- 27 ["Anishnawbe Health Toronto," https://aht.ca/.](https://aht.ca/)
- 28 [Dale McMurchy Consulting, "Emergency Department Costs Averted Attributed to Community Health Centres in Ontario," Alliance for Healthier Communities, n.d., accessed January 26, 2026, https://www.allianceon.org/sites/default/files/CHC_ED_Costs_Averted_Feb_9.pdf; Alliance for Healthier Communities, "Evidence Shows That Community Health Centres \(CHCs\) Keep People Healthier, out of the Emergency Department, and Help Save the System Money," Alliance for Healthier Communities, September 25, 2023, https://www.allianceon.org/news/Evidence-shows-Community-Health-Centres-CHCs-keep-people-healthier-out-emergency-department-and?language=en.](https://www.allianceon.org/sites/default/files/CHC_ED_Costs_Averted_Feb_9.pdf)

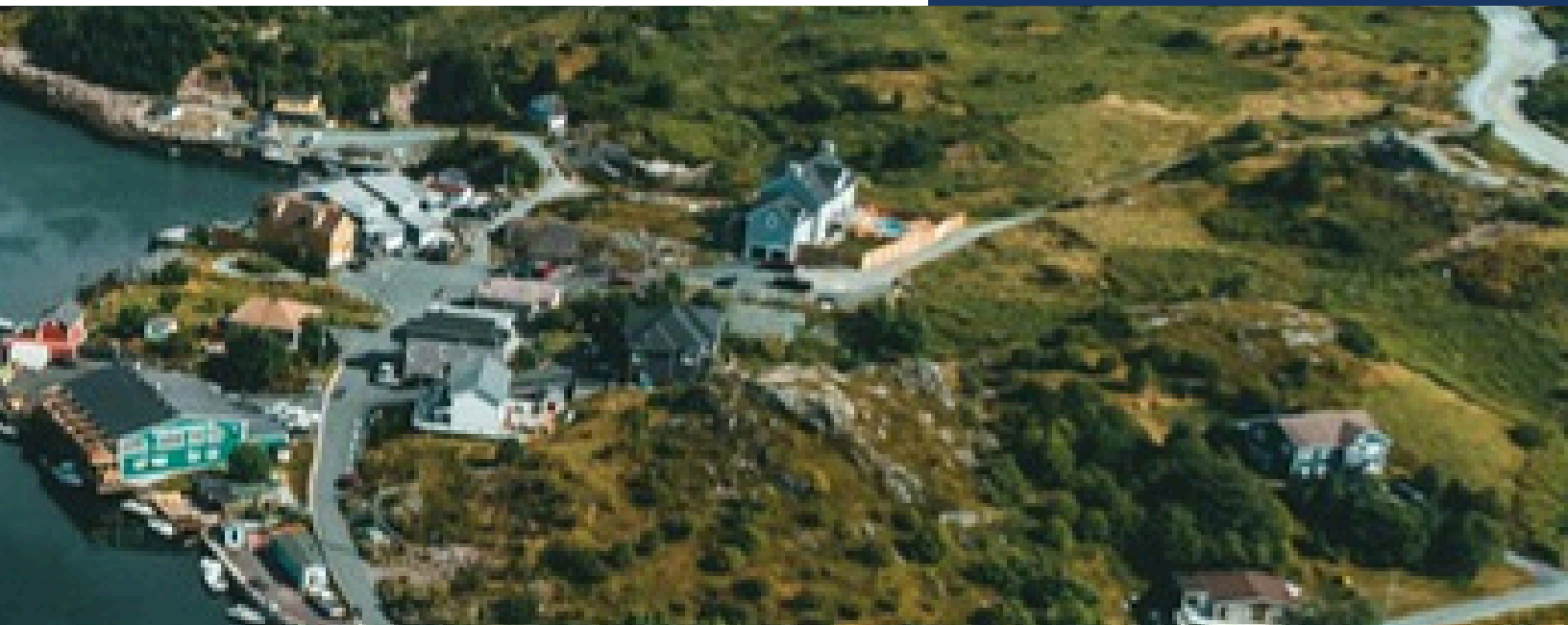


Conclusion

Evidence gathered over the last two decades – and even beyond – indicate clearly that Indigenous people living in urban centres like St. John's face disproportionate barriers in accessing basic health care and that they experience disparities in physical and mental health outcomes as a result. These disparities reflect longstanding systemic exclusion and the ongoing effects of colonialism, which are replicated through service gaps which remain unresolved. For many urban Indigenous people, mainstream health systems continue to feel unsafe, unresponsive, or misaligned with their lived experiences.



Yet solutions to these problems are equally clear. Services grounded in Indigenous worldviews and delivered in ways that foster trust, healing, and long-term engagement improve the health outcomes of Indigenous people. The success of culturally grounded, trauma-informed clinics elsewhere in Canada shows what is possible when care is designed by and for Indigenous communities. Applying such a model in the St. John's area would mean a major step towards resolving health inequities for urban Indigenous people in the metro area.





First Light's mission is to deliver transformative programs and services that empower, uplift, and support Indigenous communities and nations in ways that promote good relations between all.

Through advocacy, research, and social entrepreneurship, we foster inclusive environments that unite Indigenous and non-Indigenous peoples, promote social well-being, and drive sustainable change.

Guided by principles of trust, respect, and friendship, we aim to build a brighter future where Indigenous Peoples thrive and flourish, leaving a profound and lasting legacy for generations to come.

