9. Care for Indigenous peoples

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Key messages for citizens

- Indigenous peoples in Canada are made up of three groups – First Nations, Inuit and Métis – with historically important distinctions made between status and non-status and on- and off-reserve First Nations peoples.
- Of the 1.4 million Indigenous peoples living in Canadian provinces and territories, the largest proportion (22%) and number (301,425) live in Ontario, although they only make up 2% of the province's total population.
- Significant health disparities exist, both within and across Indigenous communities and compared to the non-Indigenous population.
- Indigenous peoples have access to the same programs and services as the rest of the population (although geographic location among other factors can make accessing these programs and services difficult), and to some programs and services designed specifically for them.

Key messages for health professionals

- Indigenous peoples have the same coverage and benefits as any other citizen in the province, but they can also be referred to dedicated facilities, programs and providers:
  - the Aboriginal Healing and Wellness Strategy created 'bricks and mortar' locations where Indigenous peoples can receive culturally and linguistically appropriate care (e.g., Aboriginal Health Access Centres, healing lodges, family shelters, and a birth centre), and specific programs focusing on health and wellness, crisis intervention and healing services, and healthy babies and children (e.g., mental health demonstration projects and the Aboriginal Healthy Babies Healthy Children program);
  - cultural supports (e.g., chiefs, elders and knowledge keepers) and linguistic supports (e.g., translators) can be drawn upon as needed; and
  - networks, resources and training programs on Indigenous cultural competency are available to health professionals.

Key messages for policymakers

- Intersecting with and complementing the programs offered by the federal government (i.e., making the most of a 'patchwork') creates challenges for the Government of Ontario, and these challenges will likely increase in the short term as the federal government responds to a Supreme Court decision that acknowledges similar rights for Métis and non-status First Nations.
- While the health status of Indigenous peoples in Ontario tends to be much worse than the non-Indigenous population, current strategies tend to adopt a positive, strengths-based approach to health improvement, and one rooted in Indigenous ways of knowing, governance and control.
- The 20-plus-year-old Aboriginal Healing and Wellness Strategy is recognized for being the first inclusive Indigenous-specific provincial strategy focusing on health.

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In this chapter we focus on care for a select population, Indigenous peoples, as it is handled in unique ways at both the provincial and federal levels, in what is often referred to as a 'patchwork' of care.(1; 2) We apply a health-system lens to examine Indigenous health and healthcare in the province, recognizing that this is a western perspective and requires sensitivity to the ongoing historical legacies of colonization and racism.(3) Complementary efforts led by or conducted in partnership with Indigenous peoples are necessary to appropriately understand and apply Indigenous perspectives to the health and healthcare of Indigenous peoples.

For the purposes of this chapter, our aim is to describe the context in which care is being provided to Indigenous peoples (historical, geographic and socio-demographic, political, economic, and health status), the governance, financial and delivery arrangements within which this care is being provided, the programs and services that comprise this care, and the places where the care is being provided and the people involved in providing it. As with other chapters in the book, we use 'Indigenous' as an inclusive term. Use of terms such as Aboriginal and Indian are in reference to specific acts, policies and/or programs and services.

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

Context

Indigenous peoples in Canada are made up of three groups: First Nations, Inuit and Métis. In the past, distinctions have been made by the federal government between status and non-status First Nations and between First Nations peoples living on- and off-reserve. Only First Nations individuals registered under the *Indian Act, 1876* are recognized by the federal government as having status, and many are not recognized as such.(4) Each of these groups is also diverse in many ways. For example, First Nations in Canada are comprised of over 600 distinct Nations where over 60 languages are spoken.(5)

Historical context

The federal government's history and relationship with Indigenous peoples are described in the report of the Royal Commission on Aboriginal Peoples as one that moved from "partnership to domination, from mutual respect and co-operation to paternalism and attempted assimilation."(6) As the government moves to establish nation-to-nation relationships with Indigenous peoples, it is important to consider historical legacies of colonization and cultural dispossession. In the land that is recognized as Ontario, there were 14 different Nations before contact with European settlers: Algonquin, Anishinabe (the Anishinaabek Peoples), Cayuga, Chippewa, Delaware, Mississauga, Mohawk, Mushkegowuk (Cree), Odawa, Oneida, Onondaga (the Haudenosaunee - Onkwehonwe Peoples), Pottawotami, Seneca, and Tuscarora.(7) The colonization process included policies that enforced

assimilation (e.g., *Indian Act, 1876*) and attendance at residential schools, and resulted in the alteration and fragmentation of the Nations. In Ontario there are currently 133 First Nations communities.

It is also important to consider the historical legacies of racism. There are different ways in which racism works, from the individual level to the structural.(8) Individual-level racism can introduce barriers to care, such as being denied treatment in a hospital based on assumptions about the Indigenous person.(3) Structural racism refers to the ways in which systems and institutional arrangements create and reinforce inequities between groups.(9) Policy legacies have reinforced structural racism (e.g., social segregation through the residential school system), resulting in intergenerational trauma that continues to affect the physical and mental health of Indigenous peoples.(10; 11)

Critical events dating back to the early 1100s have implications for how care is provided by and for Indigenous peoples today (Table 9.1). Some more recent key events at the federal government level include:

1) the *British North America Act, 1867* transferred obligations related to Indigenous peoples and their land from the British Crown to Canada's federal government;
2) the *Indian Act, 1876* established the terms under which the federal government engaged with First Nations peoples (e.g., Crown as 'guardian' of land and resources);
3) the Indian Health Policy (1979) led to the creation of Health Canada's First Nations and Inuit Health Branch, the development of the Non-Insured Health Benefits program (which provides supplementary health benefits to eligible First Nations and Inuit), and the establishment of a role (if not a fulsome role) for First Nations peoples in the governance and delivery of healthcare;
4) the *Constitution Act, 1982* recognized the existing rights of Indigenous peoples (First Nations, Inuit and Métis);
5) the Health Transfer Policy (1989) allowed Indigenous communities (below the 60th parallel) administrative control of community-based health programs;
6) the Royal Commission on Aboriginal Peoples (1991-96) documented, through public hearings and consultations, a range of inequities experienced by Indigenous peoples;(12)
7) the Truth and Reconciliation Commission of Canada (2015) doc-

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

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

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

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

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Year	Event	Why it matters	Precursors and subsequent affirmations or extensions
1867	*British North America Act*	Transferred obligations to Indigenous peoples from the British Crown to the Canadian federal government	Subsequent affirmations or extensions • Numbered Treaties (1871-1921), which opened up additional land for development • *Constitution Act, 1982* affirmed the treaty rights of First Nations peoples
1876	*Indian Act*	Established the terms under which the federal government engaged with First Nations peoples (e.g., government as 'guardian' of land – in the form of 'reserves' – and resources; status Indians as Crown wards)	Precursors • *Indian Enfranchisement Act, 1869*, which replaced Indigenous forms of government (e.g., Iroquois Confederacy) with a new 'foreign' form (e.g., band councils) Subsequent affirmations or extensions • Amendments (1884), which banned traditional practices, including traditional medicine (which were reversed in 1951) • Amendments (1985), which established what happened to Indigenous status for women who married a non-status Indian (aspects of which were reversed in 2010)
1894-1996	Residential schools	Forcibly removed Indigenous children aged 3-16 from their communities to be educated in residential schools, where many died from infectious diseases, were subjected to physical and sexual abuse, and lost touch with their families and culture	Precursors • Davin report (1879), which set the stage for residential schools Subsequent affirmations or extensions • 'Sixties scoop' (1960s), which involved the adoption of First Nations (and other Indigenous) children by non-Indigenous parents
1979	Indian Health Policy	Initiated a role for First Nations peoples in the governance and delivery of healthcare, and established the Non-Insured Health Benefits program	Subsequent affirmations or extensions • Health Transfer Policy (1989), which allowed for the transfer of authority from the federal government to Indigenous communities willing to accept administrative control of community-based health programs
1990-94	Aboriginal Healing and Wellness Strategy	Established a cross-sectoral approach to providing culturally appropriate care in Ontario for Indigenous peoples	Subsequent affirmations or extensions • Aboriginal Health Policy (1994), which provided a mechanism through which the Ministry of Health and Long-Term Care could address inequities in access and prioritize areas in Indigenous health programming • Strategy renewal (2010)

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Year	Event	Why it matters	Precursors and subsequent affirmations or extensions
2013	Supreme court decision, Manitoba Métis Federation Inc. v. Canada	Established that Métis (of whom there are roughly 86,000 in Ontario) and non-status Indigenous peoples have the same rights as those with status	Subsequent affirmations or extensions • Federal court of appeals ruling (2014), which affirmed the rights of Métis but established that non-status Indigenous peoples would be dealt with on a case-by-case basis • Supreme Court of Canada's ruling (2016), that extends the federal government's fiduciary relationship from status First Nations peoples to include Métis and non-status Indigenous peoples
2015	Truth and Reconciliation Commission reports	Established that the Canadian federal government had committed cultural genocide through residential schools, and included six healthcare-related recommendations (e.g., acknowledge health status a result of past government policies, set measurable goals to improve health status, and provide cultural competency training for all professionals)	Precursors • Royal Commission on Aboriginal Peoples (1991-96), which documented, through public hearings and consultations, a range of inequities experienced by Indigenous peoples, including the legacy of residential schools and their health consequences • Federal government signs the United Nations Declaration on the Rights of Indigenous People (2000) Subsequent affirmations or extensions • Political Accord (2015), signed by the Chiefs of Ontario and the Government of Ontario, which guides their relationship and affirms First Nations' inherent right to self-government • Ontario's Commitment to Reconciliation (2016), which addresses the legacies of the residential-school system through various initiatives (e.g., mental health and wellness programs, child and family programs, justice programs, and cultural revitalization)

Sources: 1; 2; 13; 14; 61-66

A key event at the provincial level was the creation of the Aboriginal Healing and Wellness Strategy by the Government of Ontario (between 1990 and 1994) as a cross-sectoral and inclusive approach to Indigenous health. Through the Aboriginal Healing and Wellness Strategy, the Aboriginal Health Policy (1994) was developed as a broader mechanism through which the Ministry of Health and Long-Term Care could address inequities in access and prioritize areas in Indigenous health programming.(2) The Aboriginal Health Policy gave the first explicit recognition to Indigenous ways of knowing and is recognized as the most comprehensive Indigenous-focused health policy in Canada.(2)

Geographic and socio-demographic context

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

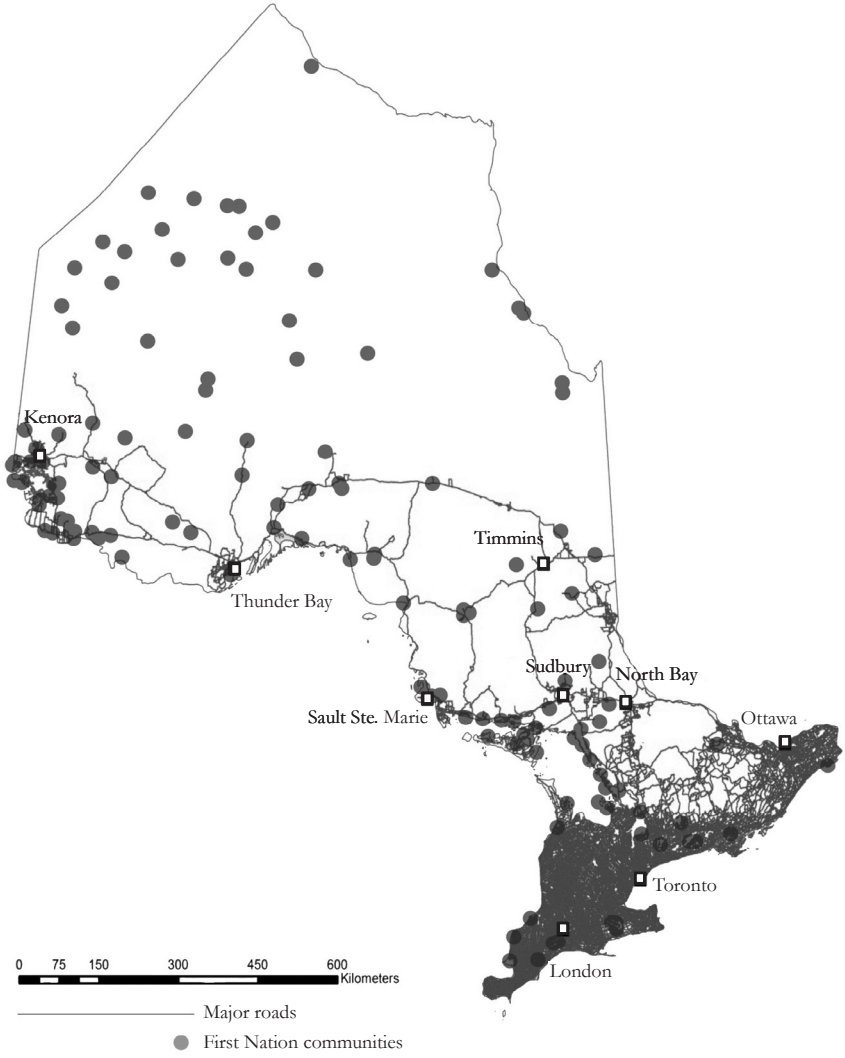
Ontario has the largest proportion (22%) and number (301,425) of Indigenous peoples of any Canadian province or territory, although they only make up 2% of the province's total population.(5) The Indigenous population in Canada has increased by 20% (232,385) between 2006 and 2011, compared to 5% for the non-Indigenous population over the same time period.(5) The median age of the Indigenous population in Canada is young, at 28 years, compared to 40 years for the non-Indigenous population.(5) We now turn to the three groups that comprise Indigenous peoples living in Ontario.

A large First Nations population (201,100) makes up 67% of the total Indigenous population in the province and 24% of the First Nations population in the country.(5) Sixty-two percent of First Nations peoples in Ontario hold status, and 37% of First Nations peoples with status live on-reserve in the province, which is the lowest proportion in the country after Newfoundland and Labrador.(17) The Chiefs of Ontario is the Secretariat and organizing body for the 133 First Nations, four provincial territorial organizations (Association of Iroquois and Allied Indians, Grand Council Treaty #3, Nishnawbe Aski Nation, and the Union of Ontario Indians), as well as the Independent First Nations and several unaffiliated First Nations.(18; 19)

One in four First Nations communities in Ontario are remote, accessible only by ice roads in the winter or by air year-round (Figure 9.1).(20) Six Nations of the Grand River Territory, located 25 km southwest of Hamilton, has the largest population of First Nations in Canada (with a total band membership of 25,660).(21)

A small Inuit population (3,355, which accounts for 6% of all Inuit in the country) resides in Ontario, with the majority living in the Ottawa-Gatineau

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



Source: Adapted from: 67

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

Ontario is home to the second largest number (86,015) and proportion (19%) of Métis in a province or territory after Manitoba.(5) The majority of Métis in Ontario live in the Midland and Kenora areas. The Métis Nation of Ontario represents the Métis people and communities in Ontario.(22) Historically the Métis have not been recognized by the federal government, and it was not until the 1982 Charter of Rights and Freedoms that the Métis were formally recognized, and not until the 2013 and 2016 Supreme Court decisions that the federal government was confirmed to hold unique responsibilities with respect to them.(3; 14)

Political context

In addition to the political context for Ontario's health system covered in Chapter 1, other political considerations influence how care is provided by and for Indigenous peoples. These include:

1) a renewed nation-to-nation relationship between the federal government and Indigenous peoples in Canada;(23)
2) no single voice for Indigenous peoples in the province as a result of the mix of provincial and national groups representing diverse constituencies; and
3) different ways of knowing, with Indigenous knowledge systems being recognized as complementary to western knowledge systems.

Economic context

Indigenous peoples living in Canada have lower rates of high school completion (64%) than the non-Indigenous population (76%).(24) Compared to the non-Indigenous population, Indigenous peoples living in Canada have a higher unemployment rate (11% compared to 6%), and a lower employment rate (68% compared to 82%).(24) In addition, First Nations peoples living on-reserve have lower employment rates compared to those off-reserve, given limited work opportunities.(17) There are also differences in average weekly wage rates; Indigenous peoples in Ontario earn an average weekly wage of $823 compared to $940 in the non-Indigenous population.(25)

Health status and determinants of health

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

Mental illness and suicide rates are also higher in Indigenous peoples. Depression and post-traumatic stress disorder are particularly prevalent in First Nations living both on- and off-reserve.(34) The suicide rate among Indigenous peoples in Canada is much higher than in the non-Indigenous population and, along with self-injury, is the leading cause of death among First Nations youth and adults.(34-36) Higher rates of mental illness and suicidal ideation in First Nations have been linked to residential school attendance by the individual or their parent(s), as well as the social determinants of health.(34; 35). To varying degrees, these trends are also prevalent in Inuit and Métis peoples, however, we focus on First Nations as they make up the largest proportion of Indigenous peoples in Ontario.(11) A number of Ontario First Nations communities have declared states of emergency due to suicide.(37; 38) It is important to note, however, that this is not the case across all First Nations communities, and living in communities with higher levels of community control (e.g., increased control over community-based health services) has been found to be associated with improved health outcomes.(39; 40)

Appropriate housing conditions (e.g., acceptable number of people living

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

Governance, financial and delivery arrangements

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

- health-promotion and disease-prevention services in three key areas: healthy child development, mental wellness, and healthy living ($408 million);
- primary healthcare in 200 remote First Nations and Inuit communities, delivered by 675 nurses and 22 physicians, through contribution arrangements or direct spending ($304 million), as well as home and community care (in over 600 communities), on-reserve nursing stations (74 total and 29 federally funded nursing stations in Ontario), 223 health centres, 41 alcohol and drug treatment centres, nine solvent abuse centres, dental services, and two on-reserve hospitals; and

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

Supplementary health benefits are offered through the First Nations and Inuit Health Branch's Non-Insured Health Benefits program. This program acts as a supplement to the coverage provided by provincial/territorial healthcare programs. The program provides medically necessary products and services for status First Nations peoples and eligible Inuit. Coverage includes prescription drugs, medical supplies and equipment, transportation to medical services, dental and vision care, and short-term/crisis mental health counselling.(46) Benefits are delivered by registered healthcare providers in the private sector and claims are processed by an electronic claims system or regional Non-Insured Health Benefits offices.(47) The program is funded through a transfer payment and has an estimated budget of $1.13 billion for 2015-16.(47) Ontario has the largest number (197,092) and proportion (24%) of eligible client population, with the vast majority being First Nations (196,444) and very few being Inuit (648).(48) In Ontario, from 2013 to 2014, the program had a total expenditure of $194 million, which included $79 million in 'pharmacy' (prescription and over-the-counter drugs and medical equipment), $63 million in medical transportation, $44 million in dental services, $6 million in vision care, and $3 million in other healthcare claims.(48)

In addition to funding for the First Nations and Inuit Primary Health Care program and Non-Insured Health Benefits program, there are health infrastructure supports ($635 million in 2015-16) to build First Nations and Inuit capacity in the management and implementation of health programs and services, and support the integration of healthcare services.(45) The First Nations and Inuit Health System Transformation program ($29 million in 2015-16) focuses on systems integration and eHealth infrastructure.(45) Finally, as part of a broader effort and long-term policy goal of Health Canada, funding ($421 million in 2015-16) is provided for tripartite health governance (federal government, B.C. government, and B.C. First Nations) to integrate federal and provincial healthcare services, initially in B.C.(45)

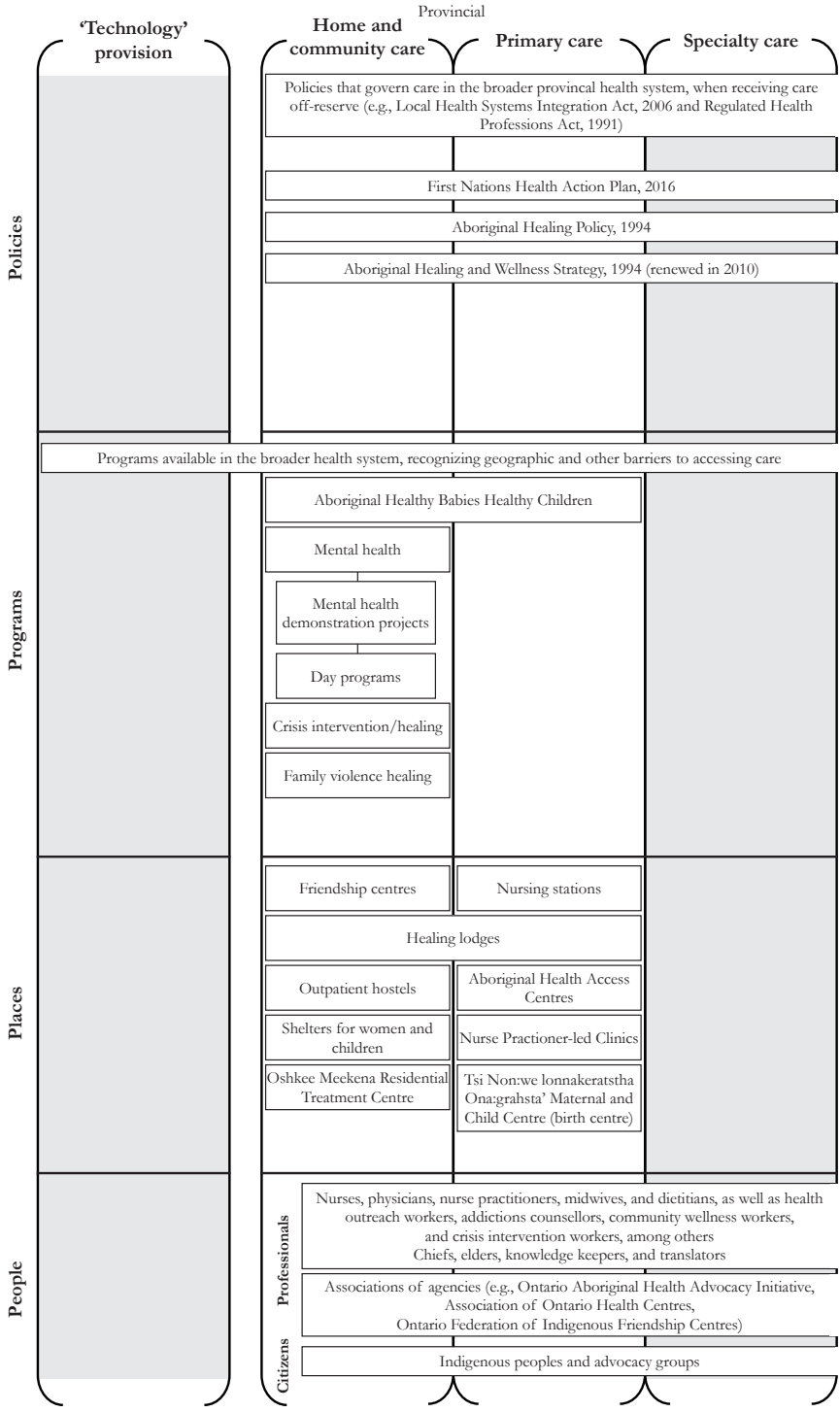
Programs and services

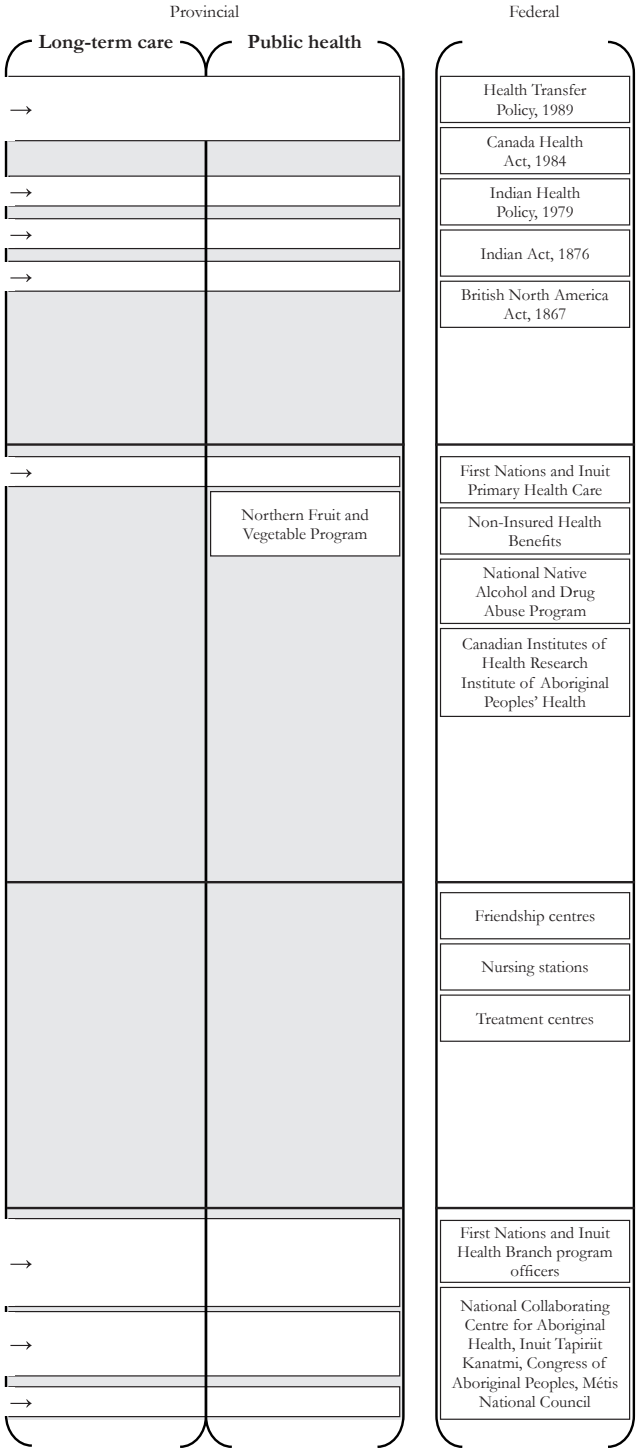
In addition to the programs and services provided at the federal level and those available in the broader Ontario health system, Indigenous peoples in the province have access to targeted programs and services through the Aboriginal Healing and Wellness Strategy (Figure 9.2). The strategy, created in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

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

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

Figure 9.2: Care for Indigenous peoples





Sources: 44; 55-58; 68-80

Table 9.2: Programs specific to Indigenous peoples

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

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Program[1]	Services	Who is covered		
		First Nations	Inuit	Métis
Healthy babies and children				
Aboriginal Healthy Babies Healthy Children	Education, screening, coordination of services, home visits, and referral services	✓ (available through 28 sites)	✓	✓

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

Notes:
[1] The programs are offered by the Ministry of Community and Social Services, through the Aboriginal Healing and Wellness Strategy, to First Nations, Inuit and Métis peoples living in Ontario. The Aboriginal Healing and Wellness Strategy was launched in 1994 and spans several ministries, with a focus on complementing traditional practices with western programs to support Indigenous healing and wellness, while reducing family violence and violence against Indigenous women and children. The programs are community-based and available to First Nations, Inuit and Métis, both on- and off-reserve, as well as in urban and rural settings. The strategy is offered through the ministries of aboriginal affairs, children and youth services, community and social services, health and long-term care, and the Ontario Women's Directorate.

(2005-08) collected data at 23 program sites. The results were positive, with the majority (93%) of program clients reporting that it respected cultural heritage and made a difference in their lives (95%).(52)

Complementing the Aboriginal Healing and Wellness Strategy, in May 2016 the Ministry of Health and Long-Term Care announced the First Nations Health Action Plan, which prioritizes four key areas: 1) primary care (e.g., increasing physician services and cultural competency training for health professionals); 2) public health and health promotion (e.g., expanding the Northern Fruit and Vegetable Program); 3) seniors care and hospital services (e.g., increasing hospital beds for seniors at the Meno Ya Win Health Centre in Sioux Lookout); and 4) life promotion and crisis support (e.g., expanding crisis prevention and management supports and telemedicine services).(53) The plan focuses primarily on northern First Nations, but also includes opportunities for improving Indigenous healthcare across the province. Over the next three years, the Ministry of Health and Long-Term Care will invest $222 million in the First Nations Health Action Plan, followed by sustained funding of $105 million annually.(53)

Places and people

While the places where care is provided for Indigenous peoples are broadly the same as for non-Indigenous peoples living in Ontario (see Chapters 6 and 7), there are specific places (both on- and off-reserve) where care is provided by and for Indigenous peoples (Figure 9.2). Community-based primary care is provided in nursing stations, Aboriginal Health Access

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

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

Conclusion

Healthcare for Indigenous peoples in Canada is complex. Historical legacies mean that the way healthcare is handled for this population is different, in that it relies on a mix of federal and provincial government resources and infrastructure.(60) Moreover, Indigenous peoples continue to experience ongoing forms of colonization (including assimilationist policies, such as the ownership of who is able to define 'status') and the intergenerational effects of the process of colonization. They also continue to experience many forms of racism. These legacies have resulted in gaps in care within the health system, and in Indigenous peoples continuing to experience disparities in health outcomes, as well as the social determinants thereof, when compared to the non-Indigenous population.(29) The identification of the need for culturally and linguistically appropriate care, and the recognition of culture as a mechanism for healing, led to the creation of the Aboriginal Healing and Wellness Strategy in Ontario in the 1990s. A recent change in federal government leadership (2015) has prompted renewed discussion

more broadly on nation-to-nation relationships. The 2016 Supreme Court decision has established a need for determining whether all existing healthcare programs and services for status First Nations and eligible Inuit should be extended to non-status First Nations and to Métis. This renewed discussion could help to further develop culturally appropriate care for Indigenous peoples in Ontario such that disparities are reduced.

References

1. Lavoie J, Gervais L, Toner J, Bergeron O, Thomas G. The Aboriginal health legislation and policy framework in Canada. Prince George: National Collaborating Centre for Aboriginal Health; 2011.
2. National Collaborating Centre for Aboriginal Health. Looking for Aboriginal health in legislation and policies, 1970 to 2008. A policy synthesis project. Prince George: University of Northern British Columbia; 2011.
3. Allan B, Smylie J. First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto: The Wellesley Institute; 2015.
4. Indigenous and Northern Affairs Canada. Indian status. Ottawa: Indigenous and Northern Affairs Canada; 2013. http://www.aadnc-aandc.gc.ca/eng/1100100032374/1100100032378 (accessed 26 August 2016).
5. Statistics Canada. Aboriginal peoples in Canada: First Nations people, Métis and Inuit. National Household Survey, 2011. Ottawa: Statistics Canada; 2011.
6. Indigenous and Northern Affairs Canada. Highlights from the Report of the Royal Commission on Aboriginal Peoples. Looking forward looking back. Ottawa: Indigenous and Northern Affairs Canada; 2010. http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637 (accessed 26 August 2016).
7. Chiefs of Ontario. Understanding First Nation sovereignty. Toronto: Chiefs of Ontario; 2016. http://www.chiefs-of-ontario.org/faq (accessed 24 August 2016).
8. Jones CP. Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health* 2000;90(8): 1212-15.
9. Powell JA. Structural racism: Building upon the insights of John Calmore. *North Carolina Law Review* 2007;86: 791.
10. Gee GC, Ford CL. Structural racism and health inequities: Old issues, new directions. *Du Bois Review* 2011;8(1): 115-132.
11. Hackett C, Feeny D, Tompa E. Canada's residential school system: Measuring the intergenerational impact of familial attendance on health and mental health outcomes. *Journal of Epidemiology & Community Health* 2016;70(11): 1096-1105.
12. Royal Commission on Aboriginal Peoples. Report of the Royal Commission on Aboriginal Peoples. Volume 1 – Looking forward looking back. Ottawa: Canada Communication Group; 1996.
13. Truth and Reconciliation Commission of Canada. Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. Winnipeg: Truth and Reconciliation Commission of Canada; 2015.
14. Supreme Court of Canada. Daniels v. Canada (Indian Affairs and Northern Development). Ottawa: Supreme Court of Canada; 2016. http://scc-csc.lexum.com/scc-csc/scc-csc/en/item/15858/index.do (accessed 24 August 2016).
15. Indigenous and Northern Affairs Canada. Urban Indigenous peoples. Ottawa: Indigenous and Northern Affairs Canada; 2014. https://www.aadnc-aandc.gc.ca/eng/1100100014265/1369225120949 (accessed 24 August 2016).
16. National Collaborating Centre for Aboriginal Health. Access to health services as a social determinant of First Nations, Inuit and Métis health. Prince George: University of Northern British Columbia; 2010.
17. Statistics Canada. Aboriginal statistics at a glance: 2nd edition (Catalogue no. 89-645-x2015001). Ottawa: Statistics Canada; 2015.
18. Chiefs of Ontario. Provinical territorial organization (PTO) affiliations. Toronto: Chiefs of Ontario; 2016. http://www.chiefs-of-ontario.org/pto-affiliations (accessed 24 August 2016).
19. Chiefs of Ontario. Independent First Nations. Toronto: Chiefs of Ontario; 2016. http://www.chiefs-of-ontario.org/independent-nations (accessed 24 August 2016).
20. Indigenous and Northern Affairs Canada. Ontario region. Ottawa: Indigenous and Northern Affairs Canada; 2014. https://www.aadnc-aandc.gc.ca/eng/1100100020284/1100100020288 (accessed 24 August 2016).
21. Six Nations Council. Community profile. Oshweken: Six Nations Council; 2013. http://www.sixnations.ca/CommunityProfile.htm (accessed 24 August 2016).
22. Métis Nation of Ontario. Governing structure. Ottawa: Métis Nation of Ontario; 2016. http://www.metisnation.org/governance/governing-structure/ (accessed 24 August 2016).
23. Liberal Party of Canada. A new nation-to-nation process. Ottawa: Liberal Party of Canada; 2016. https://www.liberal.ca/realchange/a-new-nation-to-nation-process/ (accessed 24 August 2016).
24. Statistics Canada. Table 282-0228 - Labour force survey estimates (LFS), by Aboriginal group, educational attainment and age group, Canada and selected regions, annual (persons unless otherwise noted), CANSIM (database). Ottawa: Statistics Canada; 2016. http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=2820228&&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid= (accessed 24 August 2016).
25. Statistics Canada. Table 282-0233 - Labour force survey estimates (LFS), average hourly and weekly wages and average usual weekly hours by Aboriginal group and age group, Canada, selected provinces and regions, annual (number unless otherwise noted), CANSIM (database). Ottawa: Statistics Canada; 2016. http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=2820233&&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid= (accessed 25 August 2016).
26. Adelson N. The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health* 2005;96 Suppl 2: S45-61.
27. Statistics Canada. Table 109-5401 - Life expectancy at various ages, by population group and sex, Canada, occasional (years), CANSIM (database). Ottawa: 2011. http://www5.statcan.gc.ca/cansim/a26 (accessed 18 February 2016).

28. Park J, Tjepkema M, Goedhuis N, Pennock J. Avoidable mortality among First Nations adults in Canada: A cohort analysis (Catalogue no. 82-003-X). Ottawa: Statistics Canada; 2015.

29. Reading CL, Wien F. Health inequalities and social determinants of aboriginal peoples' health. Prince George: National Collaborating Centre for Aboriginal Health; 2009.

30. Dyck R, Osgood N, Lin TH, Gao A, Stang MR. Epidemiology of diabetes mellitus among First Nations and non-First Nations adults. *Canadian Medical Association Journal* 2010;182(3): 249-56.

31. Gershon AS, Khan S, Klein-Geltink J, et al. Asthma and chronic obstructive pulmonary disease (COPD) prevalence and health services use in Ontario Métis: A population-based cohort study. *PLoS One* 2014;9(4): e95899.

32. Métis Nation of Ontario. Chronic Disease Surveillance Project. Key findings. Ottawa: Métis Nation of Ontario; 2016. http://www.metisnation.org/media/578079/key findings-factsheet-en_6.pdf (accessed 24 August 2016).

33. CIHI. Hospital care for heart attacks among First Nations, Inuit and Métis. Ottawa: Canadian Institute for Health Information; 2013.

34. Public Health Agency of Canada. First Nations and Inuit mental health and addictions – Cluster evaluation 2005/06–2009/10. Ottawa: Health Canada; 2012.

35. Kumar M. Lifetime suicidal thoughts among First Nations living off reserve, Métis and Inuit aged 26 to 59: Prevalence and associated characteristics (Catalogue no. 89-653-X2016008). Ottawa: Statistics Canada; 2016.

36. Peters PA, Oliver LN, Kohen DE. Mortality among children and youth in high-percentage First Nations identity areas, 2000-2002 and 2005-2007. *Rural Remote Health* 2013;13(3): 2424.

37. Fontaine T. Cree communities launched and funded own inquiry into 'suicide pandemic'. CBC News. 16 March 2016.

38. Thompson N. Northern Ontario First Nations community declares state of emergency after suicide attempts. The Globe and Mail. 10 April 2016.

39. Lavoie JG, Forget EL, Prakash T, Dahl M, Martens P, O'Neil JD. Have investments in on-reserve health services and initiatives promoting community control improved First Nations' health in Manitoba? *Social Science and Medicine* 2010;71(4): 717-24.

40. Lavoie JG, Dwyer J. Implementing Indigenous community control in health care: Lessons from Canada. *Australian Health Review* 2015;40(4): 453-458.

41. First Nations Information Governance Centre. First Nations Regional Health Survey (RHS) 2008/10: National report on adults, youth and children living in First Nations communities. Ottawa: First Nations Information Governance Centre; 2012.

42. Statistics Canada. Table 577-0009 - Aboriginal peoples survey, food security, by Aboriginal identity, age group, sex, and number of persons in household, population aged 6 years and over, Canada, provinces and territories, occasional, CANSIM (database). Ottawa: Statistics Canada; 2015. http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=5770009&&pattern=&stByVal=1&p1=1&p2=-1&tabMode=dataTable&csid= (accessed 25 August 2016).

43. Auditor General of Canada. 2015 spring reports of the Auditor General of Canada. Report 4: Access to health services for remote First Nations communities. Ottawa: Auditor General of Canada; 2015.

44. First Nations and Inuit Health Branch. Fact sheet - First Nations and Inuit Health Branch Ottawa: Health Canada; 2008. http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/fact-fiche-eng.php (accessed 25 August 2016).

45. Health Canada. Health Canada 2015-16 report on plans and priorities. Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status. Ottawa: Health Canada; 2016. http://www.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2015-2016/report-rapport-eng.php - a2.3 (accessed 25 August 2016).

46. First Nations and Inuit Health Branch. Non-Insured Health Benefits for First Nations and Inuit. Ottawa: Health Canada; 2016. http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php (accessed 25 August 2016).

47. Health Canada. Health Canada 2015-16 report on plans and priorities. Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status. Program 3.2: Supplementary health benefits for First Nations and Inuit. Ottawa: Health Canada; 2016. http://www.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2015-2016/report-rapport-eng.php - a2.3 (accessed 25 August 2016).

48. Health Canada. Non-Insured Health Benefits program. First Nations and Inuit Health Branch. Annual report 2013/14. Ottawa: Health Canada; 2014.

49. Ministry of Community and Social Services. Ontario's Aboriginal Healing and Wellness Strategy. Toronto: Queen's Printer for Ontario; 2014. https://news.ontario.ca/mcss/en/2014/11/ontarios-aboriginal-healing-and-wellness-strategy.html (accessed 24 August 2016).

50. Ontario's Aboriginal Health Access Centres. 2016 Ontario budget submission from the Aboriginal Health Access Centres of Ontario. Toronto: Association of Ontario Health Centres; 2016.

51. Ontario's Aboriginal Health Access Centres. Our health, our seventh generation, our future. 2015 Aboriginal Health Access Centres report. Toronto: Association of Ontario Health Centres; 2015.

52. Aboriginal Healing and Wellness Strategy. Aboriginal Healing and Wellness Strategy: Phase III longitudinal study. Final report. Toronto: Aboriginal Healing and Wellness Strategy; 2009.

53. Government of Ontario. Ontario launches $222 million First Nations Health Action Plan. Toronto: Queen's Printer for Ontario; 2016. https://news.ontario.ca/mohltc/en/2016/05/ontario-launches-222-million-first-nations-health-action-plan.html (accessed 23 August 2016).

54. Ontario Federation of Indigenous Friendship Centres. Find a Friendship Centre. Toronto: Ontario Federation of Indigenous Friendship Centres; 2016. http://www.ofifc.org/about-fc/centres/list (accessed 4 November 2016).

55. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Crisis intervention/healing services. Healing lodges. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/healing_lodges.aspx (accessed 24 August 2016).

56. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Health and wellness. Outpatient hostels. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/outpatient_hostels.aspx (accessed 24 August 2016).

57. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Crisis intervention/healing services. Family violence healing program. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/family_violence_healing_program.aspx (accessed 24 August 2016).

58. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Health and wellness. Mental health programs. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/mental_health_programs.aspx (accessed 24 August 2016).

59. National Native Alcohol and Drug Abuse Program. Addictions treatment for First Nations and Inuit. Ottawa: First Nations and Inuit Health; 2016. http://healthycanadians.gc.ca/healthy-living-vie-saine/substance-abuse-toxicomanie/help-aide/treatment-centres-traitement-eng.php - a5 (accessed 4 November 2016).

60. Paradies Y. Colonisation, racism and Indigenous health. *Journal of Population Research* 2016;33(1): 83-96.

61. Government of Ontario. The journey together. Ontario's commitment to reconciliation with Indigenous peoples. Toronto: Queen's Printer for Ontario; 2016.

62. Government of Ontario. First Nations, Ontario sign political accord. Toronto: Queen's Printer for Ontario; 2015. https://news.ontario.ca/opo/en/2015/08/first-nations-ontario-sign-political-accord.html (accessed 23 August 2016).

63. Health Canada. Indian Health Policy 1979. Ottawa: Health Canada; 2014. http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/poli_1979-eng.php (accessed 25 August 2016).

64. Indigenous and Northern Affairs Canada. A history of Indian and Northern Affairs Canada. Ottawa: Indigenous and Northern Affairs Canada; 2011. https://www.aadnc-aandc.gc.ca/eng/1314977281262/1314977321448 (accessed 24 August 2016).

65. National Collaborating Centre for Aboriginal Health. An overview of Aborginal health in Canada. Prince George: University of Northern British Columbia; 2013.

66. Supreme Court of Canada. Manitoba Métis Federation Inc. v. Canada. Ottawa: Supreme Court of Canada; 2013. https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/12888/index.do (accessed 24 August 2016).

67. Centre for Rural and Northern Health Research. Ontario - Diversity of northern populations [maps]. Created by JE Sherman using ESRI ArcGIS 10.1. Sudbury: Centre for Rural and Northern Health Research; 2015.

68. Chiefs of Ontario. A guide for First Nations in Ontario: Navigating the Non-Insured Health Benefits & Ontario health programs benefits. Toronto: Chiefs of Ontario; 2013.

69. Government of Canada. The federal role in health and healthcare. Ottawa: Government of Canada; 2005. http://www.lop.parl.gc.ca/content/lop/researchpublications/prb0858-e.pdf (accessed 26 August 2016).

70. Government of Ontario. Aboriginal peoples in Ontario. Toronto: Queen's Printer for Ontario; 2015. http://www.ontario.ca/aboriginal/aboriginal-peoples-ontario (accessed 24 August 2016).

71. Health Canada. First Nations and Inuit Health Branch. Ottawa: Health Canada; 2013. http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index-eng.php (accessed 25 August 2016).

72. Health Canada. Non-Insured Health Benefits for First Nations and Inuit. Ottawa: Health Canada; 2015. http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php (accessed 25 August 2016).

73. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Health and wellness. Health outreach workers. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/health_outreach_workers.aspx (accessed 24 August 2016).

74. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Health and wellness. Maternal and child centre. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/maternal_health.aspx (accessed 24 August 2016).

75. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Crisis intervention/healing services. Community wellness workers. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/community_wellness_workers.aspx (accessed 24 August 2016).

76. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Crisis intervention/healing services. Community intervention workers. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/crisis_intervention_workers.aspx (accessed 24 August 2016).

77. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/youth_treatment_centre.aspx (accessed 24 August 2016).

78. Ministry of Community and Social Services. Programs and supports for Aboriginal individuals and families. Healthy babies and children. Aboriginal Healthy Babies Healthy Children program. Toronto: Queen's Printer for Ontario; 2012. http://www.mcss.gov.on.ca/en/mcss/programs/community/ahws/individuals/healthy_babies.aspx (accessed 24 August 2016).

79. Ministry of Community and Social Services. Supporting Aboriginal people. Toronto: Queen's Printer for Ontario; 2013. http://www.mcss.gov.on.ca/en/mcss/programs/community/programsforaboriginalpeople.aspx (accessed 24 August 2016).

80. Six Nations of the Grand River Territory. Tsi Non:we Ionnakeratstha Ona:grahsta' Maternal and Child Centre. Ohsweken: Six Nations Council; 2006. http://www.snhs.ca/bcBackground.htm (accessed 24 August 2016).

81. Government of Ontario. Aboriginal peoples in Ontario. Toronto: Queen's Printer for Ontario; 2015. http://www.ontario.ca/aboriginal/aboriginal-peoples-ontario (accessed 25 August 2016).

82. Ministry of Community and Social Services. Supporting Aboriginal people. Toronto: Queen's Printer for Ontario; 2013. http://www.mcss.gov.on.ca/en/mcss/programs/community/programsforaboriginalpeople.aspx (accessed 24 August 2016).