Over the past three decades, policy reforms have been geared towards improving quality of care, responsiveness, and equitable access to healthcare services for all social groups in general, and individuals living in marginalizing circumstances in particular. The purpose of this study was to document how primary healthcare services (PHC) services are provided in Norway and British Columbia to meet the needs of Indigenous peoples and use this knowledge to critically explore policy alternatives that inform the delivery of PHC for vulnerable populations. Findings show that in British Columbia, Indigenous-specific PHC services have been the preferred mechanism to ensure better care. This is not the case in Norway, where Sámi-centric services exist only in mental health and only in Finnmark.

References
