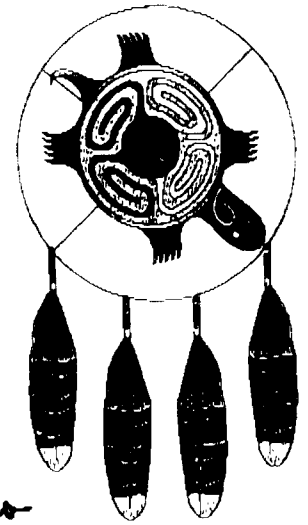
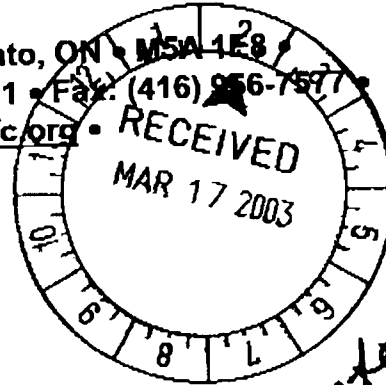


Ontario Aboriginal Health Advocacy Initiative (OAHAI)

- 219 Front Street East • Toronto, ON M5A 1E8
- Tel: (416) 956-7575/1(800) 772-9291 • Fax: (416) 956-7577
- Email: apa@ofhc.org



March 13, 2003

Dr. Robin Williams
Medical Officer of Health
Niagara Regional Health Unit
573 Glenridge Avenue
St. Catharines, ON L2T 4C2

*Please forward
to Andy @ Alpha
- can he organize
this?*

Dear Dr. Williams:

This letter is on behalf of the Ontario Aboriginal Health Advocacy Initiative (OAHAI). The OAHAI is funded through the Aboriginal Healing and Wellness Strategy (AHWS), with a mandate to address the inequitable access to quality, culturally appropriate health services for Aboriginal, First Nation, and Metis people throughout the province of Ontario. The Initiative facilitates awareness, develops information and training and provides training and education to health stakeholders.

Over the last decade, as Public Health Units are aware, Aboriginal communities are increasingly designing, developing and delivering Aboriginal specific health services throughout Ontario. It has been shown through independent evaluations of Ontario's health services and the AHWS that mainstream systems of health do not address the health care needs of Aboriginal people while, community-based, Aboriginal controlled, culturally appropriate health services improve Aboriginal health. (www.ahwsontario.ca/publications/longitudinalstudy) The Ontario government, through its Aboriginal Health Policy (www.anishinabek.ca/ahws/info/ahpexsum) recognizes it's limitation to deal effectively with Aboriginal health issues and has committed to recognizing Aboriginal rights to determination in Health, centralization of resources and creating partnerships, supporting inter sectoral collaboration and co-management structures like the AHWS to affect change. These efforts are critical and must go beyond the AHWS and special Aboriginal issues-based strategies to be in the hearts and minds of every public health worker and health stakeholder within Ontario's health system. It is imperative to engage every level of health and social systems to bring the health of Aboriginal people to acceptable and manageable levels.

Over the last three years a concerted effort is underway to deal with child hunger, poverty, access to children's services, outreach to young families and youth sexual health. The Ontario Federation of Indian Friendship Centres, along with other dedicated Aboriginal organizations, has consistently attempted to create inter sectoral Working Groups between the MOH-LTC and MCFCS, develop Protocols with Public Health Units and build Partnerships with Hospitals and Health Professionals. Not to discourage the exceptions that always occur, our overall successes have been limited. This is disappointing and requires our immediate attention.

Protocol Agreements, inter sectoral Working Groups, and Partnerships lack meaning if individuals within those processes are not actively involved, not committed to the desired outcomes, hold racist and/or stereotypical attitudes, are ignorant of Aboriginal communities and health issues, professionally arrogant, unwilling or unable to change or simply do not care about Aboriginal children and their communities. These are the documented obstacles' Aboriginal community health services providers and their clients face EVERY DAY when interacting with publically funded mainstream health professionals and stakeholders. This is also disappointing and requires our immediate attention.

Collectively, Aboriginal service agencies like Friendship Centres not only believe that change is possible we are determined to see change happen. Aboriginal children are depending on us and we will not let them down. We will do this job alone if we have to. However, we believe in working together and sharing responsibility. We believe change is possible and will come.

To that effect, I propose the OAHAI be invited to the next Public Health Units provincial meetings to update Public Health Units on Aboriginal children's and youth issues, Aboriginal services and initiatives, to brainstorm and develop new ideas on how to combat the ongoing challenges mentioned above. We could also discuss communication and training issues as it relates to improving communications and working relationships between Public Health Units and Aboriginal communities.

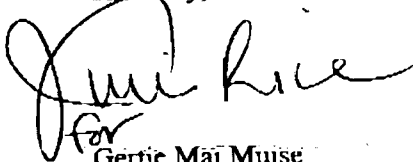
In the meanwhile, attached are the reports:

1. Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children & Their Families in Ontario, October 2000
2. Tenuous Connections: Urban Aboriginal Youth Sexual Health & Pregnancy
3. Aboriginal Approaches to Fetal Alcohol Syndrome/Effects

for circulation and review by Public Health Unit staff members

I look forward to hearing from the managers of Public Health Units and hope to participate in a provincial session as soon as the opportunity arises. In the meanwhile, please do not hesitate to contact our office at (416) 956-7575 for Aboriginal health advocacy information or training.

Sincerely,



Gertie Mai Muisse
Provincial Coordinator

cc. Minister of Health
OFIFC Tenuous Connections Committee
OFIFC Child Poverty Committee
OAHAI Reference Group