

Aboriginal People in Ontario

First Nations Public Health Dialogue

MOHLTC – Public Health Division

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ABORIGINAL PEOPLE IN ONTARIO: Where We Live

Aboriginal People in Ontario: A Snapshot

Canada:

1,172,790 Aboriginal people live in Canada,
3.8% of the total Canadian population

Ontario:

242,495 Aboriginal people live in Ontario,
Representing 2.0% of the provincial population

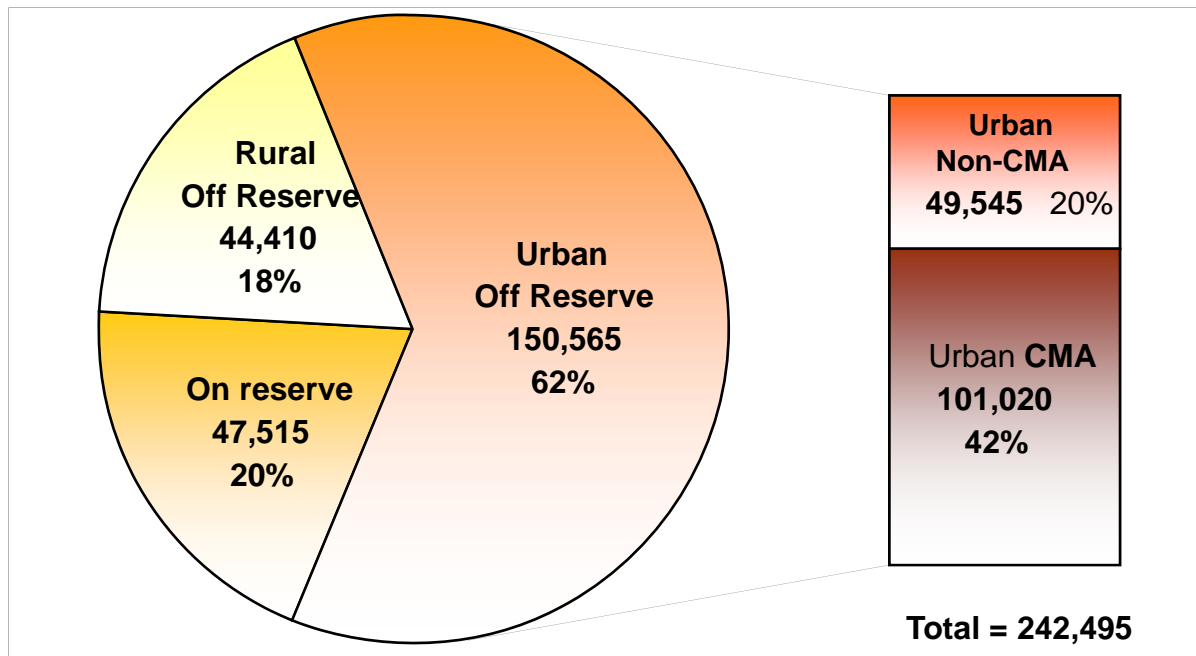
Ontario:

150,565 Aboriginal people – or 62% of the provincial
Aboriginal population – live in urban centres

Urban areas include large cities, census metropolitan areas and smaller urban centres.

Source: 2006 Census: Aboriginal Peoples in Canada

Where Aboriginal Peoples Live



Source: 2006 Census, Statistics Canada

- In Ontario, one in five Aboriginal people live on-reserves
- According to the 2006 Census Release on Aboriginal Peoples, 70% of First Nations people lived off-reserve and 30% lived on-reserve
- The Aboriginal population is mainly urban, with 62% (150,565) living in urban areas. Two thirds of this population live in census metropolitan areas
- Métis and Inuit in Ontario live mainly in urban areas, at 72% and 82% respectively
- CMA – Census Metropolitan Area with a population over 100,000



Diversity of Aboriginal People in Ontario

Fast Facts – Aboriginal People in Ontario

Canada

- **698,025 First Nations people**, including 633 First Nations, representing 52 distinct Nations, and more than 50 distinct languages in Canada
- **389,785 Métis** people, located primarily in western provinces and Ontario, with one distinct Métis language
- **50,485 Inuit** in Canada, 78% of whom live in one of four regions within the Inuit Nunaat (homeland), speaking of of several dialects of Inuktituit

Fast Facts – Aboriginal People in Ontario

First Nations in Ontario

- **133** First Nations communities in Ontario, **127** of which are recognized under the Indian Act, and **2** main language groupings: Algonkian and Iroquoian
 - **70%** of First Nations people in Ontario live **off-reserve**.
 - **57%** of First Nations people in Ontario live in **urban** areas.
 - **42%** of First Nations people in Ontario have not completed high school. **6%** of First Nations people have completed a university degree, compared with **21%** of the non-Aboriginal population.
 - The **unemployment rate** for First Nations in Ontario is **14%**, with a **63%** labour force participation rate verses a **6%** unemployment rate with a **67%** labour force participation rate.
 - **Average income** for First Nations people in Ontario is **\$24,000**, compared to **\$38,000** for non-aboriginal people.

Fast Facts – Aboriginal People in Ontario

Métis People in Ontario

There are **73,605** people in Ontario who self-identify as Métis. This is an increase of **52%** over the 2001 figures (up from 48,340), and is the highest growth rate of any population group in Ontario.

52,895 people, or **35%** of the urban Aboriginal population in Ontario identify as Métis. That accounts for **72%** of the total Ontario Métis population.

30% of Métis people in Ontario have not completed high school.

8% of Métis people have completed a university degree, compared with **21%** of the non-Aboriginal population.

The unemployment rate among the Métis population is **10%**, with a labour force participation rate of **69%**

The average annual personal income of a Métis person is **\$29,000** compared to **\$38,000** for non-Aboriginal people. **This is slightly higher than for First Nations because of higher educational attainment, greater labour force participation (compare 63%), and lower unemployment among Métis (compare 14%).**

Fast Facts – Aboriginal People in Ontario

Inuit People in Ontario

- According to the 2006 Census, there are 2,035 Inuit in Ontario, representing 1% of the total Aboriginal population of 242,495 in Ontario. The Inuit population has increased by 48% from 1,375 in 2001.
- A total of 1,675 lived in urban areas which accounted for 82% of Inuit in Ontario
- The Inuit population in Ontario is young and growing. In 2006, approximately 34% of Inuit in Ontario were under the age of 15
- In terms of high school completion, Inuit in Ontario have a lower rate than Métis and a higher rate than First Nations (59% vs. 70% and 58%, respectively)
- Inuit are less likely than Métis and more likely than First Nations to have completed a Bachelor ' s degree (7% vs. 8% and 6%, respectively)
- Inuit have a lower labour force participation rate (65%) than Métis and higher than First Nations (69% and 63%, respectively)
- The unemployment rate among Inuit (15%) is higher than both Métis and First Nations (0% and 14%, respectively)
- The average annual personal income of Inuit (\$28,000) is slightly lower than Métis and higher than First Nations (\$ 29,000 and \$24,000, respectively)



Urban Aboriginal People in Ontario

Urban Aboriginal People in Ontario

- Over the past fifty years, there has been an increasing migration of Aboriginal people from reserve and rural communities to urban environments.
- Primary reasons for this migration include access to education and health care, including mental health and addictions; increased employment opportunities; better housing; and, youth and children support services.
- Accordingly, there has been a growing need to establish partnerships for the provision of services specific to the urban Aboriginal population.
 - **It is important to note that the majority of the urban Aboriginal population is typically significantly economically disadvantaged over their non-Aboriginal neighbours**

Urban Aboriginal People in Ontario

- As noted earlier, approximately 62% (or 150,565) of the total Aboriginal population in Ontario live in urban centres.
- While the urban Aboriginal population in the province is scattered throughout 35+ centres, Toronto has the largest population. Toronto is also home to the largest urban Aboriginal population in the country, with Winnipeg falling close behind.
 - While it is difficult to track this number through Stats Canada data, most Toronto service agencies would put this number at between 40,000 to 60,000 individuals.
- There is a rich diversity of languages, traditions, and cultural expressions among the urban Aboriginal population.
- Urban Aboriginal people stress the fundamental importance of retaining and enhancing their cultural identity while living in urban areas; many maintain a strong Aboriginal identity into which they've integrated elements of non-Aboriginal culture.

Urban Aboriginal People in Ontario

- There are many Aboriginal organizations, service delivery agencies and centres operating in Ontario.
- They provide a range of assistance and offer culturally appropriate programs in areas such as education (including First Nations schools and academic supports), economic development, children and youth initiatives, health, justice, family support, and employment and training.
- In the GTA alone, there are approximately 50 Aboriginal agencies and organizations, providing services and/or oversight and coordination.



Understanding the Social Dynamic

Socio-Economic Conditions

Education:

- **61% and 34% of off and on-reserve Aboriginal peoples, respectively, do not have a high school diploma compared to 11% of non-Aboriginal people**
- 8% of Aboriginal peoples have a university degree compared to 23% of the non-Aboriginal population

Employment and Income:

- The **Aboriginal unemployment rate is almost 3 times the rate of that of non-Aboriginal people**
- The average Aboriginal income in Ontario was \$24,329 compared to \$35,185 for the non-Aboriginal population. (2001 Census)
- **1 in 5 Aboriginal children live in poverty** (2001 Census)

Health

- Diabetes is 3 to 5 times the Ontario average. (2001 Census)
- Registered Indian population has a significantly lower life expectancy (INAC, 2002)

Suicide:

- **Suicide rates are five to seven times higher** for First Nations youth than for non-Aboriginal youth.
 - Suicide rates among Inuit youth are among the highest in the world, estimated at **11 times** the national average
- The Nishnawbe Aski Nation youth in northern Ontario experience extremely high levels of suicide' according to one study in 1996, the rates had increased by over 400% in a ten year period.

Socio-Economic Conditions

Housing:

- In March 2003, out of a total of 93,474 housing units on reserve, 15,840 were in need of major repair and another 4,937 units needed to be replaced (INAC)
- On reserve, **the estimated housing shortage is 20,000 – 35,000 units and is growing by 2,200 units per year.**
- In 2001, 17 per cent of off-reserve Aboriginal people lived in crowded conditions, compared to 7 per cent of the non-Aboriginal population.
- **Off-reserve, the core housing need is 76% higher among Aboriginal households** as compared to non-Aboriginal households.
 - Core housing need is defined by CMHC as *affordability, suitability, and adequacy.*

Justice:

- **Aboriginal people are incarcerated at 8.5 times the rate of non-Aboriginal Canadians** (DOJ Canada)
- While Aboriginal adults represent 2.7% of the Canadian adult population, they accounted for 11% of admissions to federal penitentiaries in 1991-92, and 18% in 2002-003 (INAC)
- 28.5% of all incarcerated women and 18.2% of all incarcerated men in Canada are Aboriginal (INAC)

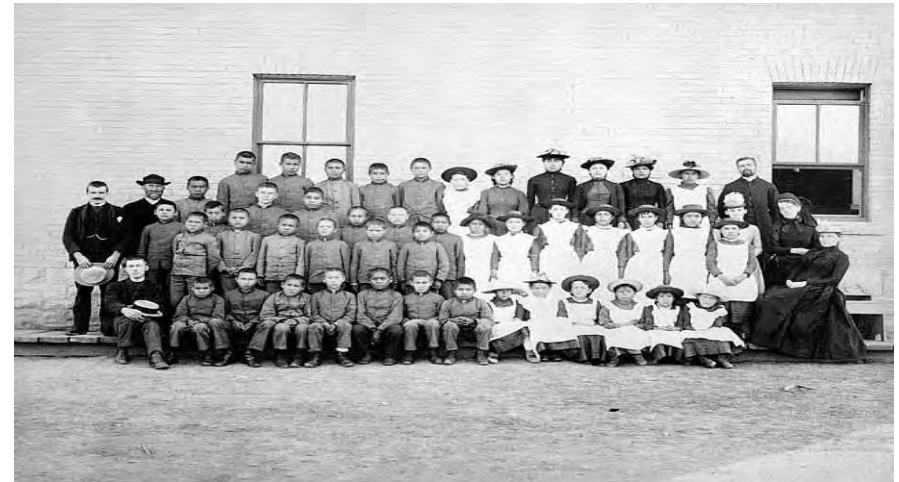


COSTS OF GOODS IN THE NORTH ARE HIGH



Residential Schools

- Residential school system was intended to force the assimilation of Aboriginal peoples into European-Canadian society
 - “killing the Indian in the child”
- Methods of forced assimilation included:
 - Removal from communities and dislocation of families
 - Punishment for speaking Indigenous languages or practicing their cultural traditions
- Residential schools were known for overcrowding, poor sanitation and lack of medical care
- Residential school students often experienced high rates of physical and sexual abuse, social dislocation and the effects of institutionalization.
- The effects of residential schools are still with us today. Many First Nations people point to multi-generational trauma based on the abuse and social dislocation that they endured in residential schools.



Blackness has been around us for one-hundred years. During this time the heartbeat of our people has been weak and our lifestyle has deteriorated to a devastating degree. Our people now suffer from the highest rates of unemployment, poverty, alcoholism and suicide in this country.” **Blackcloud 1990**

National Apology

- On June 11, 2008, Prime Minister Harper apologized for the residential school system and its abuses
 - *The burden of this experience has been on your shoulders for far too long. The burden is properly ours as a Government, and as a country. There is no place in Canada for the attitudes that inspired the Indian Residential Schools system to ever prevail again. You have been working on recovering from this experience for a long time and in a very real sense, we are now joining you on this journey. The Government of Canada sincerely apologizes and asks the forgiveness of the Aboriginal peoples of this country for failing them so profoundly.*





Closing the Circle: Why This Might Matter to HR Consultants

Closing the Circle

Some principles to consider when examining the public health needs of Aboriginal people:

- Respect for diversity: the Aboriginal culture in Ontario is rich and diverse.
 - Spiritual practises
 - Traditional practises
 - Cultural practises
 - Language groups
 - Aboriginal people, from other territories, living in Ontario
 - Experiences and interactions with “mainstream society”
 - All have an impact on health, health needs, and how Aboriginal people access health programs and institutions

Closing the Circle

History matters – consider the impact....

- That for generations, and by law, we were placed in a separate, inferior legal category than other citizens (1857 – the Gradual Civilization Act)
- The Indian Act was proclaimed in 1876, making First Nations ward of the government
- While legislation helped created residential schools in 1884, a 1910 agreement between the federal government and various churches running residential schools was referenced by Superintendent of Indian Affairs as the “final solution to the Indian Problem”.

Closing the Circle

- Forced sterilization of First Nations people was actually legislated in several provinces throughout the 1920's, 30's, and into the 40's
- First Nations people could not vote in federal elections until 1960, unless they first gave up their status (as per a 1920 amendment to the Indian Act)
- Until 1985, First Nations people who served in the armed forces lost their status; despite long and loyal service, First Nations serving members were not allowed to qualify for low-interest housing loans to veterans
- As well, until that year First Nations women lost their status if they married non-Aboriginal men (the reverse was not true).

Closing the Circle

- Experience and history matter: barriers are real.
 - Residential school fall-out
 - Racism in education and legal systems
 - Transition from reserve life/schools to mainstream communities/school systems
 - Unfair hiring, education, and health outreach practises
 - Experiencing “familiar faces” in health programs and institutions

Closing the Circle

- The whole person comes along with their individual health challenges: things to consider
 - Family issues and pressures
 - Chronic health challenges, including obesity
 - Housing stressors (under-housed, overcrowding, poor conditions)
 - Poverty and other financial pressures, current or generational experiences with poverty
 - Unemployment and underemployment
 - Impact of poverty on access to nutritious food and food supplements

Questions?

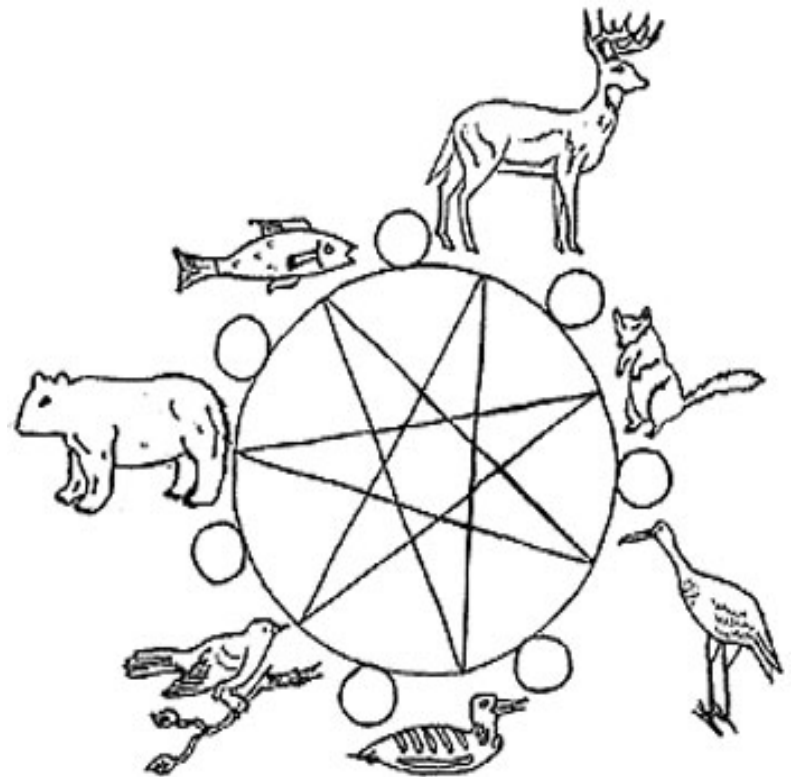


Appendix A: First Nations Cultural Groups and Governance

First Nations Cultural Groups: Anishinabek

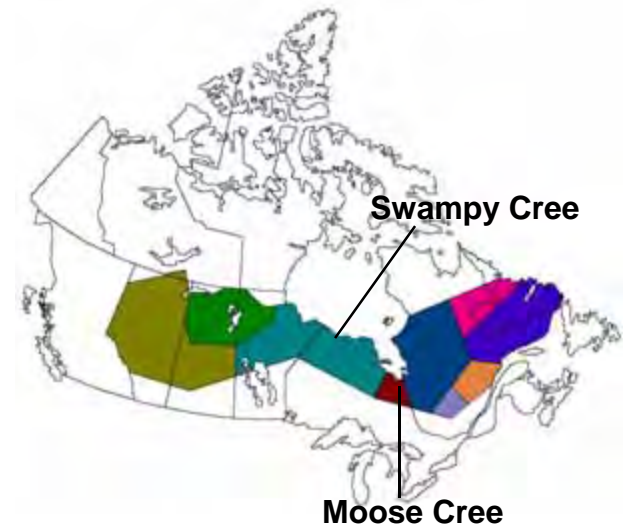
Includes 6 sub-groups: Ojibway (Chippewa), Pottawatomi, Odawa, Mississauga, Algonquin, and the Munsee-Delaware Nation.

- Traditionally, Anishinabek people were hunters and gatherers
- One of the largest nations in Ontario
- Fish, moose, deer, beaver, were staple foods; harvested wild rice and made maple sugar
- Families that belonged to different clans or “dodems”
- Anishinabek societies were patrilineal
- Elders played an important role in clans and in communities, transferring knowledge and spiritual teachings to community members



First Nations Cultural Groups: Omushekego (Cree)

- The Cree who speak the Moose Cree and Swampy Cree dialects principally occupy the west coast of James Bay from the Moose River in northeastern Ontario to the Churchill River in northern Manitoba.
- Specifically, the Omushegowak or "Swampy Cree" people inhabit the Hudson and James Bay Lowlands of northern Manitoba and Ontario. Historically, Cree people followed the game; they traveled through their traditional territories and moved up and down the watersheds.
- Primarily hunters – moose, caribou, bear, goose.
- Elders play a significant role by passing on stories, traditions and ceremonies.
- Cree society based on 3 levels:
 - the immediate (nuclear) family
 - the hunting group (local band): several extended families traveling and living together throughout the year
 - the community (regional band): hunting groups would gather for two to three months in one location usually a mouths of rivers or shores of lakes
- Leadership was informal - usually a senior male.
- Leaders chosen based on ability to hunt and spiritual power.



Haudenosaunee (Iroquois)



The Haudenosaunee, or the “People of the Longhouse” were skilled in warfare, diplomacy, and considered to be great orators



The Great Law of Peace (GAYANASHAGOWA)

- An oral constitution given to the Haudenosaunee Nations by the Great Peace Maker and Hiawatha
- Recorded on a Wampum belt
- United five warring nations under peaceful agreement to form the Iroquois Confederacy

The Iroquois Confederacy

- The Confederacy is considered one of the oldest forms of democracy
- Political decision making was by consensus, and involved a separation of powers amongst the nations who were prescribed complimentary roles:
 - Seneca and the Mohawk Nations (elder brothers)
 - Cayuga and the Oneida Nations (younger brothers)
 - Onondaga (Fire-keepers)
- A league of Nations that originally consisted of five groups (Seneca, Mohawk, Cayuga, Oneida, Onondaga) situated in the northeastern region of North America (generally upstate New York)
- In 1712 the Tuscarora Nation joined the confederacy forming what is now most commonly referred to as Six Nations.

The Haudenosaunee Longhouse

Symbolic Meaning of the Longhouse

- The territory shared by the Nations of Iroquois Confederacy
- Senecas "Keepers of the Western Door" occupied the western end of the territory
- Mohawks "Keepers of the Eastern Door" occupied the eastern end of the territory
- Onondagas "Keepers of the Central Council Fire and Wampum" occupied central territory



Culture of the Longhouse People

- Longhouses were designed to accommodate extended family lifestyle sometimes housing up to 20 families
- Iroquois societies were organized into clans
- Societies were matriarchal: women, or Clan Mothers, held primary responsibility for the function of the clans (managing the longhouse, the farming, and distribution of food)
- Agriculturalists – the “three sisters” (corn, beans and squash) were staple foods. Other foods include deer, beaver and moose.

First Nations Governance:

Local Government -- *Indian Act* Band Councils

Elections

- Elected Chief and Council (Band Council) form the government for their First Nation (although no requirement that a Chief be from the First Nation)
- An election can be held in one of two ways:
 - following steps outlined in the *Indian Act*; or
 - following the First Nation's own community election system (Custom Code).
- Band Councils under the *Indian Act* rules are elected every 2 years
- In some First Nations the Chief is part-time
- Capacity and human resources for Band Council administrations are often very limited

Band Councils Powers under the Indian Act

- Bands Councils may pass bylaws, but the Minister of Indian Affairs retains the power to disallow a bylaw – without notice of reasons – within 40 days of receipt (s. 82(2)).
- Bylaw powers outlined in the *Indian Act* include: the health of residents on reserve and to prevent the spreading of contagious and infectious diseases; observance of law and order; prevention of disorderly conduct and nuisances; construction and maintenance of watercourses, roads, bridges, ditches, fences and other local works; the survey and allotment of reserve land among the members of the band; the control and prohibition of public games, sports, races, athletic contests and other amusements; the preservation, protection and management of fur-bearing animals, fish and other game on the reserve; with the approval of the Minister, taxation for local purposes; the licensing of businesses, and the raising of money from band members to support band projects.
- Bands also pass Band Council Resolutions (BCR's), which create an official record of council decisions – but are not enforceable as bylaws.

First Nations Governance: Local Government -- Issues

Indian Act Band Councils and Traditional Governance

- Despite this, Band Councils continue to be viewed as 'alien' institutions by many. As a result, many communities are actively pursuing the renewal of traditional governance or the renewal of traditions within a system of governance that may combine elements of First Nation and imported Euro-Canadian political traditions.
- Many communities have some form of traditional governance:
 - most prominent with the Iroquoian communities; e.g. Six Nations
 - Ojibway and Cree communities – some have Elders committees

Membership

- Until 1985 Indian women who married non-Aboriginal men lost their Indian status. This was changed with the passage of Bill C-31. However, the rules established by Bill C-31 remained controversial. Recently, the British Columbia Court of Appeal confirmed a lower court ruling that overturned one aspect of these rules, which was held to be discriminatory against women and children. The Federal Government has been given one year to change the policy: *Mclvor v. Canada (Registrar of Indian and Northern Affairs)*, 2009 BCCA 153

Residence and voting

- Members of a community who live off-reserve have a right to vote in Band elections and participate in major decisions such as land claims: *Corbiere v. Canada (Minister of Indian and Northern Affairs)*, [1999] 2 S.C.R. 203

First Nations Governance: Province-Wide & Provincial Territorial Organizations

Province-Wide

Chiefs in Ontario

- Formed in 1975
- Aims to facilitate discussions and decisions by the political leadership and decisions on regional, provincial and national priorities affecting First Nation people in Ontario, and to provide a unified voice on such issues.
- COO represents 134 First Nations communities across Ontario

Provincial Territorial Organizations (PTOs)

Association of Iroquois and Allied Indians

- Established primarily as a political organization in 1969
- Represents its 8 member Nations in any negotiation or consultation with any level of government

Grand Council of Treaty 3

- PTO for the 28 Treaty 3 First Nations
- Includes 26 communities in Northwestern Ontario and two in Manitoba

First Nations Governance: Province-Wide & Provincial Territorial Organizations

Nishnawbe Aski Nation – NAN

- PTO representing 49 First Nation communities within James Bay Treaty 9 territory and the Ontario portions of Treaty 5.
- Originally Founded as Grand Council Treaty #9 in 1973 and became Nishnawbe Aski Nation in 1981
- Represents the legitimate political and socio-economic aspirations of it's First Nations members to all levels of government to allow local self-determination while establishing spiritual, cultural, social and economic independence.

Union of Ontario Indians – UOI

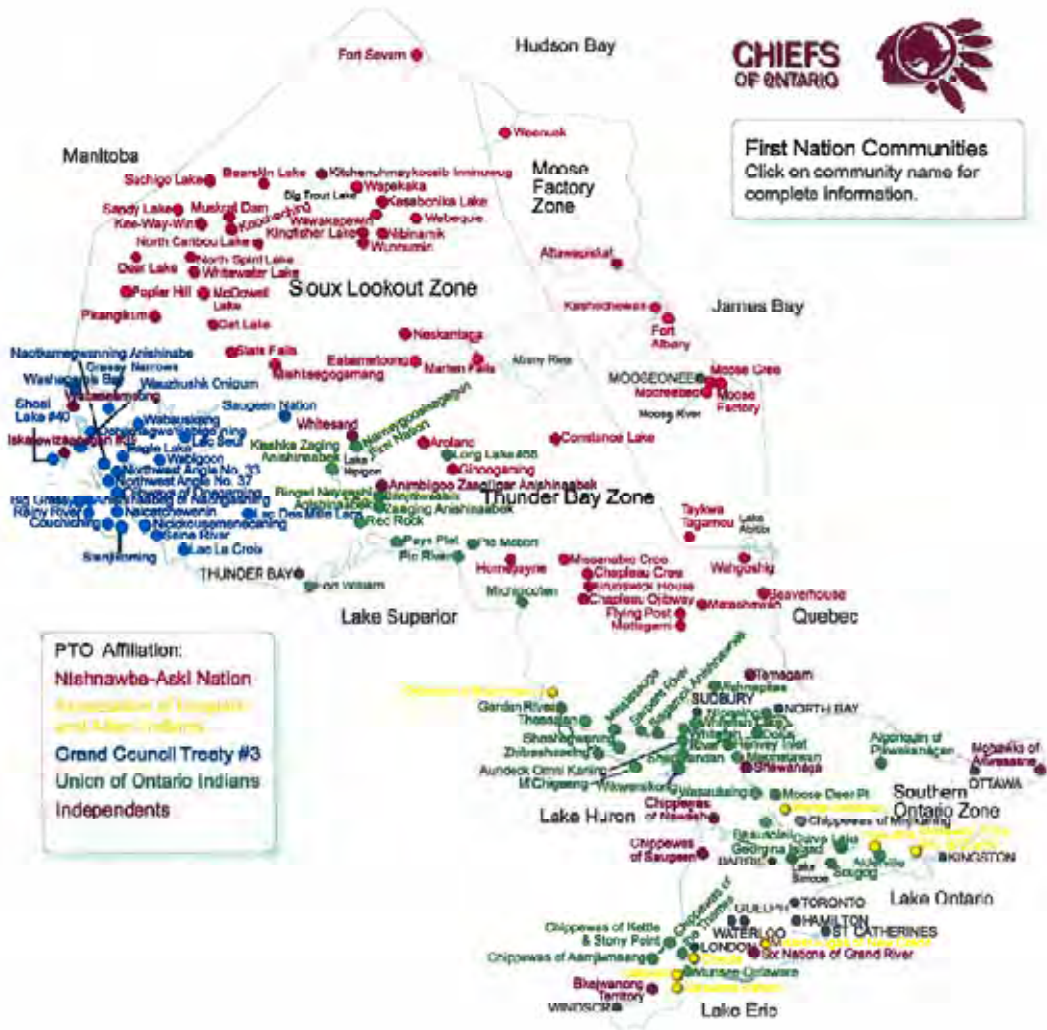
- Political advocate for 42 member First Nations across Ontario
- Incorporated as a secretariat in 1949

Independent First Nations

- Work collectively on issues of concern, while respecting each other's autonomy
- There are 12 independent First Nations

First Nations in Ontario

Source: http://www.chiefs-of-ontario.org/profiles/largemap_new.pdf

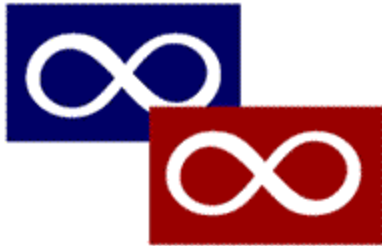


First Nation Communities
Click on community name for complete information.

PTO Affiliation:
Nishnawbe-Aaki Nation
 Association of Innu of Ontario and Labrador
Grand Council Treaty #3
 Union of Ontario Indians
 Independents

Appendix B: Métis Culture and Governance

Métis Culture



Métis Flag

- Métis flags contain a white infinity symbol on a red or blue background.
- The infinity symbol has two meanings:
 1. The joining of two cultures (Aboriginal & European)
 2. The existence of a people forever

Métis Sash

- Traditionally used by Voyageurs to carry belongings during their transportation duties
- Colourful zigzags form arrow designs, giving the sash the name “arrow” belt

Métis Music

- Fiddling is common at Métis special events or celebrations
- “Red River Jig” combines the footwork of Native dance with European instruments



Métis People in Ontario

- Definitions of Métis differ and there is no government-approved registry of Métis people in Ontario.
- Self-identification as Métis is an important component of all definitions. This is the definitional criteria applied in the Census data that is available about Métis people in Ontario and Canada.
- Some Métis people emphasize their mixed First Nations and European ancestry , while others emphasize their origin in the fur trade, which brought Scottish, Irish, French, Ojibway and Cree cultures together to form a new and distinct Aboriginal nation.

Métis Organizations and Governance

Province-Wide and Umbrella Organizations

Métis Nation of Ontario (MNO)

- A member of the Métis National Council.
- Governed by the Provisional Council of the Métis Nation of Ontario, a body that is elected by MNOs members and is comprised of 9 regional councillors, four senators, representatives for women, youth and post-secondary issues, and the MNO executive.
- Includes 26 community councils within their 9 regions, which it recognizes through Community Charter agreements. Each individual community council also has its own local elected council.
- Maintains a registry of its members, known as citizens, who it represents in discussions with government. Over 13,701 citizenship cards have been issued.

Ontario Congress of Aboriginal People (OCAP)

- The provincial affiliate of the Congress of Aboriginal Peoples that represents Métis, non-status, and off-reserve First Nations people.

Ontario Métis Aboriginal Association - The Woodland Métis Tribe (OMAA)

- A new organization, formed out of the now defunct Ontario Métis Aboriginal Association. The organization claims to represent 30,000 Aboriginal peoples who may be non-status, Métis or unable to trace their Aboriginal lineage.

Métis Organizations and Governance

- Métis communities and people may be represented by an MNO Community Council, or other local organizations that may or may not be affiliated with a different Province-wide organization. MNO Community Councils are governed according to standards set out by and agreements with the MNO.
- Ontario is aware that there are independent Métis communities that choose to represent themselves in working with government. These communities include:
 - Red Sky Métis Independent Nation, based in Thunder Bay.
 - Historic Saugeen Métis, based in Southampton.

Appendix C: Crown - Aboriginal Relations in History

17th & 18th Centuries: Alliance and Recognition

The Hudson's Bay Company Charter: A royal grant that gives this company exclusive trading rights over the land whose rivers drained into Hudson Bay, land that the English had yet to step foot into.

1670

The Great Peace of Montreal: Involving 1300 delegates from more than 40 First Nations, it followed negotiations to end almost 100 years of war between the Iroquois Confederacy and New France and its First Nations allies.

1701

Treaty of Niagara

A series of land purchases/treaties follows

The War of 1812: America declares war on Great Britain, attacking its North American colonies. At the War's end, British Loyalists and First Nations allies move north into Upper Canada.

1812-1814

1664

Two-Row Wampum

1677

The Covenant Chain: A treaty between the Iroquois Confederacy and the British North American colonies. Reflects the principles of the Two-Row Wampum.

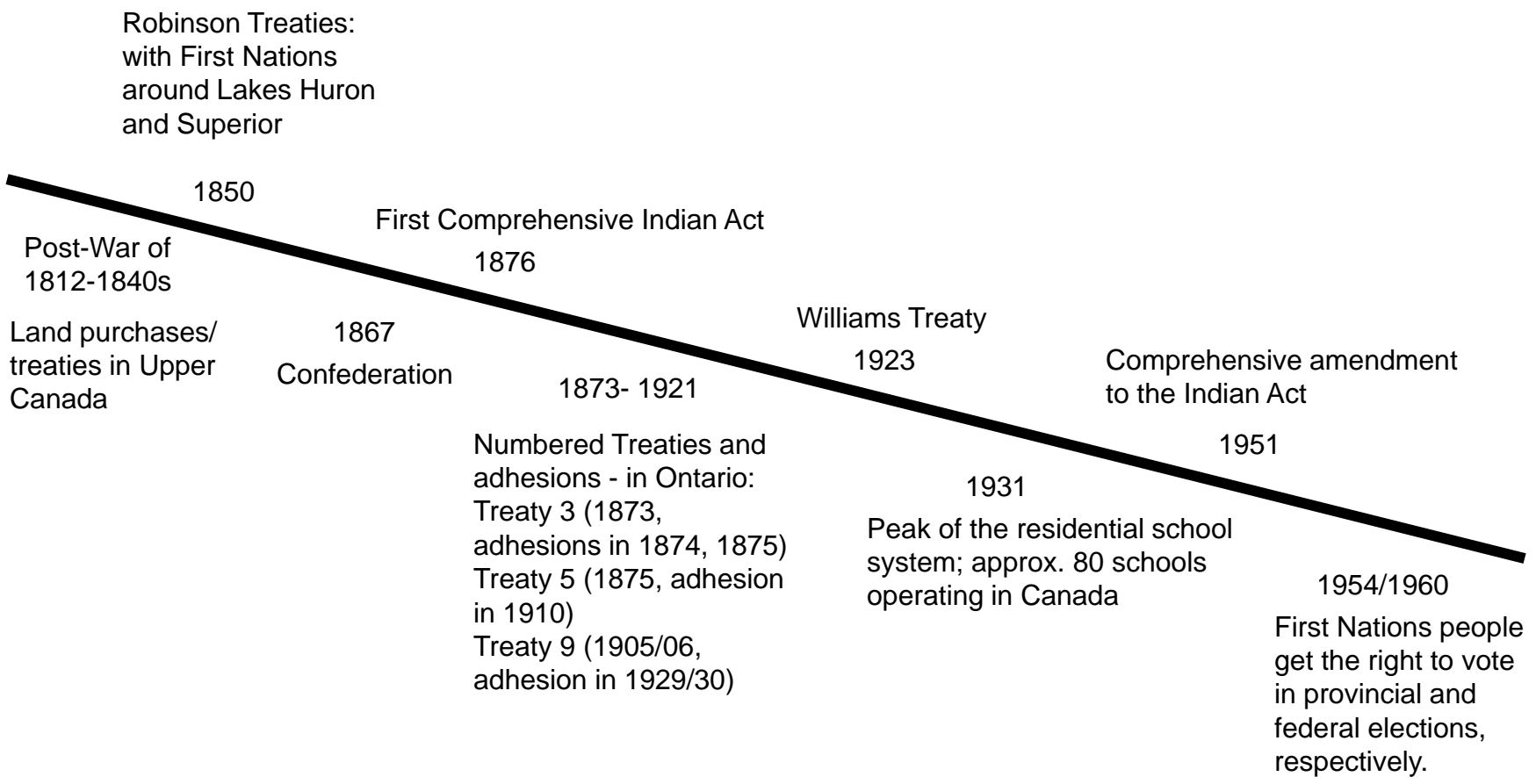
1763 The Royal Proclamation

1764

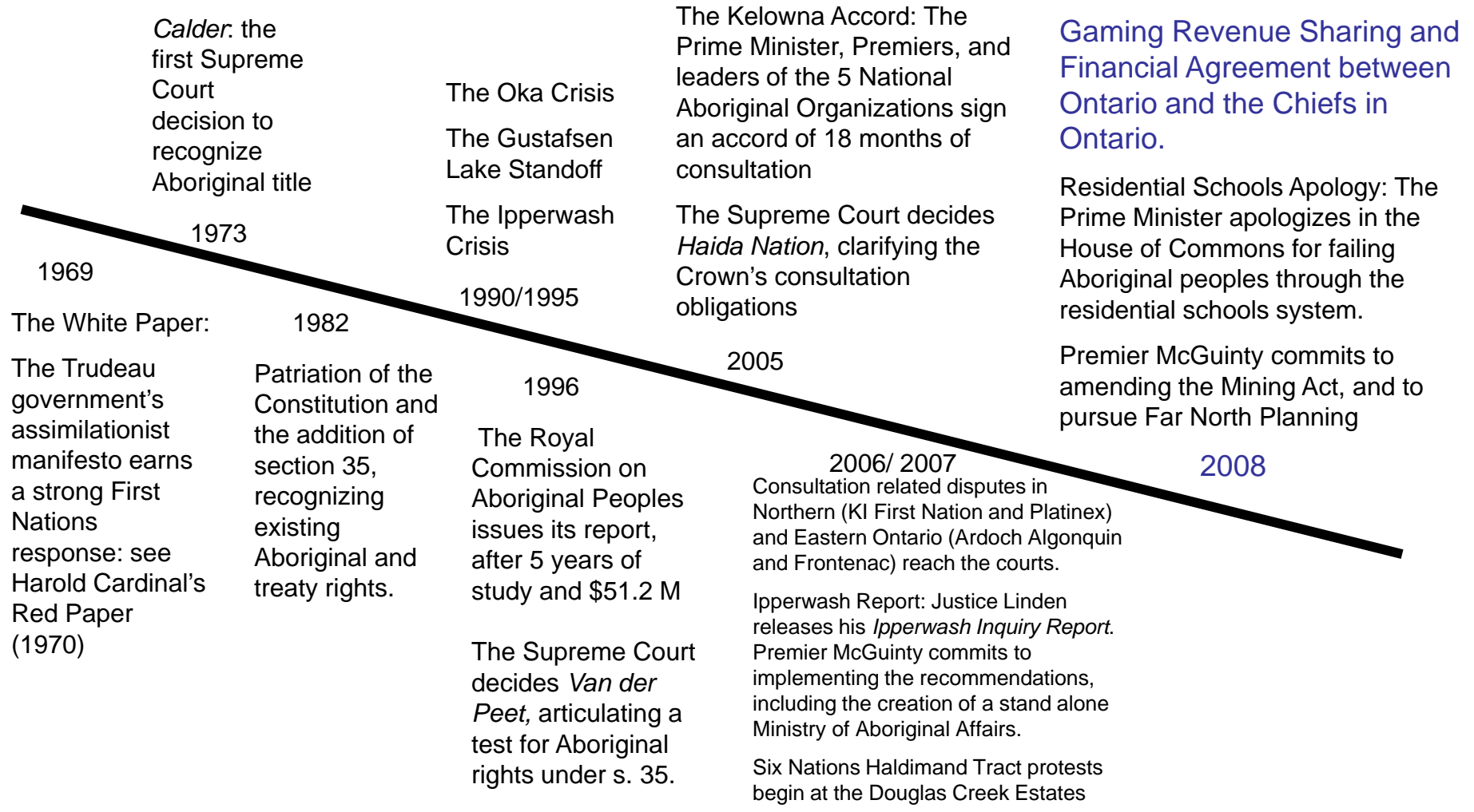
1776/1783

American Revolution: Declaration of Independence to the Treaty of Paris

19th – mid-20th Centuries: Treaties, Policies, and Promises



Mid 20th century – Present: A Mixed Experience





Appendix D: The Legal and Constitutional Framework

Canada's constitution divides powers and responsibilities for Aboriginal people between the federal and provincial governments – sometimes this responsibility falls clearly upon one level of government, sometimes it is shared, and sometimes it is not clear which level of government can or should address Aboriginal matters.

Section 91(24) of the *Constitution Act, 1867*

- Section 91(24) of the *Constitution Act, 1867*, gives Parliament exclusive legislative and executive powers in relation to “Indians and Lands reserved for the Indians”.
- In spite of this “exclusive” power, **the General Rule** is that provincial laws apply to Indians and Indian Reserves. This is permitted via two routes:
 - Subject to exceptions, as a law of general application with only incidental effects on Indians or Indian reserves: allows laws of general application (e.g., *Family Benefits Act*) to apply so long as they do not invade the core of Parliament’s power over Indians or Indian reserves (i.e., things that go to the unique nature of Indians and Indian reserves).
 - Section 88 of the Indian Act: incorporates provincial laws of general application that do affect the core of Parliament’s power over Indians or Indian reserves as federal law.

Caution:

- Supreme Court of Canada decisions, *Morris and Olsen* (2006) have created uncertainty concerning the ability of s. 88 to “save” provincial legislation that impacts treaty rights where such legislation constitutes a *prima facie* infringement of a treaty right.

The Charter and Section 35 of the *Constitution Act, 1982*

Charter – Section 15

- Under the Charter, Ontario is likely obligated to include Aboriginal people, on- or off-reserve, on the same basis as other Ontarians, in the service and benefit programs it offers to Ontarians generally, except where:
 - it lacks the constitutional authority to extend the program to Indians or on reserves; or
 - it can justify, under s. 1 of the *Charter*, excluding Aboriginal people from the service or program

Section 35

- Section 35 requires both the federal and provincial governments to respect Aboriginal and Treaty Rights.
- As noted above regarding s. 88 of the Indian Act, the Supreme Court's decisions in *Morris and Olsen* (2006) have created uncertainty concerning the provinces' constitutional authority to pass legislation that constitutes a *prima facie* infringement of a treaty right.
- To the extent the Province can regulate Aboriginal or treaty rights, any regulation that infringes such rights must be justified according to strict principles articulated by the SCC in its decisions about s. 35 of the *Constitution Act, 1982*.

Adding it up:

- Ontario has substantial constitutional powers to make its law, programs and services extend to/benefit/impact Aboriginal people.
- Statements that Canada is “primarily responsible” for Aboriginal people is often more of a policy or political position to the effect that since Canada has powers with respect to Indians and reserves, it should exercise those powers in providing for the welfare of Aboriginal people.
- Ontario also has wide ranging constitutional powers to provide programs and services for its residents including for Aboriginal people. When it does create such programs and services, it must – as a matter of constitutional law -- provide them equally, without discrimination, to Aboriginal people, including Aboriginal people living on reserve, subject to the exceptions noted.

Supreme Court Decisions on Aboriginal and Treaty Rights: Setting a course for reconciliation

Sparrow, 1990

“[Section] 35(1) of the *Constitution Act, 1982*, represents the culmination of a long and difficult struggle in both the political forum and the courts for the constitutional recognition of aboriginal rights.... Section 35(1), at the least, provides a solid constitutional base upon which subsequent negotiations can take place..”

Section 35, *Constitution Act, 1982*:

“The existing aboriginal and treaty rights of the aboriginal peoples of Canada are hereby recognized and affirmed.”

Delgamuukw, 1997

“Ultimately, it is through negotiated settlements, with good faith and give and take on all sides, reinforced by the judgements of this Court, that we will achieve ...‘the reconciliation of the pre-existence of aboriginal societies with the sovereignty of the Crown.’

Let us face it, we are all here to stay.” (para. 86)

Van der Peet, 1996

“What s. 35(1) does is provide the constitutional framework through which the fact that aboriginals lived on the land in distinctive societies, with their own practices, traditions and cultures, is acknowledged and reconciled with the sovereignty of the Crown.” (para. 31)

Supreme Court Decisions on Aboriginal and Treaty Rights: Setting a course for reconciliation

Haida Nation, 2004

“The historical roots of the principle of the honour of the Crown suggest that it must be understood generously in order to reflect the underlying realities from which it stems. In all its dealings with Aboriginal peoples, from the assertion of sovereignty to the resolution of claims and the implementation of treaties, the Crown must act honourably. Nothing less is required if we are to achieve “the reconciliation of the pre-existence of aboriginal societies with the sovereignty of the Crown” (para. 17)

Mikisew Cree, 2005

The fundamental objective of the modern law of aboriginal and treaty rights is the reconciliation of aboriginal peoples and non-aboriginal peoples and their respective claims, interests and ambitions. The management of these relationships takes place in the shadow of a long history of grievances and misunderstanding. The multitude of smaller grievances created by the indifference of some government officials to aboriginal people’s concerns, and the lack of respect inherent in that indifference has been as destructive of the process of reconciliation as some of the larger and more explosive controversies. (para. 1)

Aboriginal Health in Ontario

Presented by Michael Hillmer
Manager, Aboriginal Health Strategy Unit
Health System Strategy Division
Ministry of Health and Long-Term Care

First Nations Public Health Dialogue Series
March 21, 2011

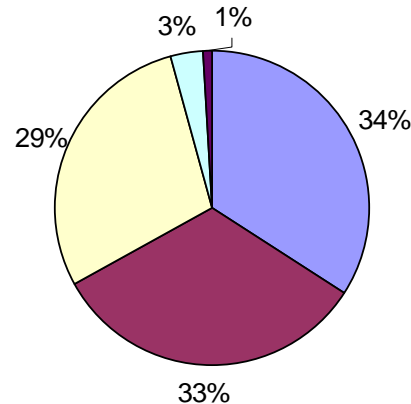


Ontario's Aboriginal Population

- There are approximately 250,000 Aboriginal people living in Ontario, the largest Aboriginal population of any province or territory in Canada (approximately 20% of Aboriginal people in Canada live in Ontario).
- Aboriginal people comprise about 2% of Ontario's total population.
- Approximately 68% of Ontario's Aboriginal population (which includes First Nations, Métis, and Inuit people) live off-reserve.

Aboriginal communities and organizations	
First Nations communities	134
On-reserve political/territorial organizations and Tribal Councils	21
Provincial-level off-reserve organizations	3
Aboriginal health centres	12
Key Aboriginal health service providers	41
Total	421

■ First Nations Off-Reserve (86,171)
■ First Nations On-Reserve (82,765)
■ Métis (73,065)
■ Multiple Aboriginal Identities or Other Positive Response (8,445)
■ Inuit (2,035)



SOURCE: *First Nations Peoples in Ontario: A Demographic Portrait* (2009), MOHLTC

Aboriginal Political/Provincial Territorial Organizations (PTOs)

On-Reserve PTOs

On-reserve PTOs represent reserve-based Status Indian communities or 'bands' as defined and recognized in the federal *Indian Act*.

- Association of Iroquois and Allied Indians
- Independent First Nations
- Nishnawbe Aski Nation
- Union of Ontario Indians
- Grand Council Treaty #3
- Umbrella/Province-wide Organizations
 - Chiefs of Ontario Office: Provides a coordinating function for the on-reserve PTOs and some independent First Nations.

Off-Reserve PTOs

The following organizations were established to represent Aboriginal people not included in the First Nation PTOs, either because they are non-Status Indians or band members, or because they do not reside on reserve.

- Ontario Federation of Indian Friendship Centres
- Métis Nation of Ontario
- Ontario Native Women's Association

On-Reserve Registered Population by Public Health Unit, 2006

PHU Name	On Reserve
The District of Algoma Health Unit	3,932
Brant County Health Unit	11,929
Durham Regional Health Unit	46
Grey Bruce Health Unit	1,460
Haliburton, Kawartha, Pine Ridge District Health Unit	314
Hastings and Prince Edward Counties Health Unit	2,086
Chatham-Kent Health Unit	566
Lambton Health Unit	4,281
Middlesex-London Health Unit	3,022
North Bay Parry Sound District Health Unit	1,846
Northwestern Health Unit	18,279
Peterborough County-City Health Unit	921
Porcupine Health Unit	7,130
Renfrew County and District Health Unit	412
The Eastern Ontario Health Unit	8,470
Simcoe Muskoka District Health Unit	1,576
Sudbury and District Health Unit	5,745
Thunder Bay District Health Unit	10,066
Timiskaming Health Unit	284
York Regional Health Unit	187
Unallocated ¹	-
Column Total	82,552

¹ Two First Nations (Caldwell and Missanabie Cree could not be allocated to a Public Health Unit.)

Source: Indian and Northern Affairs Canada

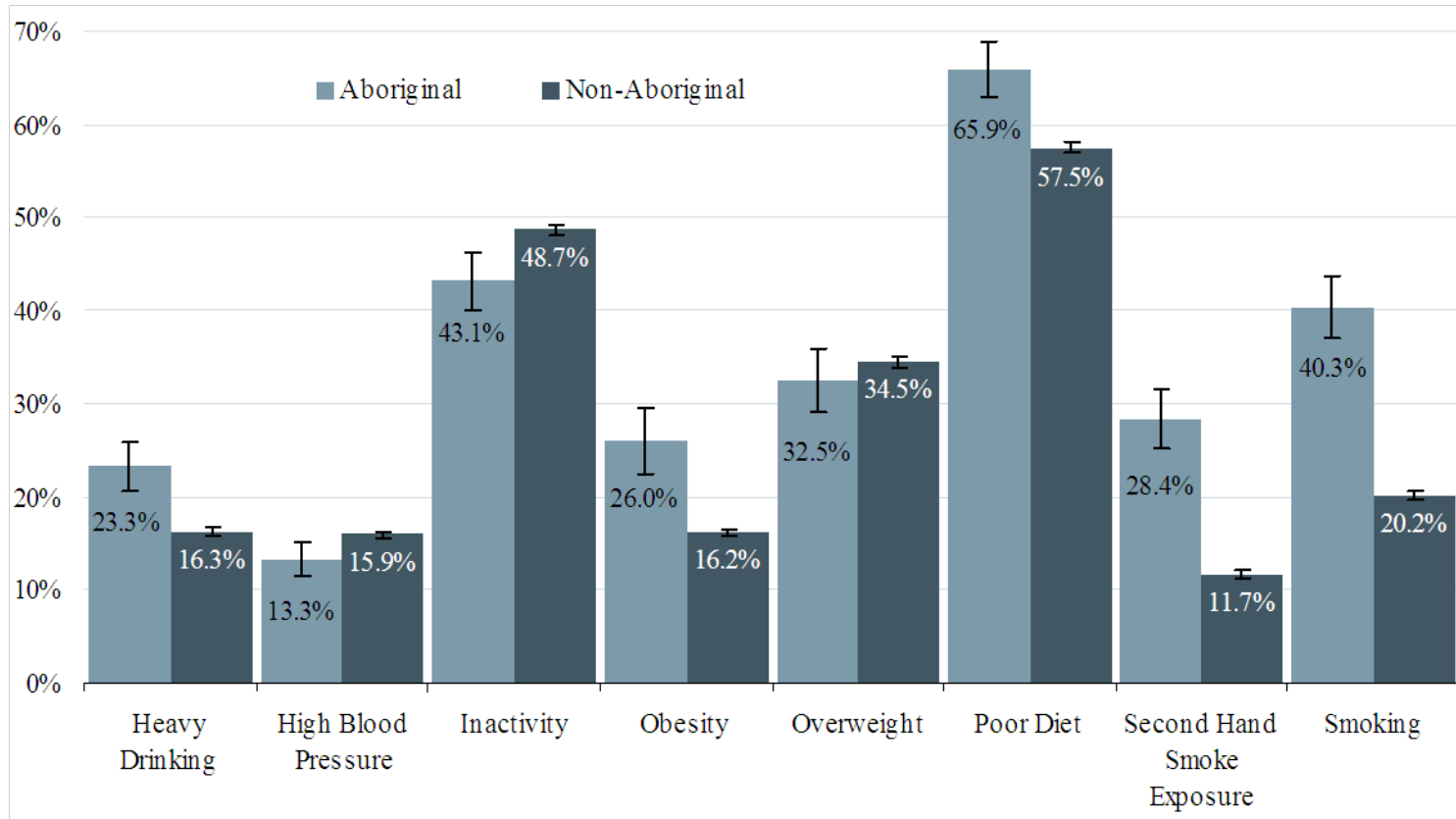
Health Status of Ontario's Aboriginal Peoples

- Aboriginal people experience the lowest health status of any identifiable population in Ontario.

Indicators of lower Aboriginal health status include:

- Shorter life expectancy.
- Higher infant mortality.
- Elevated rates of overweight and obesity.
- Greater prevalence of chronic diseases including diabetes and serious mental health and addictions.
- Higher hospitalization rates, longer lengths of stay, and fewer visits to specialists.
- Poor outcomes regarding social determinants of health (e.g., greater burden of poverty, unemployment, and lower educational attainment).

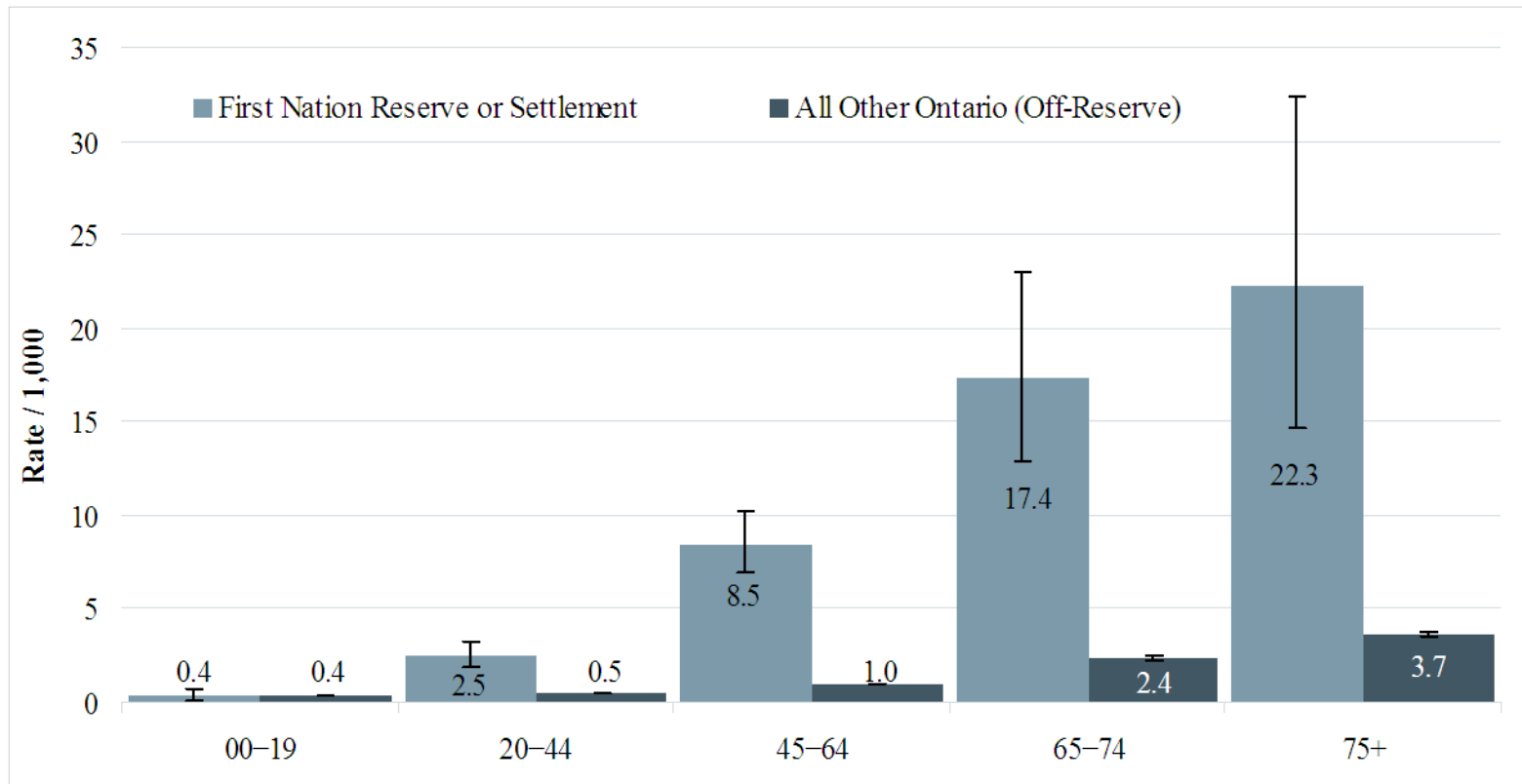
Select Risk Factors for Chronic Disease by Aboriginal Identity, Ontario, 2008



Includes individuals 12+ years; excludes individuals living on-reserve.

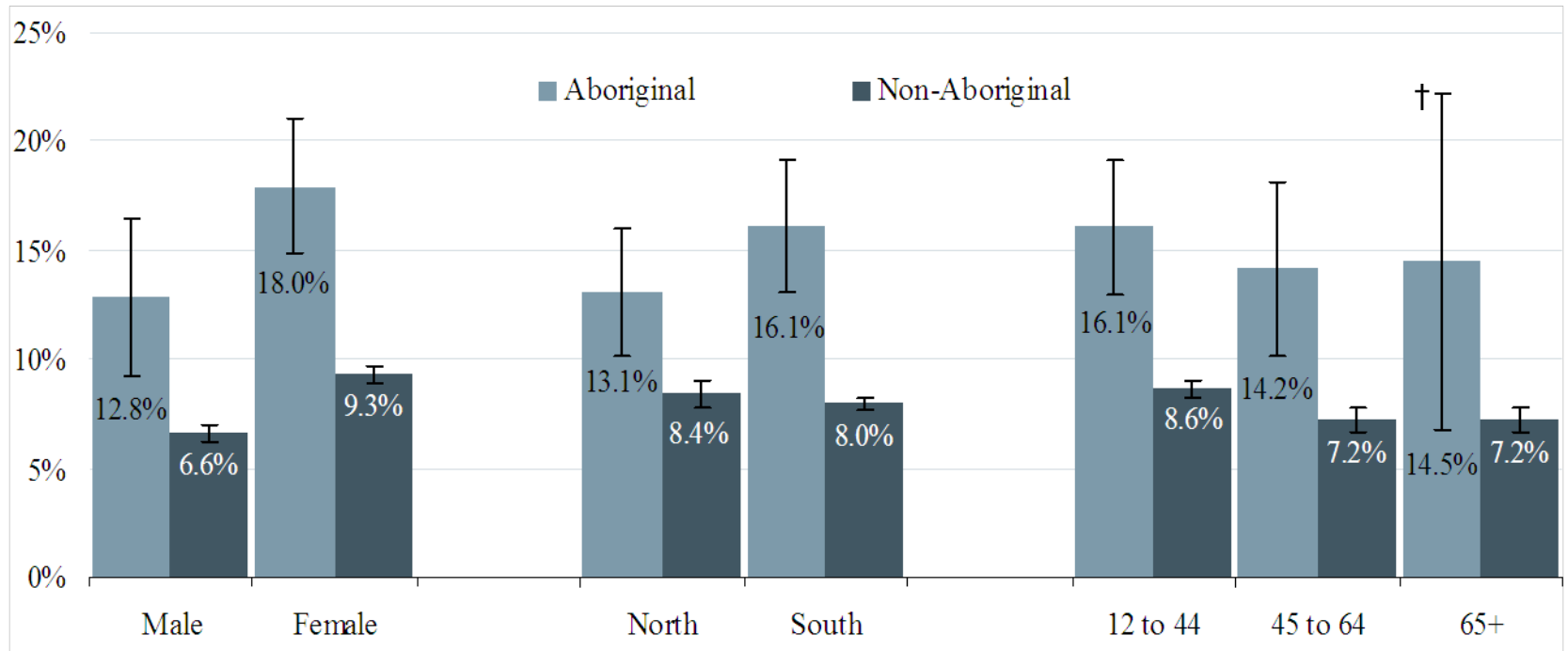
Source: Statistics Canada. Canadian Community Health Survey, Cycles 3.1 and 4.1

Hospitalizations due to Diabetes by First Nations Residence and Age, 2008/2009



Source: Intellihealth Ontario, Inpatient Discharges Main Table [last refreshed Sept. 2010]

Asthma Prevalence by Sex, Residence and Age, Aboriginal Identity, Ontario, 2008

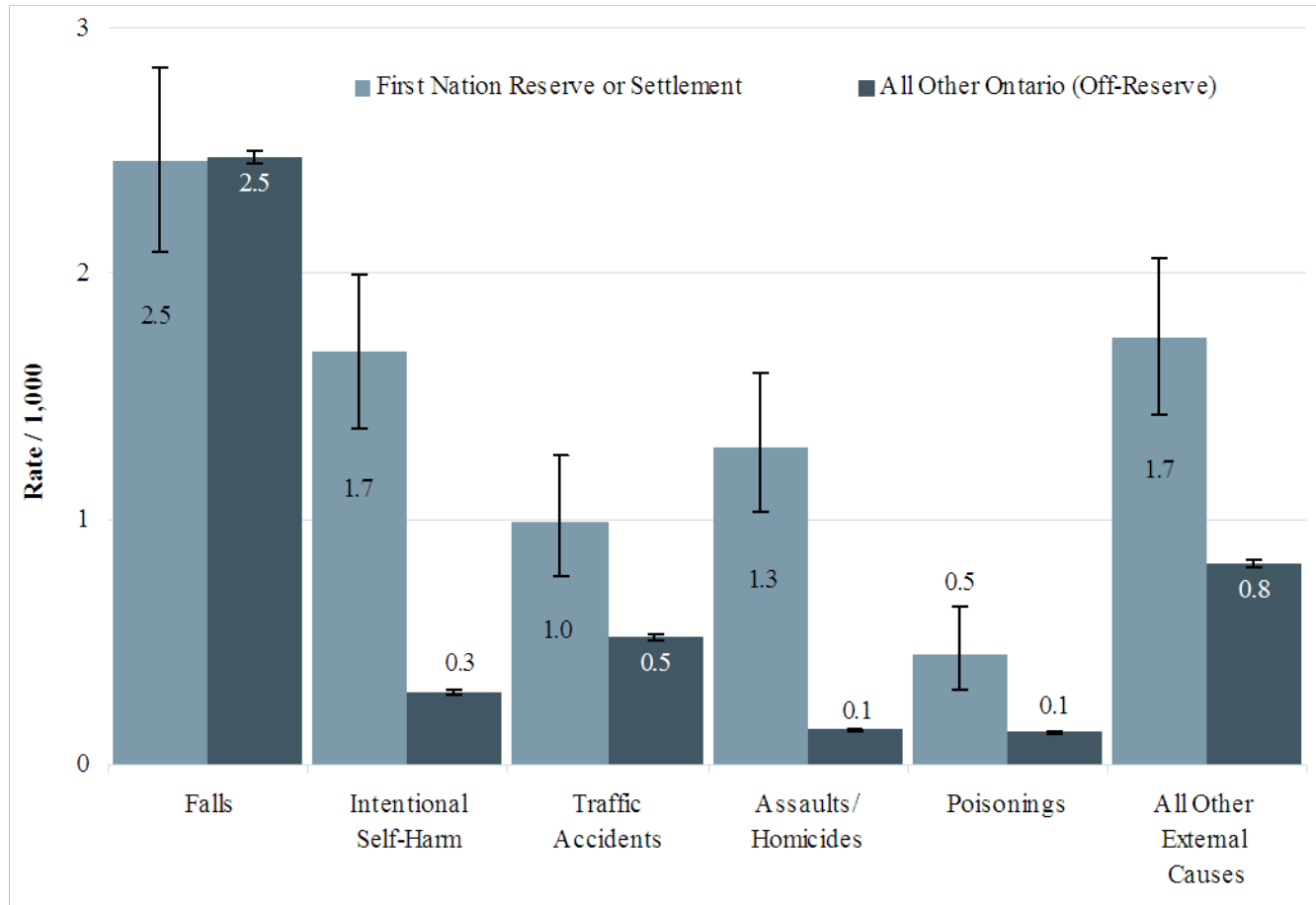


Population aged 12 and over who reported that they have been diagnosed by a health professional as having asthma.

† Coefficient of variation 16.6% to 33.3% - interpret with caution.

Source: Statistics Canada. Canadian Community Health Survey, Cycles 3.1 and 4.1

Hospitalizations due to Injury by First Nations Residence, 2008/2009



Source: Intellihealth Ontario, Inpatient Diagnosis and External Cause [last refreshed Sept. 2010].

Federal and Provincial Roles in Aboriginal Health

- The responsibility for providing health care services to Aboriginal people living in Ontario is an extremely complex area both legally and historically.
- First Nations, Inuit and Métis believe that the federal government has primary responsibility for Aboriginal health services based on treaty obligations, along with overriding fiduciary responsibility.
- Notwithstanding the federal role in First Nations health, Ontario has primary responsibility for the provision of health care services to all its citizens, including Aboriginal people living on-reserve.
- The Federal Government does not recognize a legal obligation to provide health care services to First Nations people, but has been doing so on the basis of “social policy or moral obligation”.

Federal Health Programs and Services Accessed by Aboriginal People

Human Resources

Community Health Workers

- Nurses, community health representatives, mental health and addictions workers

Homecare Services

Health Facilities

Nursing Stations

- Primary Care for First Nations and Inuit communities whose residents must travel more than 90km to access provincial physician services

Addictions Treatment Centres

Programs/Services

Health Promotion/Prevention Programs

- Diabetes, HIV/AIDS, child development, tobacco, tuberculosis, Fetal Alcohol Spectrum Disorder (FASD)

Benefits

Non-Insured Health Benefits (NIHB)

- Primary care services and supports not covered through provincial health programs (including prescription drugs, over-the-counter medications, medical supplies and equipment, short-term crisis counseling, dental care, vision care and medical transportation)

Provincial Health Programs Accessed by Aboriginal People

Aboriginal Components of Mainstream Programs

HIV/AIDS

Diabetes

Community Support Services

Long-Term Care

Mental health and addictions

Community Health Centres

First Nations ambulance and emergency services

Programs of General Application

Insured Health Services (OHIP)

Long-term care/community support services

Emergency health

Assistive Devices Program

Ontario Drug Benefits

Northern Health Travel Grant

Aboriginal-Specific Initiatives

Aboriginal Healing and Wellness Strategy (AHWS)

- A cluster of over 460 community-based health, healing and anti-violence programs in urban and rural Aboriginal communities, both on-and off-reserve.

Aboriginal Health Access Centres (AHACs)

- 10 AHACs in Ontario, 6 located on-reserve.
- Offer a range of primary care services, chronic disease management, mental health and addictions treatment, disease prevention programs, and traditional Aboriginal health services such as healers and elders.
- AHACs serve both on-and off-reserve communities.

The Aboriginal Health Policy (1994)

- The Ministry of Health and Long-Term Care (MOHLTC) is guided by the *Aboriginal Health Policy (1994)*, which provides the government with broad direction and guidelines for Aboriginal involvement in planning, design, implementation, and evaluation of programs and services provided to Aboriginal communities.
- The Aboriginal Health Policy supports an “inclusive” approach to Aboriginal health meaning that strategy, programming, policy and engagement are inclusive of all Aboriginal populations (First Nations on- and off-reserve, Inuit, and Métis).
- Culturally-relevant and developed in close partnership with the Aboriginal community, the Aboriginal Health Policy still receives ongoing endorsement and buy-in from most Aboriginal partners.

The Role of the Aboriginal Health Strategy Unit

The Aboriginal Health Strategy Unit (AHSU):

- Develops and supports provincial-level policy towards an overall ministry objective of improving the health status of the Aboriginal population in Ontario
- Works with a range of ministry branches in addressing the health needs and priorities relating to the Aboriginal population.
- Advances Aboriginal health matters within MOHLTC
- Monitors progress relevant to Aboriginal health policy across the ministry
- Serves as a 'first point of contact' within MOHLTC for Aboriginal partners

Current and Emerging Initiatives

Regulations under the *Local Health System Integration Act (LHSIA)*

- As *LHSIA* was proceeding through the legislative process, the ministry responded to a number of concerns raised by Aboriginal leadership and organizations.
- In response to these concerns, *LHSIA* included provisions to establish:
 - An Aboriginal and First Nations Health Council by the Minister of Health and Long-Term Care.
 - A mechanism to ensure Local Health Integration Networks (LHINs) engage the Aboriginal community and receive advice about local Aboriginal and First Nations health priorities.

Aboriginal Healing and Wellness Strategy (AHWS)

- A partnership between 5 Ontario ministries (Ministry of Health and Long-Term Care (MOHLTC), Ministry of Community and Social Services (MCSS), Ministry of Aboriginal Affairs (MAA), Ontario Women's Directorate, Ministry of Children and Youth Services (MCYS)), and 14 on-and off-reserve Aboriginal organizations. Total funding per year amounts to approximately \$50M from the five ministries.

AHWS Programming

- MOHLTC funds a number of AHWS programs via MCSS including:
 - Maternal and Child Centre at Six Nations
 - Healing Lodges
 - Outpatient hostels
 - Translator Programs
 - Community Wellness Workers
 - Crisis Intervention Workers



Physician Services in Sioux Lookout Zone

- In April 2008, MOHLTC assumed funding of direct physician services in Sioux Lookout Zone from the federal government.
- The Agreement (signed in April 2010) is between Ontario and a newly established governance structure that provides for equal representation of First Nations, hospitals and physicians to provide planning, delivery and oversight for physician services.
- The Agreement provides funding for the physician services provided in the 28 First Nation communities in the Sioux Lookout Zone, the town of Sioux Lookout, the emergency department, and a significant portion of the hospital's physician care.

Weeneebayko Area Health Integration Framework Agreement (WAHIFA)

- In August 2007, the provincial Minister of Health and Long-Term Care, the federal Minister of Health and local leaders (with the exception of the Chief of Moose Cree) signed WAHIFA, paving the way for the amalgamation of the provincial James Bay General Hospital and the federal Weeneebayko General Hospital.
- The North East LHIN is the provincial lead on the implementation of WAHIFA and hospital integration.
- The date of amalgamation was October 1, 2010.
- Both the provincial and federal governments will fund the amalgamated hospital.

Opening of New Sioux Lookout Meno Ya Win Health Centre

- In October 2010, the new 60-bed Sioux Lookout Meno Ya Win Health Centre officially opened, replacing two existing 60-year old hospitals with one provincially-funded facility serving approximately 30,000 patients every year.
- The hospital will provide acute care, continuing care, patient support, ambulatory care, and mental health and addictions services to patients from the Sioux Lookout region and 28 surrounding First Nations communities.
- The hospital combines traditional First Nations healing practices and culturally appropriate services such as around-the-clock translation and a traditional healing, medicine, and food program.

Glossary of Key Terms

- The *Constitution Act, 1982* (s. 35(2)) recognizes three groups of Aboriginal people: Indians, Métis and Inuit.
- **Aboriginal:** an inclusive term that also includes an estimated 65% of Aboriginal people who live off-reserve in towns and urban centres in Ontario.
 - Note: Given that many Aboriginal people frequently move between on- and off-reserve, these distinctions can be problematic.
- **Status Indians:** are registered Indians under the federal *Indian Act* (which sets out requirements of who is a Status Indian).
- **Non-Status Indians:** are not registered under the *Indian Act*, often because their ancestors were never registered or because they lost Indian status under former provisions of the *Indian Act*.
- **First Nations (FN) people:** generally refers to on-reserve communities (accounts for about 35% of Ontario's Aboriginal population).
 - Provincial-level First Nation organizations indicate that there are 134 First Nations in Ontario, while the federal government recognizes only 127 bands.

Glossary of Key Terms

- **Métis:** generally refers to persons of mixed ancestry who self-identify as a member of a Métis community; has some proof of an ancestral connection to the historic Métis community; and holds proof of acceptance by the modern Métis community.
- **Inuit:** generally refers to the indigenous population of the Arctic.
- **Treaty:** a contract negotiated government-to-government and used to define rights and powers and to formalize relationships between governments.
- **Reserve:** a tract of land that has been set aside by the federal government for the use/benefit of an Indian Band.
- **Band:** an organizational structure representing a particular body of First Nations people as defined under the *Indian Act*.

MOHLTC Contacts

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Ontario's Ministry of Health Promotion and Sport

Overview of MHPS Aboriginal Programming

March 21, 2011

First Nations Public Health Dialogue

In 2010-11, MHPS is investing approximately \$10M in programs/initiatives impacting Aboriginal communities

Programs are managed by the following Ministry branches:

- Sport, Recreation and Community Programs Branch

- Community Aboriginal Recreation Activator Program
- Provincial/Territorial Aboriginal Sport Body development
- Urban Aboriginal Healthy Living Program
- Healthy Communities Fund Provincial and Local/Regional Grants
- Ontario's After-School Program
- Recreation Infrastructure Canada/Ontario Recreation Program (RIInC)

- Standards, Programs and Community Development Branch

- Diabetes Prevention Programming
- Aboriginal Health Access Centres
- Aboriginal Tobacco Program - Cancer Care Ontario
- Smoking Treatment for Ontario Patients (STOP) Adapted for on-Reserve First Nations Communities - Centre for Addiction and Mental Health (CAMH)
- Ontario Aboriginal Responsible Gambling Program

- Communications Branch

- Youth Cessation Education Campaign; Healthy Living Brochure

Community Aboriginal Recreation Activator Program (CARA)

- Enhances the quality of life for isolated or remote communities through the provision of quality community-based recreation, sport and physical activity programs
- Currently running in 15 First Nation communities:

Algonquin's of Pikwakanagan

Lac Seul First Nation

Mississauga First Nation

Nibinamik First Nation

Nipissing First Nation

Grassy Narrows First Nation

Mitanjikoming First Nation

Wabaseemoong First Nation

Chippewas of Nawash First Nation

Kingfisher Lake First Nation

Moose Cree First Nation

Saugeen First Nation

Mishkeegogamang First Nation

Onigaming First Nation

Sheshegawaning First Nation

Provincial/Territorial Aboriginal Sport Body - Aboriginal Sport and Wellness Council of Ontario

- In the Spring of 2008, MHPS undertook an Environmental Scan and Think Tank session to assess issues and opportunities related to the sport and recreation needs of Ontario's Aboriginal people and communities
- In January 2009, the Environmental Scan final report was released and the Southern First Nation Secretariat (SFNS) was engaged by MHPS to coordinate the activities of a task force to advance the establishment of a Provincial Territorial Aboriginal Sport Body in Ontario
- In September 2010, the new sport body was announced as the Aboriginal Sport and Wellness Council of Ontario (ASWCO). With support from MHPS, the newly formed body is moving forward with the process of incorporation, planning community focus groups to inform a strategic plan and supporting the SFNS' bid to host the 2014 North American Indigenous Games (NAIG)

Urban Aboriginal Healthy Living Program

- Supports increased participation of urban Aboriginal people in sport, recreation and other health promotion programmes that promote healthy lifestyle behaviours
- Delivered through partnership with the Ontario Federation of Indian Friendship Centres (OFIFC)
- Support committed for all 29 OFIFC member Friendship Centres (currently 28 centres, final centre will come online 2012-13)
- Site deliverables include programming in the areas of nutrition, sport/physical activity/recreation, smoking cessation/addictions and youth leadership

Healthy Communities Fund - Provincial Stream & Local/Regional Stream

- The Healthy Communities Fund (HCF) provides funding to community partnerships to plan and deliver integrated programs that improve the health of Ontarians
- The Grants project stream is a one-window approach to funding local/regional and provincial organizations to deliver health promotion initiatives that address two or more of the Ministry's priority areas - physical activity, injury prevention, healthy eating, mental health promotion, reducing tobacco use and exposure, and preventing alcohol and substance misuse
- HCF Grants stream is currently supporting Aboriginal communities through 3 provincial projects and 33 local/regional projects

Ontario's After-School Program

- The After-School Program is provides children and youth access to safe, active and healthy after-school activities
- The ministry worked with the Chiefs of Ontario and representatives from Political Territorial Organisations to facilitate implementation in on-reserve communities
- There are 11 First Nation on-reserve after-school sites:

Whitefish River

Ochiichagwe'babigo'ining Ojibway

Eabametoong

Sachigo Lake

Mississauga

Brunswick House

Cat Lake

Walpole Island

Taykwa Tagamou

Serpent River

Eagle Lake

- There are 13 off-reserve sites in communities serving Aboriginal populations

Recreation Infrastructure Canada/Ontario Recreation Program (RInC)

- Renewal/improvement of local recreational facilities, contributing to the health and quality of life of Ontarians
- Funds are being used to renew recreational infrastructure, including pools, arenas, gymnasiums, fitness trails, sports fields and bike paths
- These projects are funded through a partnership between the government of Ontario, the government of Canada and local communities and organizations
- Includes 53 First Nations recreation projects

Diabetes Prevention Programming

Initiatives include:

- Development of a Healthy Living Brochure to create awareness among high-risk communities of the different resources and programs available for diabetes prevention
- Working with Chiefs of Ontario to train a number of health care professionals and community leaders working with First Nations communities on weight management strategies
- Support to Aboriginal Health Access Centres to incorporate diabetes prevention programming into their Healthy Living Program
- Diabetes prevention programming for Aboriginal and low-income populations in Northwestern Ontario

Aboriginal Health Access Centres

- Provides support for programming addressing tobacco use/smoking cessation, healthy eating, increased physical activity and diabetes prevention:
- Each AHAC runs programming based on its community needs:

Kanonkwa'tesheio:io Social Akwesasne Aboriginal Health Access Centre, Cornwall

N'Mninoeyaa: Aboriginal Health Access Centre, Cutler

Gizhewaadiziwin Access Centre, Fort Frances

De dwa da dehs nye>s Aboriginal Health Centre, Hamilton

Wassay-Gezhig Na-Nahn-Dah-We-Igamig Health Access Centre, Keewatin

Noojmowin Teg Health Access Centre, Aundeck Omni Kaning, Little Current

Southern Ontario Aboriginal Health Access Centre, London

Wabano Centre for Aboriginal Health, Ottawa

Shkagamik-Kwe Health Centre, Sudbury

Anishnawbe-Mushkiki Aboriginal Community Health Access Centre, Thunder Bay

Tobacco Programming

- Aboriginal Tobacco Program - MHPS supports Cancer Care Ontario to manage the Aboriginal Tobacco Program
- Through partnership with CAMH - development of culturally appropriate resources through the Fundamentals of Tobacco Interventions Trainers' Toolkit and STOP on the Road Workshop Adapted for on-reserve First Nations Communities
- Youth Cessation Education Campaign - partnership with OFIFC to develop and implement a smoking prevention and cessation youth education campaign, and to train UAHLP Workers on youth engagement and the skills required to support the campaign

Ontario Aboriginal Responsible Gambling Program (OARGP)

- Support to the Ontario Aboriginal Responsible Gambling Program to implement problem gambling prevention and awareness programs to Aboriginal communities and individuals on and off reserve
- Supports eight organizations:

Union of Ontario Indians

Nishnawbe Aski Nation

Kenora Chiefs Advisory

Independent First Nations

Association of Iroquois and Allied Indians

Métis Nation of Ontario

Ontario Federation of Indian Friendship Centres

Ontario Native Women's Association

Partnerships

MHPS participates on the following committees:

- Tripartite First Nations Public Health Advisory Committee (FNPHAC) - *development of a Public Health/First Nations relationship framework for provision of public health services to Ontario First Nations*
- Tripartite First Nations Health Advisory Group - *guide the development of activities focused on improving health outcomes of First Nations people living on-reserve and strengthen Ontario and First Nations relations; priority areas are diabetes, mental health and addictions, and public health*
- Tripartite Ontario First Nations Integrated Health Promotion Strategy (OFNIHPS) - *development of an Integrated Health Promotion Strategy to support the restoration of wholistic health in First Nation communities*
- Intergovernmental Network on Aboriginal Youth (IGN) - *coordinated program development and support of initiatives across Provincial ministries and Federal departments to support enhanced resiliency of Aboriginal youth in Northern Ontario*

Overview of Public Health Division Participation in First Nations Public Health Initiatives

**Presentation for the First Nations Public Health
Dialogue Series**

March 21, 2011



Context

- There is growing interest from First Nations communities in Ontario to improve the delivery of public health services.
- While there are many factors and challenges to consider, there are opportunities to "bridging the gaps" in public health services and programming for First Nations communities.
- The Public Health Division along with other ministry partners have been working to identify gaps in public health services delivery and further the extension of public health service delivery for First Nations communities.
- This Dialogue Series has been designed to generate the dialogue with our local partners and to showcase some of the successes, challenges and future opportunities.

Context contd.

- Initiatives currently underway may lead to increased engagement between public health units and First Nations communities and opportunities to build stronger relationships.
- Increased engagement could involve a number of different scenarios including:
 - Section 50 agreements under the *Health Protection and Promotion Act*
 - Local service agreements/memoranda of understanding
- The First Nations Public Health Dialogue aims to 1) ensure that public health units have an awareness of ongoing work at the provincial level; and 2) ensure this work is informed by local initiatives.
- These initiatives include:
 - The First Nations Public Health Advisory Committee;
 - The Knowledge Management Advisory Group; and
 - The Kenora Public Health Pilot Project.

First Nations Public Health Advisory Committee

- The First Nations Public Health Advisory Committee is a tripartite committee, with representation from:
 - Chiefs of Ontario;
 - First Nations and Inuit Health Branch – Ontario Region (Health Canada);
 - Public Health Division; and
 - The Ministry of Health Promotion and Sport.
- This is a federally funded initiative and is a part of the Chiefs of Ontario's, Ontario First Nations Public Health Project.
- This committee was designed to look at options on how to improve public health services to Ontario First Nations communities.

First Nations Public Health Advisory Committee contd.

- This committee has developed a Public Health First Nations Framework, which includes draft memorandum of understanding and draft service delivery agreement templates.
- These bi-lateral service delivery agreements between a First Nation and a Board of Health/Public Health Unit could include:
 - A bi-lateral memorandum of understanding; or
 - A bi-lateral service delivery agreement under section 50 of the Health Protection and Promotion Act.
- While memoranda of understanding and section 50 agreements are not new concepts, these templates were developed to support and guide First Nations communities that may be interested in approaching a board of health/public health unit to provide public health services on-reserve.

First Nations Public Health Advisory Committee contd.

- Chiefs of Ontario has shared the draft templates in November 2010 as part of its Special Chiefs Assembly.
- The draft templates were also circulated at the Chiefs of Ontario annual Health Forum in February 2011 which included chiefs, community-based workers and community nurses from Ontario's First Nations communities.
- Chiefs of Ontario are currently developing a proposal to seek further federal funding to continue the work of this committee (e.g. implement the framework within a selected First Nations community as a pilot project).

Knowledge Management Advisory Group

- The Knowledge Management Working Group (KMAG) provides technical and policy direction related to First Nations public health information and surveillance – including Panorama for First Nations – in Ontario.
- KMAG also works to identify First Nations capacity requirements and needs to develop a sustainability plan for the implementation of Panorama (there are 10 initial First Nations Communities identified as early subscribers).
- This working group is a federally funded initiative and is a part of the Chiefs of Ontario's Ontario First Nations Public Health Project.
- It has representation from:
 - Chiefs of Ontario;
 - Health Canada (First Nations and Inuit Health Branch); and
 - The Ministry of Health and Long-Term Care's Public Health Division and Health Services Cluster.

Knowledge Management Advisory Group contd.

- Panorama for federal populations (such as on-reserve First Nations) is the responsibility of Health Canada and the federal government has signalled its intent for Ontario to integrate Panorama for First Nations.
- Ontario is supportive of a First Nations Panorama deployment, and continues to work collaboratively with both COO and Health Canada representatives on KMAG to support alignment and integration.
- From a business perspective, integration of FN communities in to the Panorama project is an important business solution as it would help support improved immunization and related health planning for Ontario's FN populations. In addition, it would enhance investigation and outbreak management capabilities for all of Ontario.

Kenora Public Health Pilot Project

- The purpose of the Kenora First Nations Public Health Pilot Project is to develop public health service models on and off reserve for First Nations People in the Kenora Region and is being led by the Kenora Chiefs Advisory (KCA).
- Kenora is one of three pilot sites established across Canada as part of the Assembly of First Nations' Community Public Health Pilot Project.
- This project has a five-year mandate (commenced in 2007) and is funded by the Federal Primary Health Care and Public Health Directorate.

Kenora Public Health Pilot Project contd.

- The Kenora pilot site working group has recently developed a service delivery framework that may consist of a memorandum of understanding to be presented to the Chiefs for approval.
- Current pilot project initiatives also include building a client registry.
- This work is similar to that of the First Nations Public Health Advisory Committee (FNPHAC), and representatives from the Kenora Public Health Pilot Project also sit at the FNPHAC table.
- The Public Health Division and Northwestern Health Unit are members of the project's steering committee and provide input on the pilot's objectives and deliverables.

New initiatives

- A senior-level First Nations Health Advisory Group has recently been established to focus on decision-making and advancing initiatives specific to diabetes, mental health and addictions and public health.
- This working group will be co-chaired by the Chief Medical Officer of Health and the Assistant Deputy Minister of the Health Systems Strategy Division and will include representation from:
 - Chiefs of Ontario;
 - First Nations and Inuit Health Branch – Ontario Region (Health Canada);
 - The Ministry of Health and Long-Term Care; and
 - The Ministry of Health Promotion and Sport.

Questions?



Health
Canada

Santé
Canada

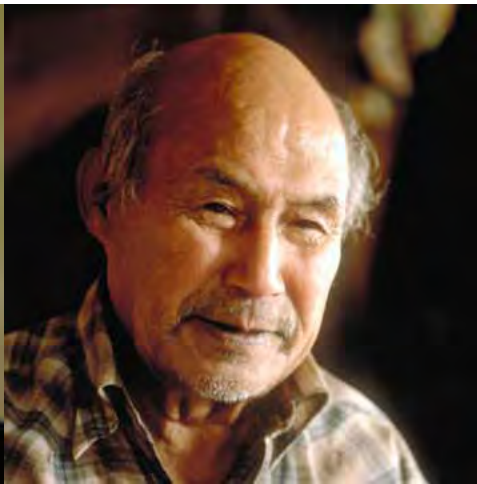
*Your health and
safety... our priority.*

*Votre santé et votre
sécurité... notre priorité.*

Federal Public Health Services for First Nations in Ontario

Geoff Dunkley, FNIH Ontario Region

March 22, 2011



Canada 

First Nations Population

- Registered Indian population in Ontario: 171,953
(23% of all Aboriginal people in Canada reside in Ontario)
On-reserve and Crown lands: 81,901
Off-reserve: 90,052
Aboriginal people as percentage of 12 million
Ontarians: 2%



First Nations Population

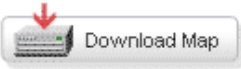
- Number of reserves and settlements: 206
(Ontario has more remote First Nations than any other region)
Number of INAC-recognized First Nations: 127
(one in four Ontario First Nations is a small, remote community, accessible only by air year round, or by ice road in the winter)



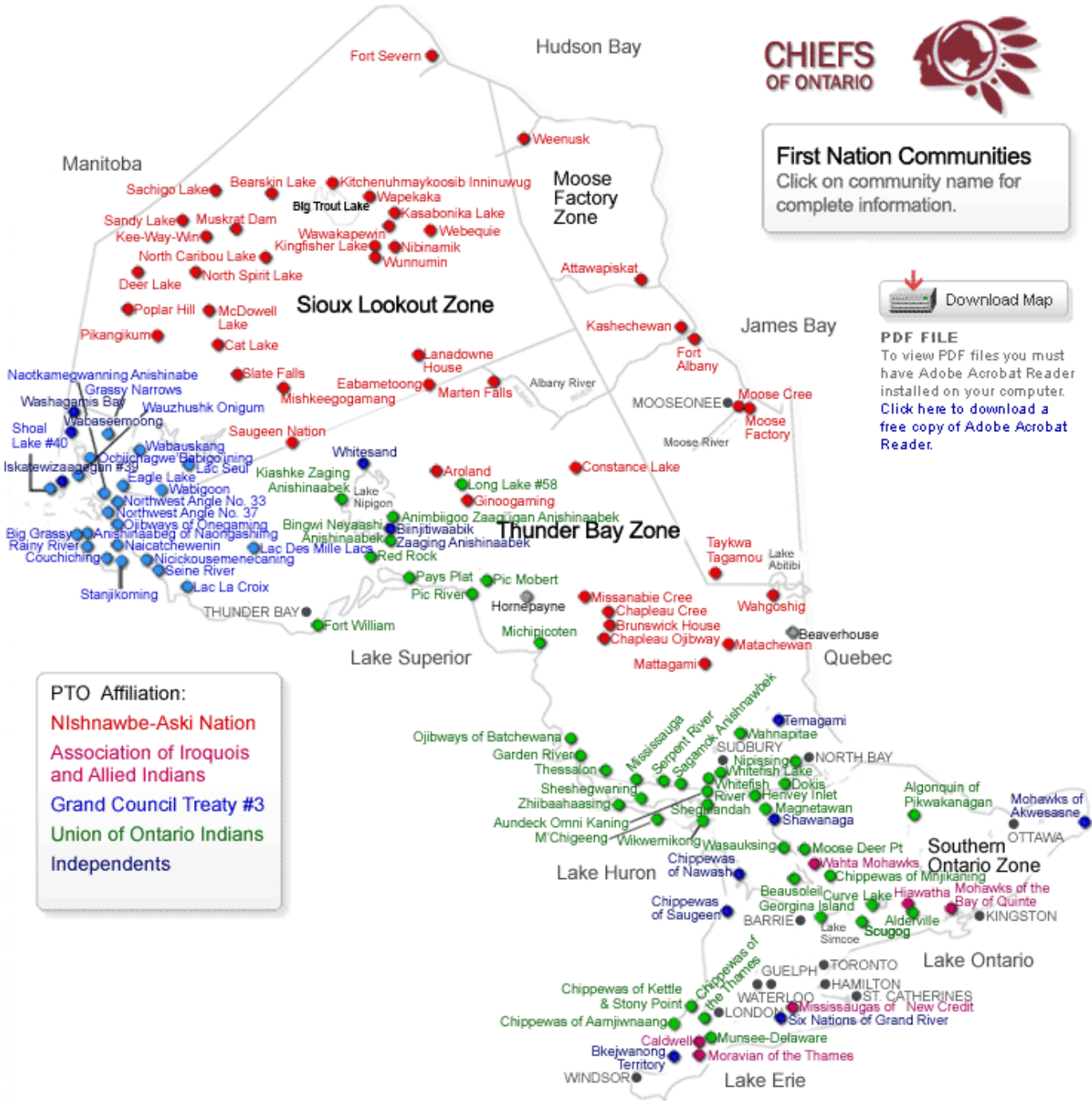


First Nation Communities

Click on community name for complete information.



PDF FILE
To view PDF files you must have Adobe Acrobat Reader installed on your computer. [Click here to download a free copy of Adobe Acrobat Reader.](#)



PTO Affiliation:
Nishnawbe-Aski Nation
Association of Iroquois and Allied Indians
Grand Council Treaty #3
Union of Ontario Indians Independents



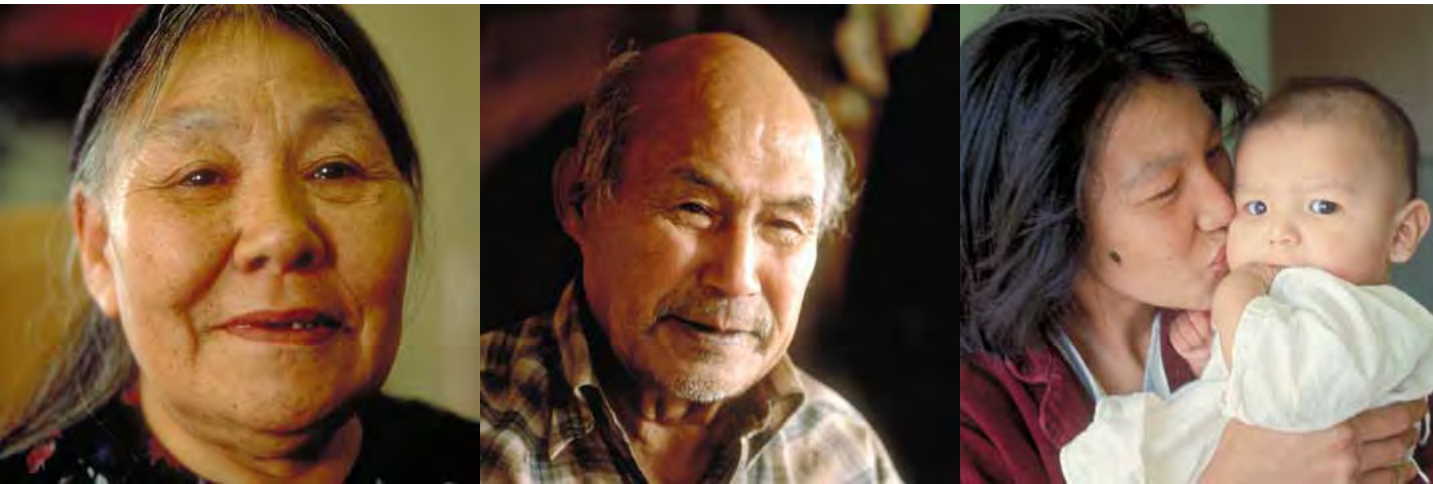
Health
Canada

Santé
Canada

*Your health and
safety... our priority.*

*Votre santé et votre
sécurité... notre priorité.*

Description of FNIH Services



Canada 

Federal Services

- Federal Services only provided to FN on reserve
- All status FN (on or off reserve) eligible for non-insured health benefits including transportation, drug plan, dental care

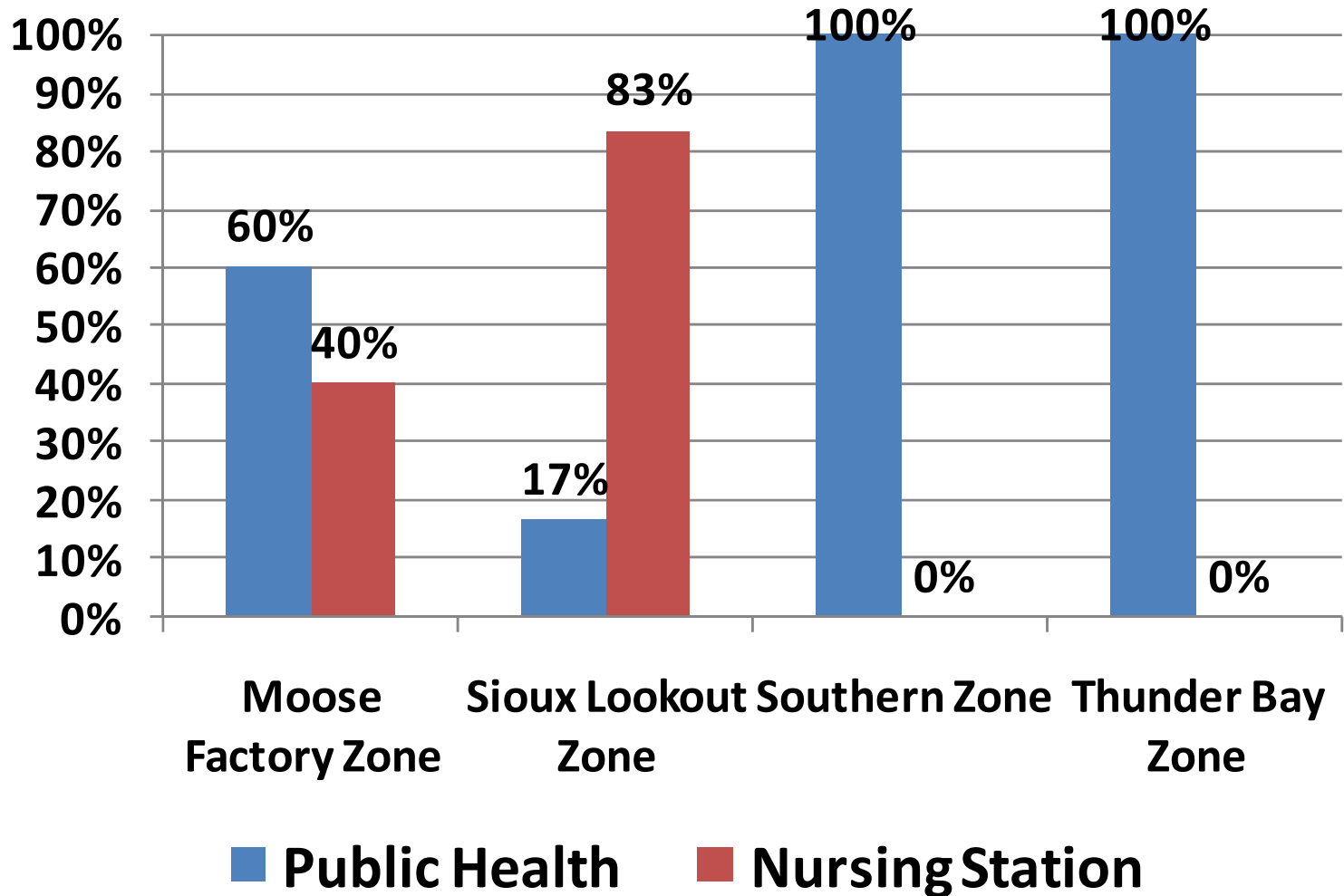


Federal Services

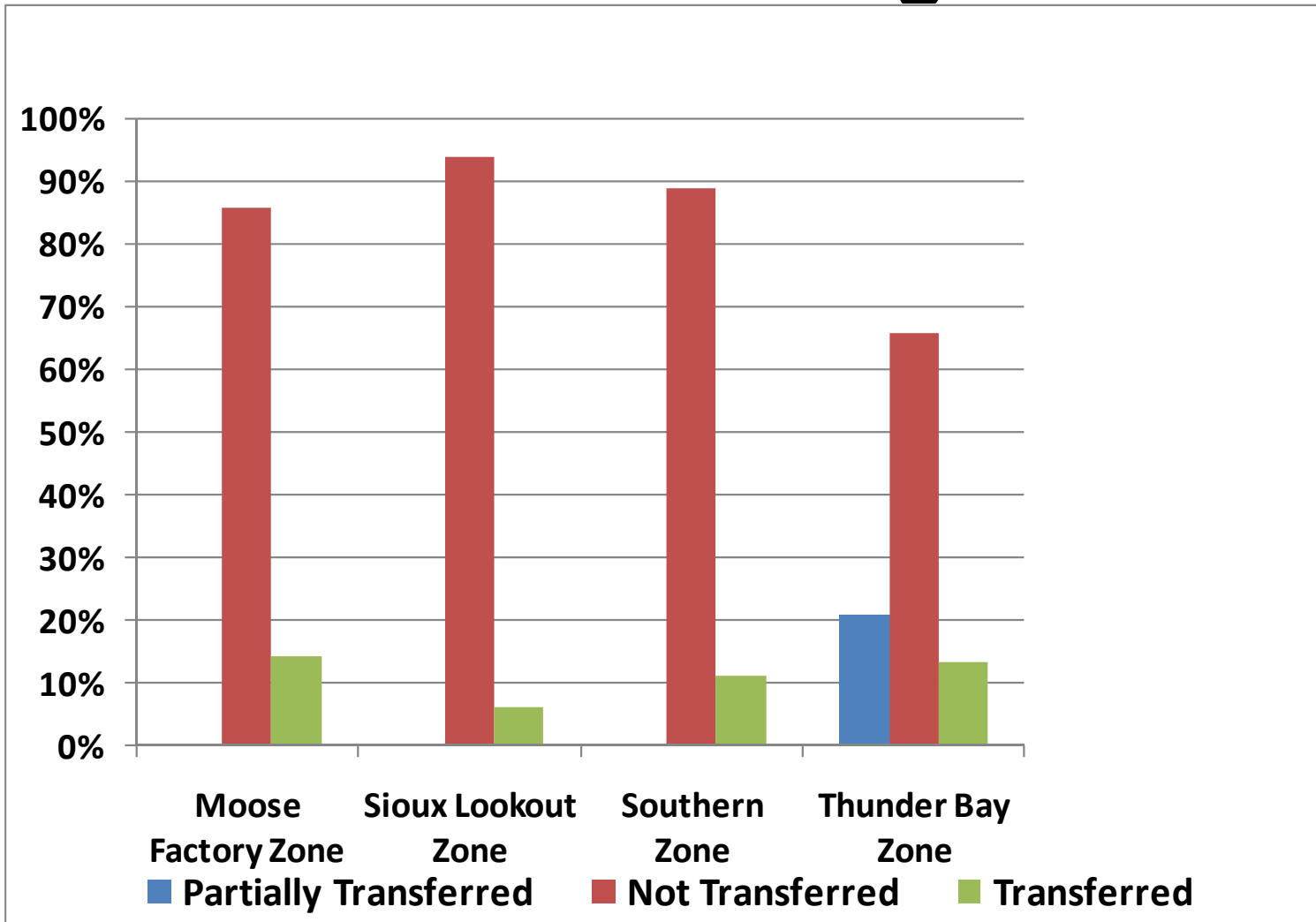
- Federal provides primary care in isolated communities via nursing stations
- In non-isolated communities, primary care services accessed usually off reserve,
- Defined public health services, notably immunization and well baby services provided by Health Canada on reserve through health centres
- Services delivered through four zones



Type of Nursing Service



Transfer of Nursing Services



Provincial Services

- All hospital and in patient care provided by province
- Other provincial services can be accessed by FN with a health card number but generally off reserve
- Public health services-see next slide



Public Health Services

- Federal services have focussed on primary care and put relatively little emphasis on public health outside of immunization and communicable disease control
- Health units have tended to not consider FN on reserve their responsibility
- FN often fall between the cracks



FNHIB PROGRAM AUTHORITY STRUCTURE

Example of the movement of resources by funding model

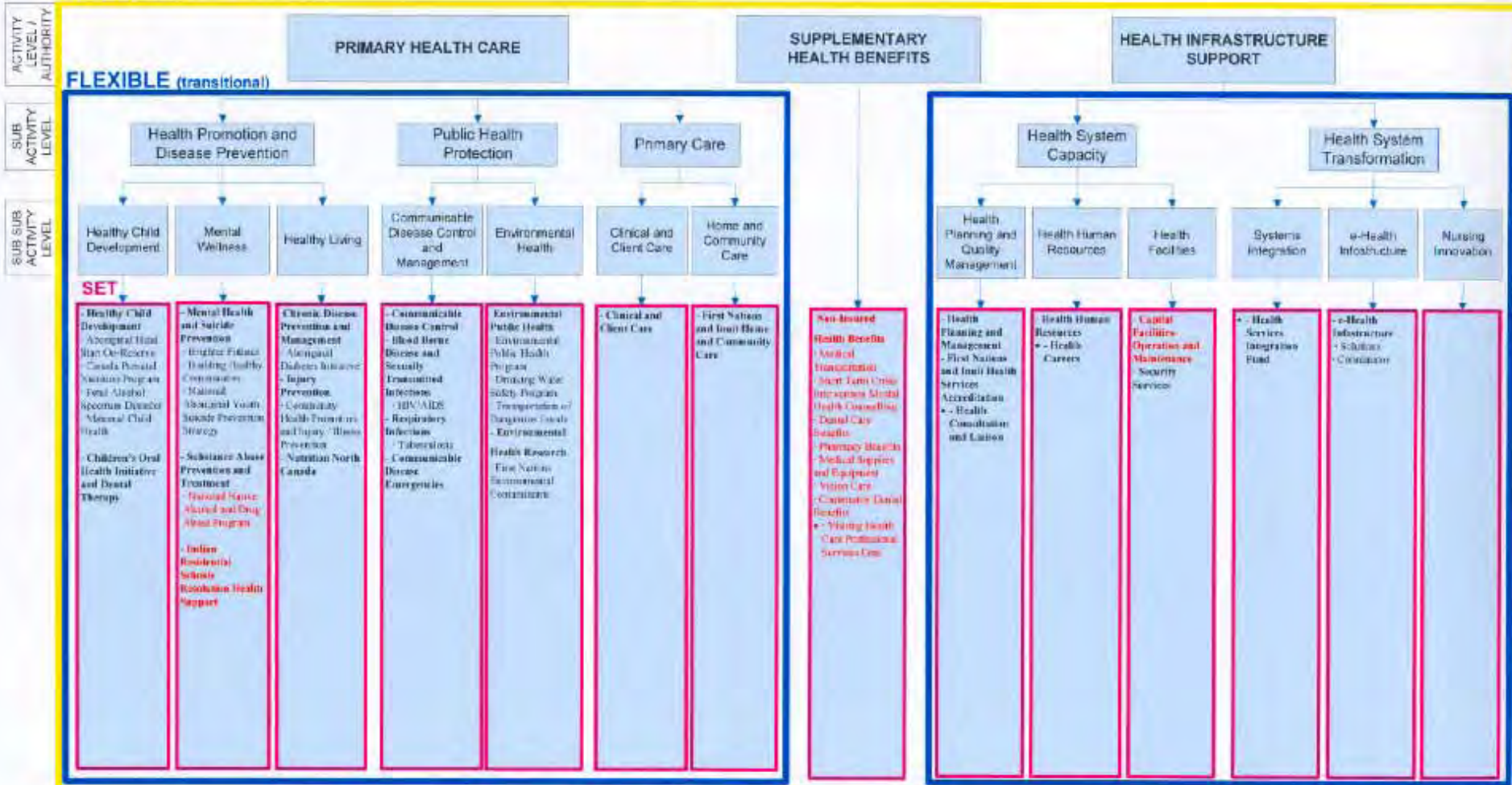
Note: **Exceptions are in red**

DRAFT

Updated January 27, 2011

First Nations & Inuit Health Branch

BLOCK (most to least transfer)



PRIMARY HEALTH CARE

FLEXIBLE (transitional)

Health Promotion and
Disease Prevention

Public Health
Protection

Primary Care

Healthy Child
Development

Mental
Wellness

Healthy Living

Communicable
Disease Control
and
Management

Environmental
Health

Clinical and
Client Care

Home and
Community
Care

SET

Service Delivery

Health protection services are mandatory

Health promotion and Disease prevention are not

Health promotion and Disease prevention are primarily delivered by Grants and Contributions to individual First Nations

Program standards are vague or non-existent

Program delivery staff are often not professionally trained



Communicable Disease Control and Management

- Communicable Disease Control (CDC)
- Immunization
- Blood Borne Diseases and Sexually Transmitted Infections - HIV/AIDS Program
- Respiratory Infections - Tuberculosis
- Communicable Disease Emergencies (CDE)



Environmental Public Health

- Environmental Public Health Program (EPHP)
- Drinking Water Safety Program (DWSP)
- Transportation of Dangerous Goods (TDG)
- Environmental Health Research - First Nations Environmental Contaminants (EHR/FNEC)





Health Promotion and Disease Prevention

```
graph TD; A[Health Promotion and Disease Prevention] --> B[Healthy Child Development]; A --> C[Mental Wellness]; A --> D[Healthy Living];
```

Healthy Child
Development

Mental
Wellness

Healthy Living

Healthy Child Development

- Healthy Child Development (HCD)
 - Aboriginal Head Start On Reserve
 - Canada Prenatal Nutrition Program
 - Fetal Alcohol Spectrum Disorder
 - Maternal Child Health
- Children's Oral Health Initiative and Dental Therapy Activities (COHIDT)



Mental Wellness

- Mental Health and Suicide Prevention
- Substance Abuse Prevention and Treatment
- Indian Residential Schools (IRS) Resolution Health Support Program



Mental Health and Suicide Prevention

- Brighter Futures (BF)
- Building Healthy Communities –
 - Mental Health Crisis Management (BHC/MH)
 - Solvent Abuse Program (BHC/SAP)
- National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)



Healthy Living

Chronic Disease Prevention and Management
Aboriginal Diabetes Initiative (ADI)

Injury Prevention

Nutrition North Canada (NNC)

Nutrition Education Initiatives



Public Health Delivery Challenges

- Population highly heterogeneous
- Scattered in very small communities
- 25% isolated
- Sovereignty and governance challenges
- In non-isolated communities a mix of federal and provincial service delivery



Issues-FN surveillance on and off-Reserve

- Absence of Federal Public Health Legislation
- Lack of aboriginal identifier in provincial systems
- Inconsistency of program availability
- History of use without consultation
- Lack of Standardized Data collection systems



Reportable Diseases

- Report goes to Health Unit which generally doesn't inform FNIH unless public health follow up is needed
- Address may or may not be clearly on reserve
- Transferred bands under no obligation to report to FNIH



FNIHB Public Health Strategic Functions

Assurance To assure First Nations that services necessary to achieve agreed-upon goals and standards are provided, either by funding, facilitating actions by other entities, or by providing services directly.

Assessment In partnership with First Nations and P/Ts, to regularly and systematically collect, assemble, analyze, manage and use health information, including statistics on health status, community health needs, and epidemiologic and other health-related information sources.

Policy development To advance the development of comprehensive public health system and related policies, and to promote the use of practice-based evidence and evidence-based practice.





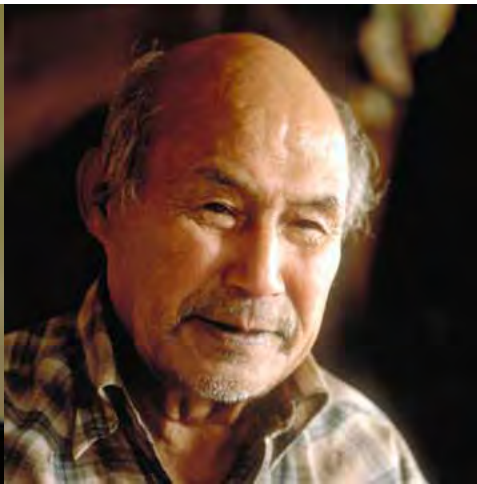
Health
Canada

Santé
Canada

*Your health and
safety... our priority.*

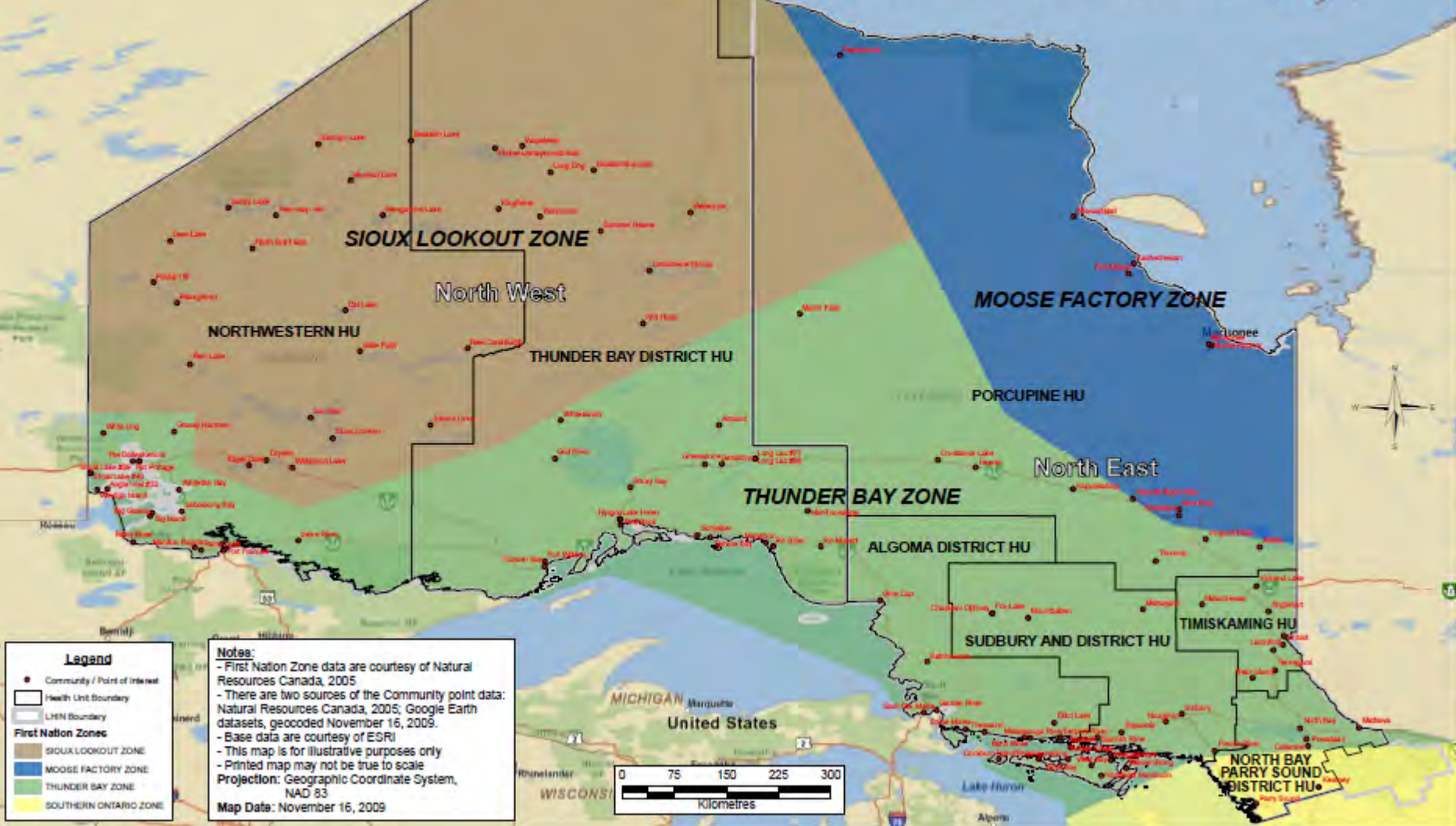
*Votre santé et votre
sécurité... notre priorité.*

Interface of First Nations with Ontario Public Health System



Canada 

Northern Ontario First Nation Zones and Public Health Unit Boundaries



Zones vs Health units

- Moose Factory Zone – 7 FN, 1 HU
- Sioux Lookout Zone – 30 FN, 2 HU
- Thunder Bay Zone – 63 FN, 7 HU
- Southern Zone – 28 FN, 18 HU
- Porcupine, Northwestern, Thunder Bay and North Bay Parry Sound have communities served by 2 zones



Areas of good interaction

- Immunization supply
- H1N1 coordination
- Outbreak situations
- Healthy Babies Healthy Children



Areas with Variable Interaction

- Disease reporting and follow up
- Diabetes programming
- Emergency Planning
- Environmental issues



Other Provinces

- Alberta- better info through health premium, identifier in vital statistics, Medical Officers integrated into the provincial system
- Quebec-two northern health authorities, Southern FN completely integrated into provincial system
- Atlantic- all communities transferred, no consistent service delivery info, no identifiers in provincial systems



Potential for Better Interaction- Local

Assistance in developing comprehensive local approaches to issues such as prescription drug use, MRSA, diabetes
Public health expertise in program tailoring and implementation

Assistance with community health plans
Could be done through local service agreements or through the HPPA



Potential for Better Interaction- Tripartite

- Provide a clear policy framework for the roles and responsibilities of Health units vis-a-vis the First Nations on their territory
- Apportion financial responsibility
- Address barriers to effective surveillance
- Develop tripartite approaches to serious public health concerns such as diabetes and prescription drug abuse



Conclusions

- The current system for provision of public health services to First Nations in Ontario is unsatisfactory
- What is needed is tripartite agreement on a clear policy and governance framework which respects First Nations sovereignty, apportions financial responsibility, and respects existing legislation
- Northern isolated communities will require a unique solution
- Possible to move forward with both local and provincial initiatives



PHU Name	First Nations
The District of Algoma Health Unit	7
Brant County Health Unit	2
Durham Regional Health Unit	1
Grey Bruce Health Unit	2
Haliburton, Kawartha, Pine Ridge District Health Unit	1
Hastings and Prince Edward Counties Health Unit	1
Chatham-Kent Health Unit	1
Lambton Health Unit	3
Middlesex-London Health Unit	3
North Bay Parry Sound District Health Unit	6
Northwestern Health Unit	40
Peterborough County-City Health Unit	2
Porcupine Health Unit	9
Renfrew County and District Health Unit	1
The Eastern Ontario Health Unit	1
Simcoe Muskoka District Health Unit	4
Sudbury and District Health Unit	13
Thunder Bay District Health Unit	24
Timiskaming Health Unit	2
York Regional Health Unit	1
	124



Ontario First Nation Public Health Project

**Public Health Dialogue Series
University of Toronto
March 22/2011**

**Chiefs of Ontario
Linda Ogilvie: FNPAC
Lily Menominee-Batise: KMAG
Dr Brent Moloughney: Sr. Health Consultant**



Context

- First Nations have a unique fiduciary relationship with the Crown and this translates into a direct Federal role with and alongside First Nations on matters of health and public health.
- First Nations members, as residents in Ontario are also entitled to receive without discrimination, the programs and services generally available to all Ontarians.

- Improved Health Status for First Nations on reserve requires different approaches and different solutions.
- Public Health= Complicated Roles
- Attempts at new approaches and new sets of relationships.

Ontario First Nations Public Health Project

- Aftermath of SARS: Two Key Reports:
 1. Naylor Report: “Learning from SARS: Renewal of Public Health in Canada 2003
 2. Report of the F/P/T Strengthening Public Health System Infrastructure Task Group 2005.
- Both reports acknowledged significant health inequities and gaps in capacity and infrastructure available to First Nation Communities. Key recommendation being the active inclusion of First Nations in the assessment and intervention re. public health issues.

Context: Mandate

- June 28, 2006, the Chiefs in Assembly mandated the OFNPHP
- The PTOs and Independent First Nations, Health Canada and the Ontario Ministry of Health and Long-Term Care launched a tripartite process to develop approaches to an Ontario-specific Public Health Framework
- Funded by Health Canada's Aboriginal Health Transition Fund (2007-2010)

Context: Ontario Public Health System

- Ontario's public health system is the largest and most complex in the country:
 - Public Health Units (36)
 - Varying capacity
 - Municipal base (25% of funding; governance)
 - Relatively autonomous
 - Provincial Level – many parts:
 - Ministry of Health and Long-Term Care (PHD; OCMOH)
 - Ministry of Health Promotion and Sport
 - Ontario Agency for Health Protection & Promotion
 - Roles and relationships in evolution
- One size won't fit all for 133 FNs
- System re-design/renewal often takes years – even for relatively 'simple' tasks (e.g., creation of a provincial agency)

Project Governance



Project Objectives

To develop a First Nations Public Health Framework to:

- Promote an integrated approach to public health on-reserve
- Ensure relationships are built/enhanced at all levels to address public health
- Consider how to incorporate and align with local and community efforts to address public health concerns
- Provide a mechanism by which services and programs are more readily available to First Nations on-reserve

Phase 1: Research

- First Nation Survey and Community Engagement Process
- Ontario and Federal Comparison of Public Health Programs
- National and International Comparison of indigenous public health models
- Scenarios for Ontario FN models

Survey & Community Engagement Process

- In 2009, an extensive process was undertaken to obtain direct First Nation input into the programming, gaps, and issues faced by communities in the field of Public Health
- 100/133 communities participated
- Aligned with holistic vision of health, many issues raised were outside what provincial legislation and standards would define as “public health”, including:
 - ambulance response times in certain northern and north-western communities;
 - access to primary care physicians;
 - limitations on NIHB coverage for prescription drugs; and
 - access to mental health services.

Survey & Community Engagement Process (ctd)

- Consistent with the narrower definition of public health, issues raised by community participants included:
 - frustration about the limited access to good health data for planning purposes at the local level;
 - the need for greater attention on chronic disease and obesity prevention (diabetes was frequently mentioned);
 - concern about the need to maintain and, in some cases, create emergency plans for the community;
 - lack of adequate dental services; and,
 - the absence of supports or ongoing funding at a sufficient level for a number of basic areas of programming such as child and maternal health.

Ontario Public Health Standards /FNIH Programming

- Assessment of gaps and inconsistencies in federal and provincial public health program approaches:
- **Ontario Public Health Standards:**
 - Provincially set standards explicitly linked to public health legislation
 - Describe the *minimum* set of public health programs and services
 - Clear delivery agent (public health unit) and points of accountability (Board of Health, Medical Officer of Health) with enforcement authority
- **FNIH Compendium:**
 - Reflect Health Canada policy
 - Address all FNIHB programs across a continuum of promotion, prevention, screening/early detection, treatment and rehabilitation
 - FNIHB programs not necessarily universal, some proposal driven

Ontario Public Health Standards /FNIH Programming (ctd)

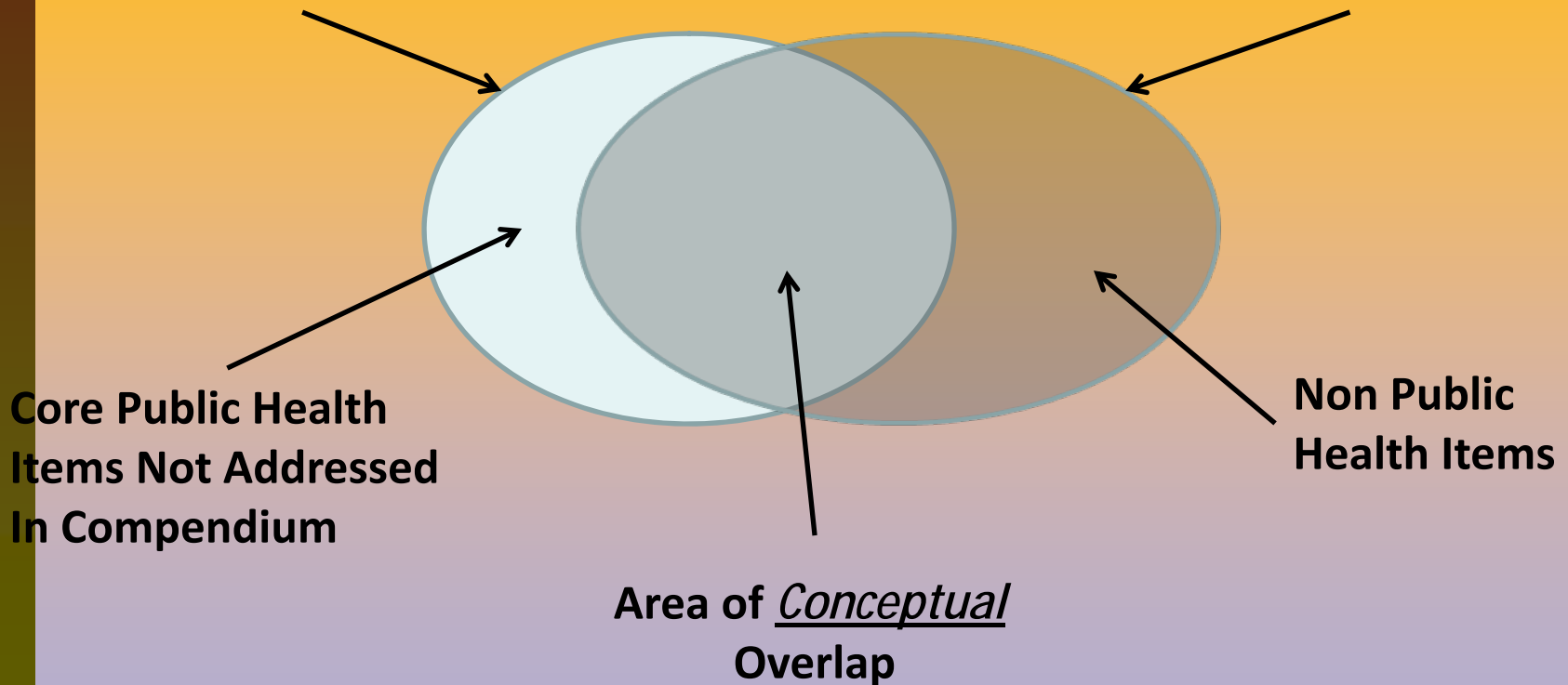
- High level comparison:

OPHS	Compendium
Foundational	Not included
Chronic Diseases and Injuries	Chronic Disease and Injury Prevention
Family Health	Mental Health and Addictions
	Children and Youth
Infectious Disease	Health Protection & Public Health
Environmental Health	
Emergency Preparedness	

Ontario Public Health Standards /FNIH Programming (ctd)

- High level comparison:
OPHS

FNIHB Compendium



Note: “Conceptual Overlap” does not imply the same breadth and depth of expectations or actual programming

Ontario Public Health Standards /FNIH Programming (ctd)

OPHS	Compendium	Community Survey
Foundational	Not Included	adequacy and quality of health data to FN identified as insufficient
Chronic Diseases and Injuries	Tobacco control not included; balance between treatment and prevention unclear (e.g., diabetes, substance misuse)	“many of the communities have made comments about the need for more programs”
Family Health	Several separate programs, some of which are proposal driven	Gaps identified: prenatal & parenting classes, child nutrition, preventive dental care
Infectious Disease	Basics included, no legislative framework, surveillance not included	Gaps identified: lack of needle exchange, enforcement of bylaws, confidentiality concerns (e.g., sexual health)
Environmental Health	Several programs described, no legislative framework	Gaps not specifically raised, but related concerns identified (e.g. sanitation, unregulated waste dumps)
Public Health Emergency Preparedness	Not Included	Pandemic/emergency plans exist; Limited capacity, role clarity

National and International Overview

- An overview of models of public health service delivery/organization specific to First Nations/Tribal Areas across a range of jurisdictions:
 - US Indian Health Service in Tribal Areas and associated epi-centre programs
 - Norway (Sami)
 - Australia
 - the Alaskan system of pooled purchasing, controlled largely by a primarily First Nation/Tribal health board
- Findings:
 - Context Matters: No single approach
 - The needs of smaller and more remote communities (regardless of country studied), are more likely to benefit from more collective approaches to service planning and delivery than solely relying upon what can be directly provided within the community.

Scenarios for Ontario First Nation Models

- Fly-In community or semi remote community in the north
- Medium sized communities in close proximity to a large public health unit
- Very large southern First Nation with relatively well developed health infrastructure

Phase 2: Developing the Framework

- Draft Principles
- Regional Agreement
- Local Agreements
- System Design
- Recommendations

Framework: Draft Principles

- Underpin to a possible tripartite legal agreement option that would be brought forward to the Chiefs in Assembly for review.
 1. the non-derogation of existing First Nation Treaty rights
 2. recognition and promotion of the Principle of Ownership, Control, Access and Possession (OCAP) of First Nation information by First Nations themselves
 3. and recognition and support for Traditional Knowledge, Teachings, Culture and Language

Framework: Regional Agreement

Legal Agreement:

- a goal of some communities but concern expressed about the risks associated with this approach
- Limited dialogue to date concerning “roles and responsibilities”
- Major concerns expressed with certain specific principles (particularly OCAP)
 - Both federal and provincial representatives indicate that OCAP is in contravention of existing legislation and policy and cannot be supported in a legal agreement

MOU

- would not be legally binding and would allow for improved cooperation without limiting any First Nation or PTO/IFN in undertaking legal agreements or approaches as it desired
- Key Concept is a Tri-partite “Table” to facilitate system development and might provide greater FN access to PH services and expertise, such as:
 - Agreement with the Ontario Health Protection Promotion Agency
 - First Nation Regional Public Health Centre

Framework: Local Agreements

- Draft template developed
- Between First Nation Communities and Local Public Health Units
- Provincial Health Protection and Promotion Act provides for this to occur
- Could lead to improved Cooperation and Services
- Cooperation examples: planning and response to emergency, shared training, cultural awareness, mutual notification, information sharing
- Services examples: epidemiology, immunization, breast feeding, dental screening, outbreak response, water testing, food safety
- Checklist
- Depending on location of FN and capacity of local PHU may or may not be helpful

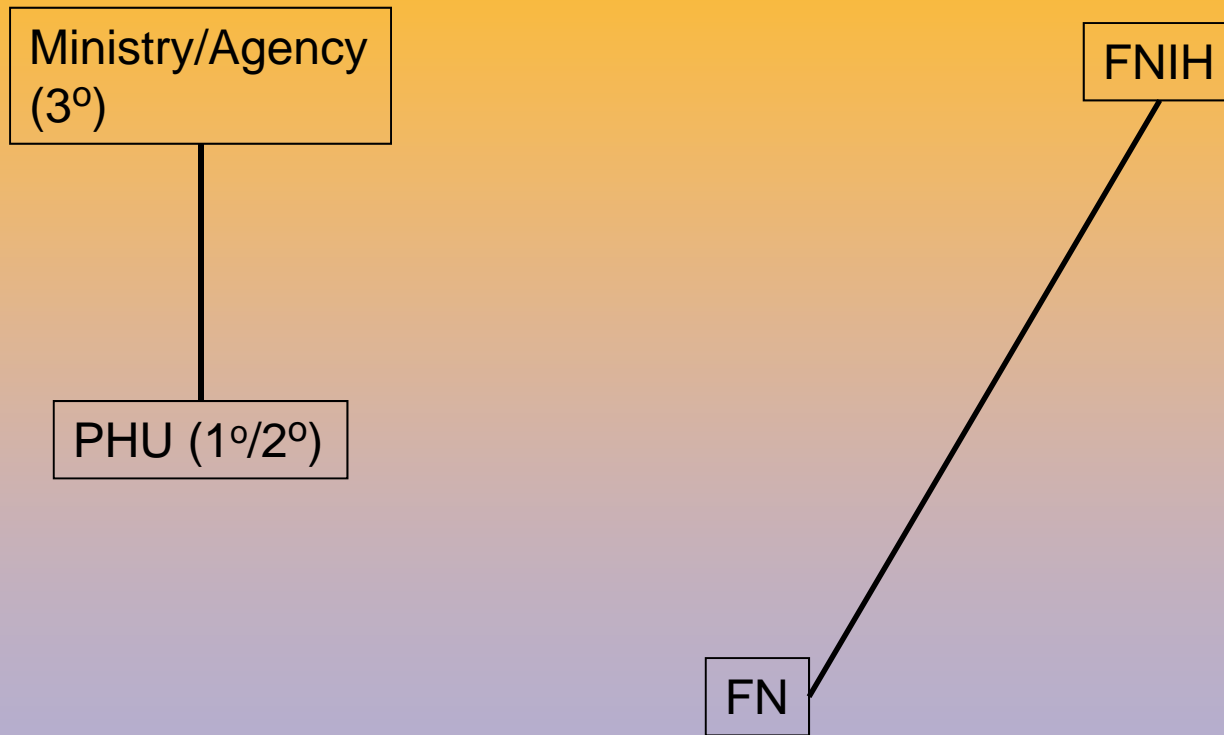
Framework: Local Agreements (ctd)

- While this is a PHU-FN agreement, likely FNIH involvement (\$)
- Advantages:
 - Issues of cooperation relevant for virtually all FNs (all communities face risk of emergencies, of outbreaks or events that are outside of their own control)
 - Don't have to start from scratch
 - Tailor to local circumstances
- Disadvantages – particularly, regarding service agreements:
 - Potentially limited by capacity of individual PHU; and/or, FN
 - Costs to deliver services
 - Where different patterns of health services exist

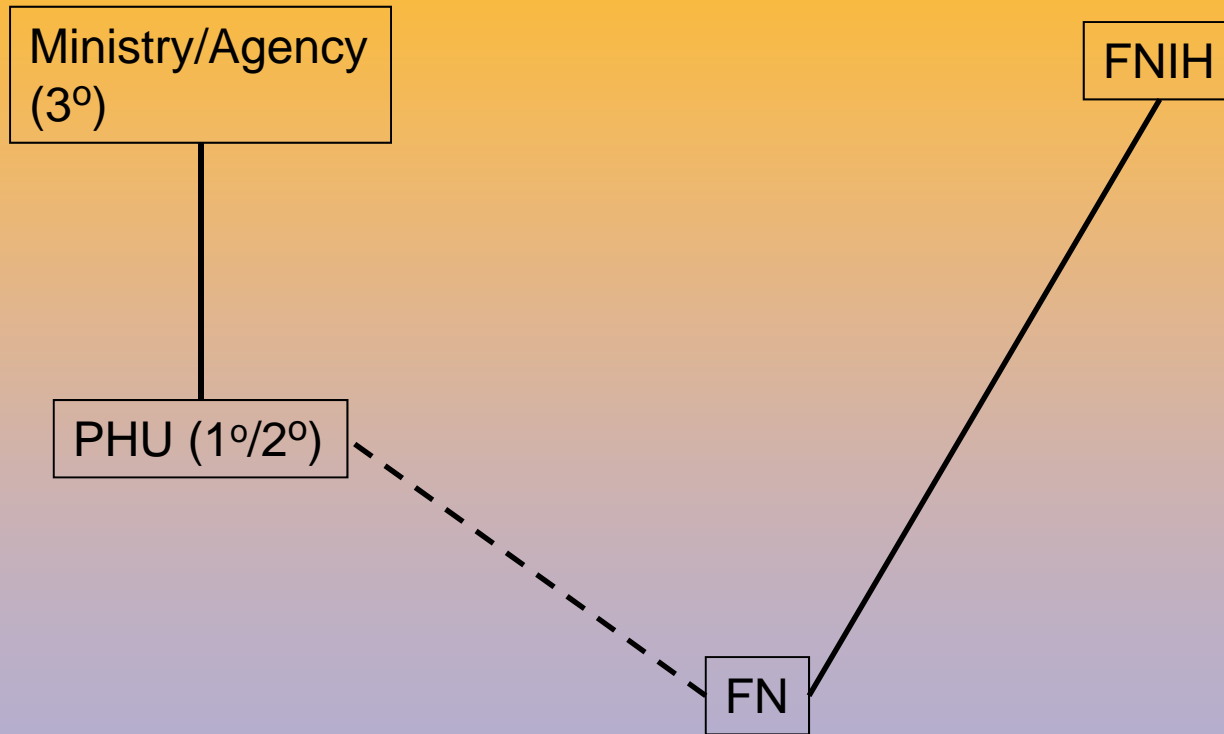
Framework: System Design

- Three levels (although may be combined):
 - Front line programs and services – potential to integrate with other health and social services
 - Secondary: greater levels of expertise (e.g., community medicine specialist; epidemiologist; health promotion specialist, etc.)
 - Tertiary: more specialized expertise; coordination; support functions (infosystems, laboratory, training, etc.)

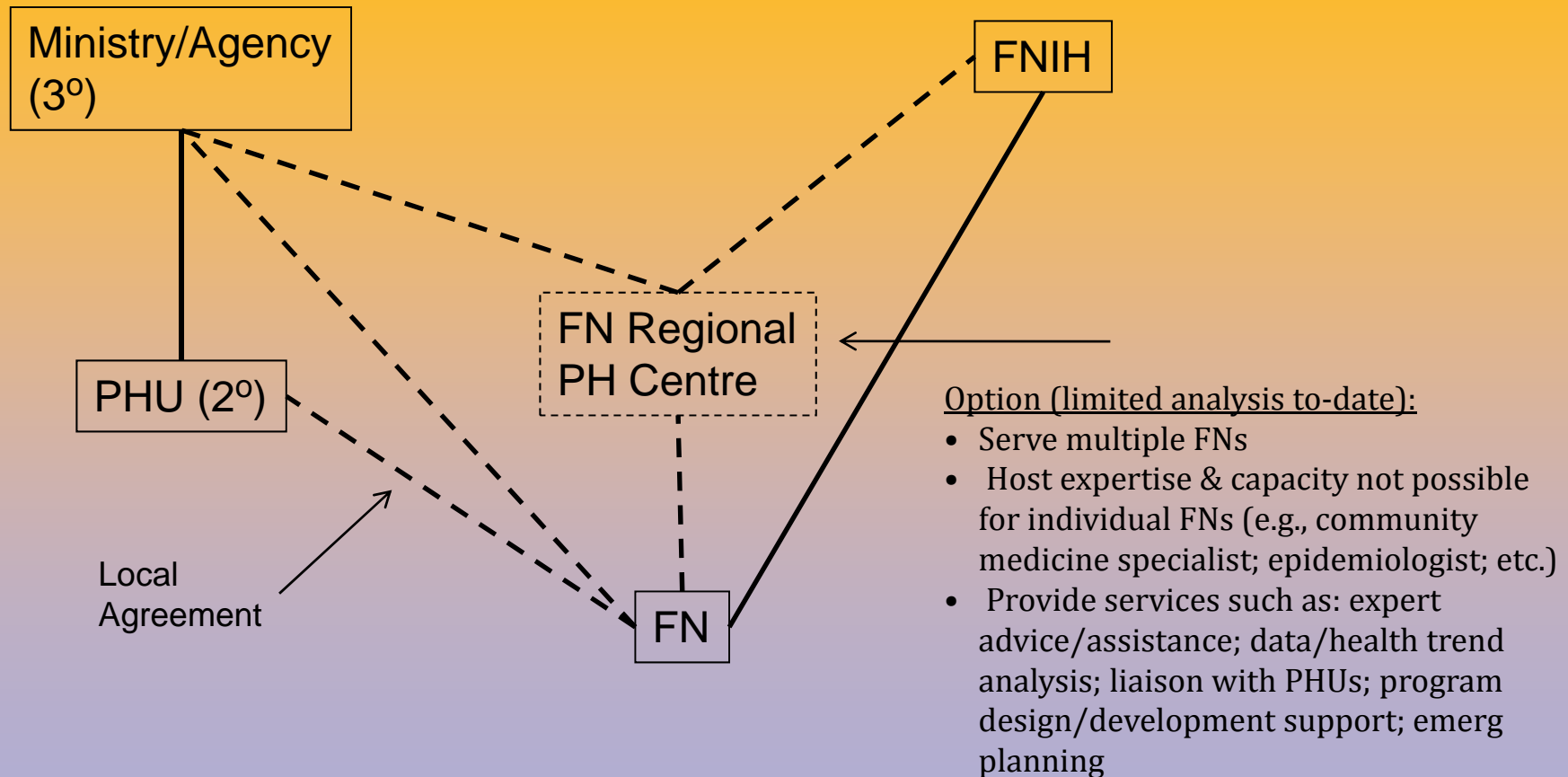
High Level Conceptual PH System Design- Current State



Conceptual PH System Design - Ontario Local Agreements



Conceptual PH System Design: Hypothetical Options for Future State



First Nation Regional Public Health Centre “Hub”

- Establish a centralized health information management centre to assist First Nations with surveillance, analytics, research, etc.
- Will begin with a focus on Public Health as well as existing legacy systems (diabetes, cancer, Regional Health Survey data)
- Long-term goal is to create IM knowledge transfer and/or provide informatics assistance to First Nations for planning and policy purposes

Recommendations

- Establish a Formal Public Health Liaison Table between First Nations, Ontario and Canada to advance shared areas of work
- Tools and Model Agreements developed by FNPHAC be promoted to assist communities in developing effective working relationships with PHU's in their area, while respecting the autonomy of all First Nations in determining the best approaches to meet community needs
- To develop, research and pilot alternative models specific to the FN Northern/Remote/Isolated Communities in Ontario
 - Can build on existing intergovernmental/FN service integration agreements in Sioux Lookout and Moose Factory

Role of Health Canada/Integration with Province

- Clear that Health Canada has a role with First Nations that is not going to be diminished.
- Moving towards Integration with the Province does not mean devolution with Health Canada.

Opportunities

1. Health Accord
2. Sr. Management Table
3. Engagement of Public Health Units
4. Improved Relationships with Medical Officers of Health.

Elders/Traditional Knowledge Keepers

Throughout any process it is important to recognize the vital role that our Elders and Traditional Knowledge Keepers play in helping to build trust in programs and public health policies.

FNPAC has witnessed improved communications between FN Communities and Public Health Agencies because Traditional Values has been part of the message.

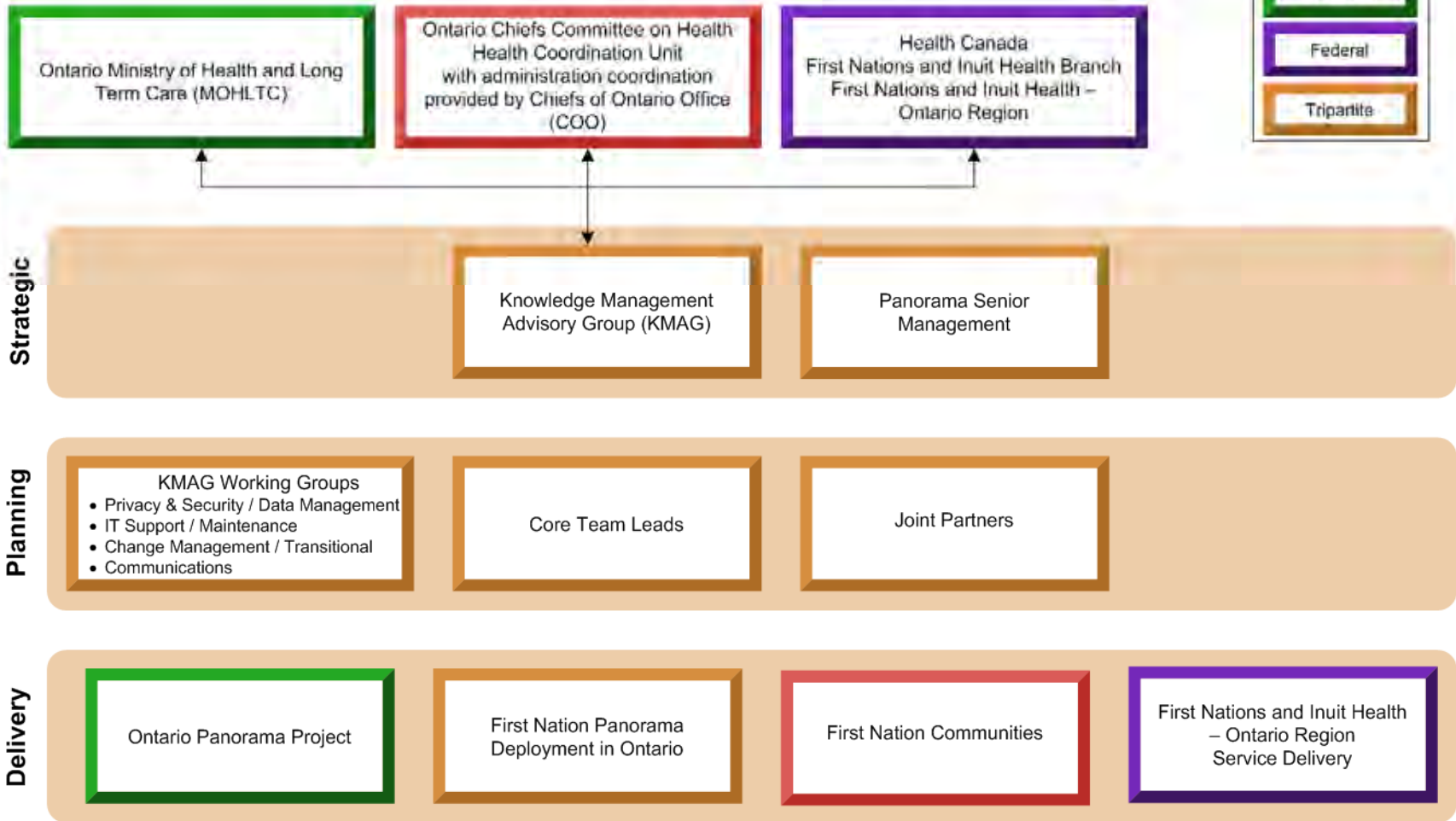


Minister Matthew's Commitment Chiefs of Ontario Health Forum: Feb.2011

- Sr Level Advisory Table
- MOHLTC, Federal Government and First Nations must work together for improved public health programming.
- Reinforced commitment to Panorama Project.



First Nation Panorama Deployment In Ontario Project Governance





First Nation Panorama Deployment in Ontario "Balancing Culture with Technology"

Newsletter

In This Issue: Getting Ready for Panorama in Akwesasne

Akwesasne is a community of around 13,000 people located along the St. Lawrence river, straddling the provinces of Ontario and Quebec, and the Canada / US border.

This First Nation community's geographic location – touching two provinces and two countries, presents challenges in delivering health care that can be assisted by improving the health information tools community health professionals use in their daily work.

The Mohawk Council of Akwesasne and the Department of Health has been working to improve health information management tools since December 2006, when community health leaders first committed to looking at how the current systems were meeting their community's needs, and how updating those systems could provide better tools for their health staff.

Founding Members of KMAG

Nurses from Akwesasne were some of the first members of the Knowledge Management Advisory Group (KMAG), formed to provide direction on implementing an integrated public health information management system in First Nation communities in Ontario, beginning with immunization.

A chat with Lucy Papineau, Akwesasne Community Health Nurse

As well as participating on KMAG, Lucy Papineau, until recently the Community Health Manager at

Akwesasne's Kanonhkwatsheri:io Health Centre, chaired KMAG's Communication Working Group. Lucy brought her 33 years of community health care service delivery, and her experience with the implementation of the First Nation and Inuit Health Information System to the KMAG table, making her a valued member of the group.



Lucy Papineau

Lucy recently retired; but prior to leaving she graciously answered a few questions about KMAG and what Panorama will mean for Akwesasne.

Interviewer: How will Panorama help Akwesasne's Department of Health provide health services, particularly with the challenges related to the community's location?

Lucy: Panorama will help with the various jurisdictions that we deal with every day; and with two different immunization schedules, helping to keep track of our children's the immunization records who attend schools in Canada, and the States, as well as those who move here from other communities.

Interviewer: How is KMAG supporting Panorama deployment in Akwesasne?

Lucy: Participating on KMAG has ensured that, like the other Initial Subscribers, Akwesasne's voice is heard and our issues are addressed and resolved to our satisfaction.

Interviewer: Other than you, are there any other members of the Akwesasne First Nation participating on KMAG?

Lucy: Yes, one of our Community Health Nurses, Diane King, took part in the Business Process Redesign workshops.

Interviewer: What work has been required so far in Akwesasne to prepare for Panorama?

Lucy: We had to complete chart audits, and make sure our computer technology was up to date to handle Panorama.

Interviewer: What work still needs to be done in Akwesasne to prepare for Panorama?

Lucy: We need to update the leadership, by showing them the Panorama Leadership Presentation, and train the users so they are up to date on the privacy rules, and familiar with the business processes for using Panorama. We want to make sure they are well prepared for when Panorama is deployed to their workstations.

Interviewer: What is the one thing about Panorama that Akwesasne's health professionals are most excited about?

Lucy: We are really looking forward to having accessible and accurate immunization records!

Recent FNPDiO Workshops

In late January, subject matter experts and technical resources gathered in Toronto to participate in two Panorama workshops. Participants included representatives from the Initial Subscribers, the Knowledge Management Advisory Group, Provincial Territorial Organizations, the Chiefs of Ontario, First Nations and Inuit Health – Ontario Region, and the Ministry of Health and Long Term Care.

The Roles and Permissions Workshop sought to establish a broad common understanding of how information in Panorama will be collected, managed and used for client service delivery in First Nation communities, and captured discussions concerning role requirements.

The Panorama Information Governance Workshop was a focused discussion to foster a broad common understanding of Panorama Information Governance issues affecting First Nation and Federal participation in the Panorama integrated system.

A lot of good information was developed, and further sessions are being planned to continue the work and discussions.

Elder's Message

"In 2007, Akwesasne responded to being one of the Initial Subscribers to the immunization project coordinated through the Chiefs of Ontario, FNIH-OR and the Province of Ontario.

After conferring with the Department of Health within the Mohawk Council of Akwesasne, we felt that our community would benefit from such an endeavor; to provide continuity of care, be fully immunized and keep our community healthy."



Chief Florence Phillips, District of Kanatakon and
Chief William Sunday, District of Tsi Snaihne

For more information please contact:

- Lily Menominee-Batise, Chiefs of Ontario. Email: menominee@personainternet.com
- Nicolette Kaszor, First Nations and Inuit Health – Ontario Region. Email: Nicolette.Kaszor@hc-sc.gc.ca

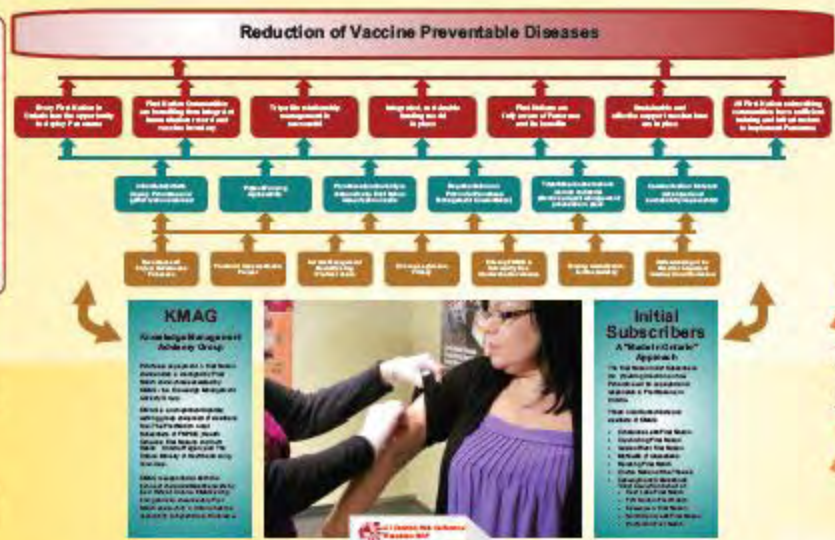
First Nation Panorama Deployment in Ontario



Implementing Panorama, an integrated public health information management system, in First Nation communities



Third National Knowledge, skills, and attitudes of First Nations in Ontario guide the work of this project



KMAG
 Knowledge Management Advisory Group

Provides strategic advice to the health authority on knowledge management issues. The group reports on an ongoing basis to the health authority.

Identify and coordinate knowledge management activities across the health authority. This includes identifying knowledge management needs, developing a knowledge management strategy, and implementing the strategy.

Monitor and evaluate knowledge management activities. This includes developing a knowledge management dashboard, conducting regular knowledge management audits, and reporting on the results of these audits.



Initial Subscribers
 A "Water's Edge" Approach

The "Water's Edge" approach is a community-based approach to vaccine coverage. It focuses on the "water's edge" of the community, which is the point where the community meets the health system. This approach is based on the following principles:

- Community-based: The approach is based on the community's own resources and strengths.
- Water's edge: The approach focuses on the point where the community meets the health system.
- Integrated: The approach is integrated with other community-based activities.
- Collaborative: The approach is based on collaboration between the community and the health system.
- Continuous: The approach is a continuous process that evolves over time.

"Balancing culture with technology"
 Barney Batbe, Elder Advisor, Metchewan First Nation



First Nation Initial Subscribers
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