Key messages for citizens

- Indigenous peoples in Canada are made up of three groups – First Nations, Inuit and Métis – with historically important distinctions made between status and non-status and on- and o -reserve First Nations peoples.
- Of the 1.4 million Indigenous peoples living in Canadian provinces and territories, the largest proportion (22%) and number (301,425)

Key messages for policymakers

- Intersecting with and complementing the programs o ered by the federal government (i.e., making the most of a ‘patchwork’) creates challenges for the Government of Ontario, and these challenges will

We provide Ontario-speci c data wherever possible, but in its absence we provide Canadian data. Data from Statistics Canada, which collects information on o -reserve Indigenous peoples, are referenced throughout the chapter. We note that there are limitations in the available data, including that the data do not capture the health of all Indigenous peoples. We recognize that data ownership is very important to Indigenous peoples, and where possible, we include data collected and stored by Indigenous groups (e.g., the First Nations Information Governance Centre, where on-reserve data are housed for First Nations communities, and the Métis Nation of

umented the widespread removal of Indigenous children from their communities and families and their placement into residential schools from the 1800s to 1996, and created 94 calls to action to address the legacies of the schools and move towards reconciliation (including an inquiry into missing and murdered Indigenous women and girls);(13) and

8) the Supreme Court of Canada (2016), building on a 2013 decision, ruled that the federal government's duciary relationship to status First Nations extends to Métis and non-status Indigenous peoples.(14)

Table 9.1: Chronology of key events that have implications for how care is provided by and for Indigenous peoples

Year	Event	Why it matters	Precursors and subsequent a rmations or extensions
1142	Great Law of Peace (among the Five Nations of the Iroquois Confederacy)	Formalized the rst democracy in North America, many centuries before the arrival of Europeans	Precursors • Undocumented
1763	Royal Proclamation	Established that the British Crown (later the Canadian federal government) would negotiate with First Nations on a nation-to-nation basis (e.g., to purchase land) and uphold speci c rights for First Nations peoples	Precursors • Doctrine of Discovery (1493), which was used to assert European sovereignty over Indigenous lands • Kaswentha treaty (mid-1600s), which was one of the rst treaties to establish inherent rights for Indigenous peoples • Previous Royal Proclamation (1755), which placed a bounty on First Nations peoples • British Board of Commissioners (1756), which rede ned the bounty
1769	Jay Treaty	Established the right of First Nations peoples to claim duty-free passage across the Canada-U.S. border, which a ects the treatment of tobacco to this day	Subsequent a rmations or extensions • Treaty of Ghent (1814), which reinstated the provisions of the Jay Treaty
1857	*Gradual Civilization Act*	Established requirements for 'Indian status' (e.g., a Christian surname) and hence for the inherent rights that were deemed to follow from status	

Continued on next page

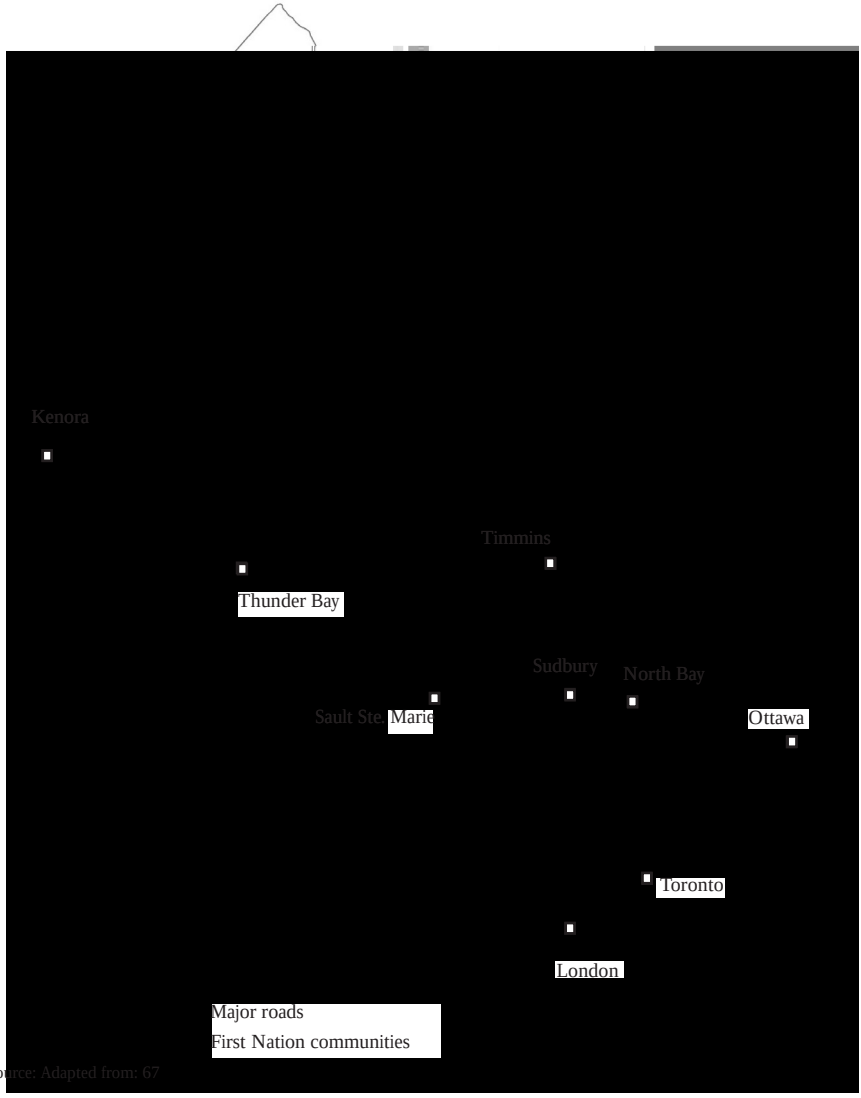
Year	Event	Why it matters	Precursors and subsequent a rmations or extensions
2013	Supreme court decision, Manitoba Métis Federation Inc. v. Canada	Established that Métis (of whom there are roughly 86,000 in Ontario) and non-status Indigenous peoples have the same rights as those with status	Subsequent a rmations or extensions •

Geographic and socio-demographic context

Just over half of all Indigenous peoples living in Canada (56%) live in urban areas, de ned as areas with populations greater than 100,000.(15) Indigenous peoples living in rural and remote areas often face challenges associated with geographic remoteness, including low population density, challenging climate conditions and lack of infrastructure, that result in barriers to accessing services.(16)

Ontario has the largest proportion (22%) and number (301,425) of Indigenous peoples of any Canadian province or territory, although they only make up 2% of the province's total population.(5) e Indigenous population in Canada has increased by 20% (232,385) between 2006 and

Figure 9.1: Map of major roads in Ontario and First Nations communities



Source: Adapted from: 67

census metropolitan area.(17) While there are relatively few Inuit living in Ottawa, it is a major hub for healthcare for Inuit requiring certain medical procedures and coming from the Inuit Nunangat. e majority of Inuit in Canada live in the Inuit Nunangat – Nunatsiavut (northern Labrador), Nunavik (northern Quebec), Nunavut, and Inuvialuit Settlement Region (Northwest Territories) – but 38% live outside the Inuit Nunangat, typically in urban areas.(5)

Health status and determinants of health

Indigenous peoples su er signi cant health disparities when compared to the non-Indigenous population. For example, life expectancy is shorter and avoidable mortality rates are higher among Indigenous peoples.(26; 27) First Nations adults have more than double the risk of dying from avoidable causes (e.g., preventable or treatable deaths) when compared to non-Indigenous adults.(28) Rates of engagement in risk behaviours (e.g., smoking, drug and alcohol abuse) are also higher in Indigenous peoples, and such behaviours are linked to higher rates of cardiovascular disease and lung cancer.(29) Chronic diseases, such as asthma and diabetes, are also disproportionately higher in Indigenous peoples.(30; 31) Among Métis speci cally, the prevalence of chronic obstructive pulmonary disease, diabetes, and osteoarthritis are higher than among the non-Indigenous population, and Métis are less likely to receive care from a specialist for these conditions.(32) National data show that there are di erences in rates of heart disease and in the care of heart disease among Indigenous patients compared to non-Indigenous patients, including in the rate of heart attacks and in the hospital experiences of patients who su ered a heart attack.(33)

Mental illness and suicide rates are also higher in Indigenous peoples. Depression and post-traumatic stress disorder are particularly prevalent in First Nations living both on- and o -reserve.(34) e suicide rate among Indigenous peoples in Canada is much higher than in the non-Indigenous population and, along with self-injury, is the leaC 54.012 Tm[(an3FID 4t e oc

in a dwelling, no major repairs needed to the home, and access to safe drinking water) and food security are additional concerns for Indigenous peoples. First Nations peoples living on-reserve (27%) are more likely to live in crowded dwellings (more than one person per room) compared to the non-Indigenous population (4%).(17) ey are also more likely to live in homes in need of major repairs (43%) compared to the non-Indigenous population (7%).(17) Similarly, over one third (36%) of First Nations respondents to the First Nations Regional Health Survey (2008-10) reported that their water supply was not safe for consumption year-round.(41) Food security is also an issue: in Ontario 19% of respondents to Statistics Canada's Aboriginal Peoples Survey reported low or very low food security.(42) While these statistics help to put into context the living conditions of many Indigenous peoples, they do not do justice to describing the actual realities of these conditions or to Indigenous peoples' lived experience.

Governance, financial and delivery arrangements

Healthcare for Indigenous peoples is often referred to as a 'patchwork' due to the jurisdictional complexity in federal and provincial/territorial governmental roles in the delivery of healthcare for this population.(2) e federal government has policy authority for providing healthcare services for First Nations peoples and Inuit, where services are not provided by provincial/territorial health systems, through the First Nations and Inuit Health Branch of Health Canada. e First Nations and Inuit Primary Health Care program has an estimated budget in 2015-16 of 810 million (579 per capita) for the provision of primary healthcare services across the country, which include:

- health-promotion and disease-prevention services in three key areas: healthy child development, mental wellness, and healthy living (408 million);
- primary healthcare in 200 remote First Nations and Inuit communities, delivered by 675 nurses and 22 physicians, through contribution arrangements or direct spending (

- public health focusing on communicable diseases (control and management) and environmental public health (98 million).(43-45)

Supplementary health bene ts are o ered through the First Nations and Inuit Health Branch's Non-Insured Health Bene ts program. is program acts as a supplement to the coverage provided by provincial/territorial healthcare programs. e program provides medically necessary products and services for status First Nations peoples and eligible Inuit. Coverage includes prescription drugs, medical supplies and equipment, transportation to medical services, dental and vision care, and short-term/crisis mental health counselling.(46) Bene ts are delivered by registered healthcare providers in the private sector and claims are processed by an electronic claims system or regional Non-Insured Health Bene ts o ces.(47)

e program is funded through a transfer payment and has an estimated budget of 1.13 billion for 2015-16.(47) Ontario has the largest number (197,092) and proportion (24%) of eligible client population, with the vast majority being First Nations (196,444) and very few being

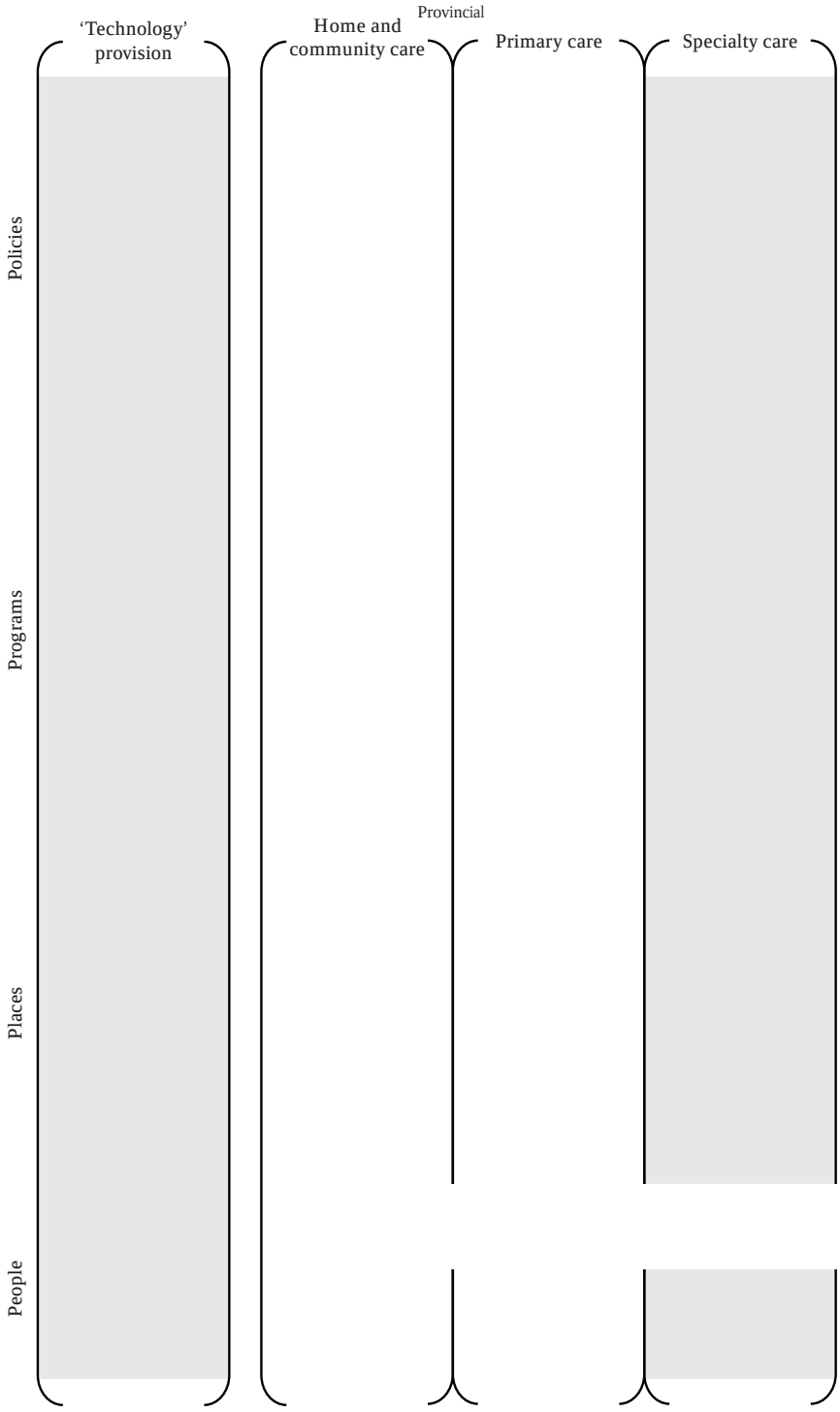
Programs and services

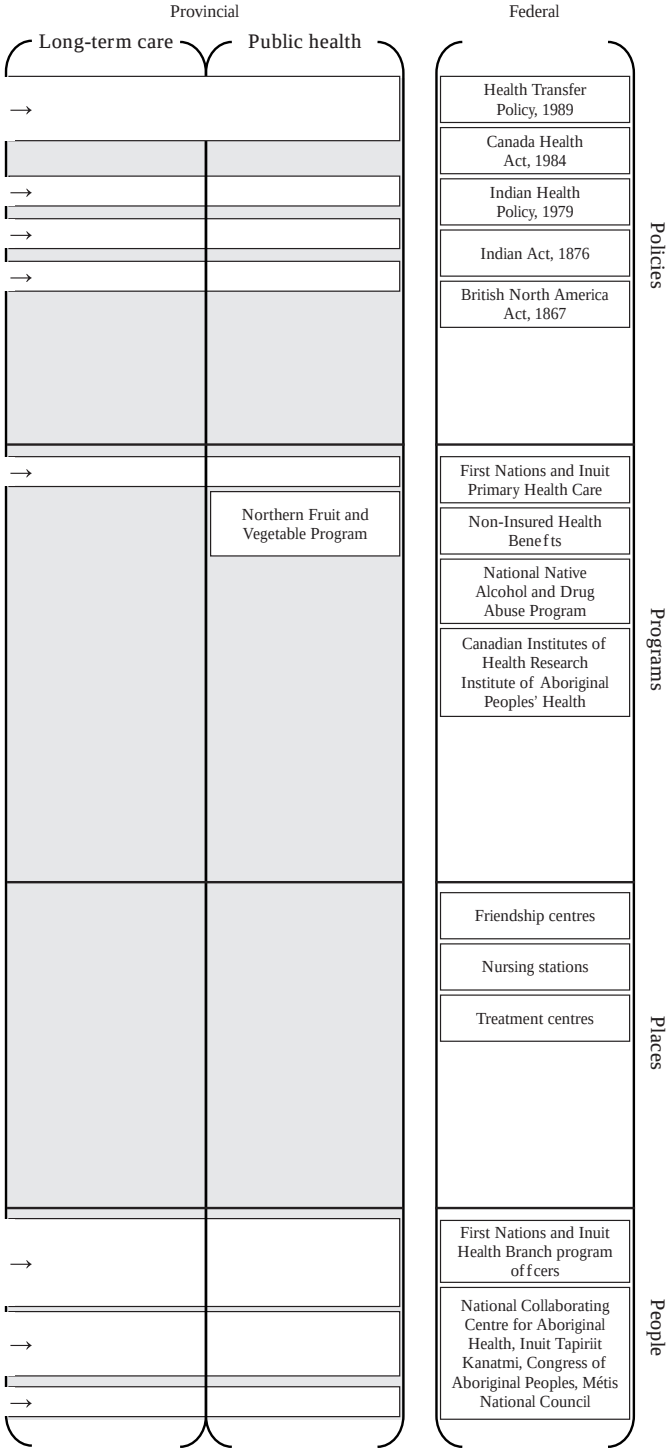
In addition to the programs and services provided at the federal level and those available in the broader Ontario health system, Indigenous peoples in the province have access to targeted programs and services through the Aboriginal Healing and Wellness Strategy (Figure 9.2). e strategy, created in 1994 and renewed in 2010, brings together traditional and western programs and services with the aim of providing culturally and linguistically appropriate care to improve Indigenous health, healing and wellness, while reducing family violence and violence against Indigenous women and children.(49) It is the largest provincially funded Indigenous health initiative in the country. e strategy covers First Nations, Inuit and Métis, both on- and o -reserve, and is considered the rst inclusive provincial strategy to focus solely on Indigenous health. e strategy is cross-ministerial and receives funding and support from the ministries of aboriginal a airs, children and youth services, community and social services, and health and long-term care and from the Ontario Women's Directorate.

e Aboriginal Healing and Wellness Strategy consists of three broad program types: 1) health and wellness, 2) crisis intervention and healing services, and 3) healthy babies and children. e strategy delivers care to approximately 42,000 Indigenous individuals each year.(49) A mix of community-based programs and services are available both on- and o -reserve, as well as in urban and rural settings (Table 9.2). Aboriginal Health Access Centres were created in 1994 and stem from the Aboriginal Health Policy, and in 2010 they transitioned from being a program within the Aboriginal Health and Wellness Strategy to contracts with the Ministry of Health and Long-Term Care.(50) Aboriginal Health Access Centres are based on a holistic framework, o ering community-based primary healthcare and traditional healing, along with a range of other programs (i.e., mental wellness and cultural programs).(51) ere are 10 Aboriginal Health Access Centres in the province, serving over 50,000 individuals annually, with an annual budget of 2 million per centre.(51) In addition to the programs and services o ered through the Aboriginal Healing and Wellness Strategy, Cancer Care Ontario delivers targeted programs for cancer prevention, screening and information (see Chapter 7).

Longitudinal data were collected on the Aboriginal Healing and Wellness Strategy. e third and nal phase of the strategy's longitudinal study

Figure 9.2: Care for Indigenous peoples





Sources: 44; 55-58; 68-80

Table 9.2: Programs specific to Indigenous peoples

Program[1]	Services	Who is covered		
		First Nations	Inuit	Métis
Health and wellness				
Health outreach workers	Personal support, education and information on health and wellness, disease prevention, and family violence prevention	✓	✓	✓
		(urban areas)		
Mental health	Two types of mental health programs: • mental health demonstration projects o er non-residential, culturally appropriate mental health services • day programs (four days in length) support individuals and their families with mental health issues	✓		✓
		(available at 12 sites)		
		✓		
		(Ottawa, Victoria Harbour, Fort Severn, and Sioux Lookout)		
Tsi Non:we Ionnakeratstha Ona:grahsta' Maternal and Child Centre	Pre- and post-natal care to Indigenous women and families, providing a mix of traditional and contemporary midwifery services	✓		
		(Six Nations/southwestern Ontario)		
Outpatient hostels	Short-stay, outpatient hostel services are o ered to those receiving medical treatment, including accommodation and meals, airport transfer, and translation	✓		
		(Timmins amd Kenora)		
Translation services	For individuals in need of translation assistance with health professionals and workers	✓	✓	✓
		(Moose Factory, Sudbury and Fort Frances)		
Crisis intervention and healing services				
Community wellness workers	Education and prevention programs in schools and communities, counselling referrals, case management, and outreach to Indigenous individuals and families who are in violent situations	✓		✓
		(available through nine sites)		
Shelters for women and children	Short-term residences and counselling supports for women and children leaving domestic abuse situations	✓		
		(seven shelters)		
Healing lodges	Focus on trauma (e.g., sexual assault, emotional and physical abuse, or family dysfunction) and are o ered as residential programs	✓		
		(six healing lodges)		
Family violence healing	Combines traditional and mainstream counselling approaches, focusing on abusers or people at risk of abusing	✓		
		(Ohsweken and Cornwall)		
Crisis intervention workers	Services range from suicide prevention and intervention to counselling and treatment program referrals	✓		
		(based in two sites, servicing remote northern First Nations communities)		
Oshkee Meekena Residential Treatment Centre	Treatment for Indigenous youth with addiction issues	✓		
		(Sioux Lookout)		

Continued on next page

Sources: 55-58; 71-78; 80-82

Notes:

1 e programs are o ered by the Ministry of Community and Social Services, through the Aboriginal Healing and Wellness Strategy, to First Nations, Inuit and Métis peoples living in Ontario. e Aboriginal Healing and Wellness Strategy was launched in 1994 and spans several ministries, with a focus on complementing traditional practices with western programs to support Indigenous healing and wellness, while reducing family violence and violence against Indigenous women and children. e programs are community-based and available to First Nations, Inuit and Métis, both on- and o -reserve, as well as in urban and rural settings. e strategy is o ered

Centres, Nurse-Practitioner-led Clinics, and one birth centre (Tsi Non:we Ionnakeratstha Ona:grahsta' Maternal and Child Centre, which is located on-reserve at Six Nations of the Grand River). Twenty-eight o -reserve friendship centres o er a range of programs and services for Indigenous peoples.(54) Six healing lodges provide residential programs and incorporate traditional approaches to address trauma.(55) ree outpatient hostels are available for Indigenous peoples receiving medical treatment.(56) Six shelters for women and children o er crisis intervention services.(57) e places where mental health and addictions services are provided range from a treatment centre for Indigenous youth (Oshkee Meekena Residential Treatment Centre) to 10 treatment centres o ered through the federal National Native Alcohol and Drug Abuse Program and 13 provincial mental health demonstration projects.(58; 59)

In addition to the regulated health professionals and unregulated health workers who have been described in previous chapters, some of the other healthcare providers involved in providing care include health outreach workers, addictions counsellors, community wellness workers, and crisis intervention workers. Chiefs, elders, knowledge keepers and translators are involved in providing cultural and linguistic supports.

Conclusion

Healthcare for Indigenous peoples in Canada is complex. Historical lega-

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