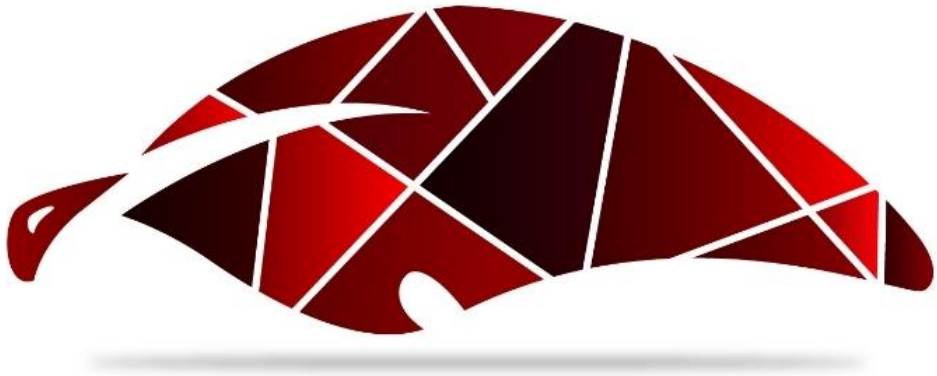

OFIFC

Ontario Federation of
Indigenous Friendship Centres

POSITION STATEMENT ON URBAN INDIGENOUS HEALTH

2017

ONTARIO FEDERATION OF INDIGENOUS FRIENDSHIP CENTRES

Founded in 1971, the Ontario Federation of Indigenous Friendship Centres (OFIFC) works to support, advocate for, and build the capacity of member Friendship Centres across Ontario.

Emerging from a nationwide, grassroots movement dating back to the 1950's, Friendship Centres are community hubs where Indigenous people living in towns, cities, and urban centres can access culturally-based and culturally-appropriate programs and services every day. Today, Friendship Centres are dynamic hubs of economic and social convergence that create space for Indigenous communities to thrive. Friendship Centres are idea incubators for young Indigenous people attaining their education and employment goals, they are sites of cultural resurgence for Indigenous families who want to raise their children to be proud of who they are, and they are safe havens for Indigenous community members requiring supports.

In Ontario, more than 84 per cent of Indigenous people live in urban communities. The OFIFC is the largest urban Indigenous service network in the province supporting this vibrant, diverse, and quickly-growing population through programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research, and more.

Friendship Centres receive their mandate from their communities, and they are inclusive of all Indigenous people – First Nation, Status/Non-Status, Métis, Inuit, and those who self-identify as Indigenous.

Learn more about the work the OFIFC does to support Friendship Centres at www.ofifc.org.

OFIFC

INTRODUCTION

This document outlines the Ontario Federation of Indigenous Friendship Centres (OFIFC) position on urban Indigenous health for the purpose of informing the development of an urban Indigenous health performance measurement framework. As Ministry of Health and Long-Term Care (MOHLTC) and many other sectors of government prioritize the relationship with Indigenous people and organizations in Ontario, building and improving measures for improving Indigenous health status and their access to services requires a grounded understanding of Indigenous health concepts which also include the principal social determinants of Indigenous health. At its core, Indigenous health is wholistic; it looks at the physical, mental, emotional and spiritual elements of individuals, families and communities and seeks to bring them into harmony and balance. Indigenous health and wellness is best achieved when health approaches are culture-based and community-led because they reflect Indigenous people's understandings, values and social behaviours. But a history of colonization accompanied by its legacies of racism, residential schools and violence against Indigenous people have given form to the contemporary iterations of Indigenous health and its deficit-based approach.

This document will begin by providing a background on the current landscape of Indigenous health, including the responsibilities of the Ontario government to the Truth and Reconciliation Commission and The Journey Together commitments. The document then sets out a vision statement of urban Indigenous health, the goal we are working towards, which is the foundation of evaluation. The next sections outline Indigenous understandings of health as a distinct concept and provide the specific examples of Indigenous social determinants of health. Finally, the last section presents Indigenous principles of performance measurement and evaluation - Indigenous control, systems change, partnerships, and culturally-based services – that will move the health care system towards equitable outcomes.

BACKGROUND

It is commonly understood and well documented that Indigenous people in Canada and Ontario report disproportionately worse health outcomes when compared to the non-Indigenous population. Indigenous people are two times as likely to suffer premature death attributable to avoidable causes and over half (56%) of Indigenous people are diagnosed with one or more chronic conditions.[1] At the same time, Indigenous people face significant barriers to health care services,[2] which relate to the social determinants of Indigenous health. The Ministry of Health and Long-Term Care (MOHLTC) has made

[1] Statistics Canada. (2015). *Government of Canada.* Retrieved from Health Reports: http://www.statcan.gc.ca/pub/82-003-x/2015008/article/14216-eng.pdf

[2] Bowen, S. (2000). Access to health services for underserved populations in Canada. In "Certain circumstances:" Issues in equity and responsiveness in access to health care in Canada. A collection of papers and reports prepared for Health Canada. Ottawa, ON: Health Canada.

improving Indigenous health care and health outcomes a Ministry priority.[3] This means the Ontario health care system must have a well-grounded understanding about what health means to Indigenous people. Because this understanding ultimately shapes Indigenous people's health behaviours and their access of health services.

Indigenous people share many goals with non-Indigenous people. However, as Indigenous people, their cultures, worldviews, and circumstances vary significantly from those of non-Indigenous people. An evaluation framework designed for Ontario's urban Indigenous people must therefore vary significantly in content from that of an evaluation designed generally for the people of the province. The reality is, Indigenous cultural norms and philosophies in relation to health, are specific to Indigenous peoples' cultures and ways of being.

Indigenous organizations also operate in a cultural environment which is in many ways hostile to Indigenous ways of life, histories and experiences. Asserting Indigenous cultural identities in overwhelmingly non-Indigenous communities is a critical challenge for urban Indigenous organizations, the practical implications of which are not acknowledged by government or the health system.

It should be noted that the current health landscape for Indigenous people is grounded in the Residential School Experience. In the words of the Truth and Reconciliation Commission:

> For over a century, the central goals of Canada's Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can best be described as "cultural genocide."[4]

Indigenous health status is in large part a legacy of the residential school experience and is to be understood as a significant endeavour and obligation for federal and provincial governments, including the MOHLTC. As part of the Ontario government's commitment in *The Journey Together*, any health strategies, programs and services are to be seen as an opportunity to respond to and advance the TRC's Calls to Action - to close the gaps in health outcomes for Indigenous people no matter where they live, and to position Ontario as an active participant in overturning the legacy of colonialism as it relates to the health of Indigenous people in the province.

The OFIFC has submitted a research proposal to the MOHLTC to develop urban Indigenous measurements of wellness, including the development of community-driven, culturally-specific metrics and wise practices, to improve system effectiveness and

[3] MOHLTC. (2015). *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*. MOHLTC: Toronto, p. 10

[4] Truth and Reconciliation Commission, Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation of Canada (Winnipeg: TRC, 2015): 1.

accessibility for urban Indigenous people in Ontario. The results of the application are expected to be released in winter of 2017.

VISION STATEMENT

The vision of the Ontario Friendship Centre movement is to "improve the quality of life for Indigenous people living in an urban environment by supporting self-determined activities which encourage equal access to and participation in Canadian society and which respect Indigenous cultural distinctiveness".

As a component of this vision, the OFIFC affirms the following from the *New Directions: Aboriginal Health Policy for Ontario* as a mission statement on Indigenous health:

> The goal […] is to improve the health of Aboriginal individuals, families, communities and nations through equitable access to health care, First Nation/Aboriginal health care facilities, improved standards of care, provision of culturally appropriate health services, and promotion of a healthy environment. Self-determination in health will be supported by appropriate levels of financial and human resources for Aboriginal-designed, -developed and -delivered programs and services that respect and promote community responsibility, autonomy and local control.[5]

All efforts in urban Indigenous health must strive to achieve this vision and it will be upon these premises that they will be evaluated.

INDIGENOUS CULTURAL UNDERSTANDINGS OF HEALTH

Indigenous worldviews place an emphasis on a wholistic way of life, one that values not only the links between community, family, and self, but also honours the interconnections within the natural world as well. Our relationship to our ancestors, the spirit world, mother earth, our families and our communities form our Indigenous ways of being, seeing, knowing and doing.

With Indigenous worldviews serving as our foundation, the OFIFC incorporates interrelated cultural concepts in our approach to Indigenous health:

- **The Life Cycle**: It explains life through the passage of stages: infancy and childhood, youth, adulthood, and senior years. The stages of life are celebrated as each person brings forward different gifts and has a role in contributing to the prosperity of the community. The stages correspond to the four directions, four seasons, four gifts of kindness, honesty, caring and strength, and four elements

[5] Ministry of Health, Chiefs of Ontario, Ontario Federation of Indigenous Friendship Centres. (1994). *New Directions: Aboriginal Health Policy for Ontario*. Toronto: Ministry of Health. P. 14

of the environment: water, air, mineral and fire. The life cycle reflects the interrelationship and interdependency of individuals, families and communities and their responsibilities to each other. People have different and evolving needs throughout the life cycle which must be addressed through appropriate health policies and programs.

- **Wholistic health**: It incorporates the physical, mental, emotional and spiritual needs of the individual, family and community.

- **The Continuum of Care**: It incorporates health promotion, prevention, treatment and curative programs and services, and rehabilitation.

- **Community-Centred**: Each community is unique, with their own culture, traditions, practices and knowledge keepers. Communities know best what they need and what works for themselves.

In summary, Indigenous health is addressed throughout the life cycle, in a wholistic way, within a continuum of care. This forms a multi-dimensional matrix of Indigenous health to ensure that the whole of the individual is addressed and all individuals are included.

This conceptualization includes a gender-based analysis in its approach to Indigenous health and wellbeing. This means programs, services and strategies include perspectives that address wellness outcomes for Indigenous women and men, Two-Spirit people and others along the LGBT2QQIA spectrum.

Within our understandings of health has emerged traditional healing practices, which actualize the concepts of wholistic health, lifecycle and continuum of care. Traditional healing practices are intended to be versatile and expansive to cover the broad spectrum of Indigenous people's health needs. These practices can be done individually or they can complement western methods to maximize healing and wellness for Indigenous people. When Indigenous people talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders.[6]

The following are a few examples of traditional health and healing practices:

- Tending to a medicine garden
- Sweat ceremonies
- Solstice celebrations
- Naming ceremonies
- Sharing circles

[6] Indian and Northern Affairs Canada. *Royal Commission Report on Aboriginal People*. Ottawa, ON: INAC, 1996, vol.3, p. 348

Historically, traditional healers were sought by Indigenous community members because these healers were considered to have specific gifts that would assist individuals in maintaining balanced health.[7] Providers of traditional health and healing practices, ceremonies, and activities are often Elders, but not always. Many healing practices can be provided by people with the knowledge and ethics to appropriately carry out the practice and treat people with the care and empathy required.

SOCIAL DETERMINANTS OF INDIGENOUS HEALTH

Stemming from Indigenous understandings of wholistic health, social determinants of health are important circumstances and environments as well as structures, systems and institutions that influence the development and maintenance of health along a continuum from excellent to poor.[8] They are social, economic, physical, political and cultural conditions influencing the health vulnerabilities, capacities, and behaviours of individuals, communities and peoples. Indigenous individuals and communities that live with the inequities of the social determinants of health experience a greater burden of negative health outcomes while also experiencing greater limitations in their access to resources that would improve the situation. The social determinants of health do not operate in isolation of one another and several determinants combine to affect the same individuals or population at the same time.[9] Some commonly accepted examples include:

- Income and employment
- Physical environments
- Health behaviours
- Health care systems
- Environmental stewardship
- Education
- Education systems
- Housing
- Food security
- Community Infrastructure[10]

Aside from these commonly accepted examples, the role of culture in the lives of Indigenous people is a powerful social determinant of health that cannot be discounted. Over the past centuries, Indigenous people have been subject to a cultural genocide through colonial and Canadian laws and policies (past and current) to eliminate or negate their cultural identity. As is outlined below, this has had devastating impacts on their health and wellbeing. But when culture is cultivated in the lives of Indigenous people it can positively transform all aspects of their lives, including health. There are numerous components of culture including spirituality, language, sport, food, various forms of craft, and connection to land and ancestors; all of which are integral to Indigenous identities. For Indigenous people, culture, or every day good living, is the

[7] Ontario Aboriginal Health Advocacy Initiative. *Traditional Healers*. OAHAI. Retrieved from: http://www.ofifc.org/oahai/acrobatfiles/tradhlth.pdf
[8] Reading, Charlotte, Wien, Fred. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. BC: National Collaborating Centre for Aboriginal Health. p. I
[9] World Health Organization, Social determinants of health key concepts, available at: http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/
[10] Reading, Charlotte, Wien, Fred. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. BC: National Collaborating Centre for Aboriginal Health.

basis for the creation and maintenance of relationship; it seeks to bring balance to life: the physical, the mental, the emotional, and the spiritual, to guide their communal knowledge and practices, all their relations, roles and life cycle responsibilities.[11] Culture needs to be understood as the key driver of creating healthy, self-sufficient and vibrant Indigenous individuals and communities.

Historical and Contemporary Indigenous Determinants of Health

In the context of Indigenous health, it is impossible to discuss the impact of social determinants of health without including historical and contemporary determinants of colonialism and its legacies of racism, violence and residential schools. These Indigenous determinants are compounded with the other aforementioned determinants to shape the health and wellbeing of Indigenous individuals, families, communities, and Nations and further restrict their access to health care.

Colonization and its imposition of institutions, systems, and social order caused drastic disruptions to the traditional ways of life of Indigenous people.[12] Indigenous people, who have a unique relationship to the natural world, have seen the privatization and commoditization of the environment and its resources, the restriction of their mobility and land use, and the imposition of laws forbidding traditional and ceremonial practices. The *Indian Act, 1876* gives the Canadian government legislative control over "Indian" affairs and it forced First Nations people off their traditional territorial land onto reserves. It prohibited spiritual expressions by banning or regulating dance, singing, dressing and ceremonies, especially those related to healing.[13] The ongoing trauma of colonialism for Indigenous people in Canada has been one of isolation, extreme poverty, economic deprivation, lower educational achievement, poor housing and homelessness, food insecurity, substance abuse, and domestic violence; all products which make Indigenous people especially vulnerable to poor health outcomes.[14]

Due to colonial systems, Canada has created social stratification along ethnic lines, "with a consequent hierarchical distribution of resources, power, freedom and control, all of which ultimately influence Indigenous health."[15] By creating a system (i.e. the *Indian Act*) whereby Indigenous people are separate citizens within Canada, it has created inequities in their participation and achievement in the economy, education, and health, resulting in their classification as a social problem.[16] Racism and social exclusion have subsequently resulted from this system of differentiation and have created barriers at a systems- and interpersonal-level to Indigenous participation in Canadian society and

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[11] Ontario Federation of Indigenous Friendship Centres. *Response to Telling our Stories, Growing our Economy: Developing a Culture Strategy for Ontario*. OFIFC: Toronto. April 2016.
[12] Ibid. p. I
[13] Risdale, Frank (1997) "A Discussion of the Potlach and Social Structure," Totem: The University of Western Ontario Journal of Anthropology: Vol. 3: Iss. 2, Article 3. Available at: http://ir.lib.uwo.ca/totem/vol3/iss2/3
[14] Reading.
[15] Ibid. p. 22
[16] Loppie, Samantha, Reading, Charlotte, & de Leeuw, Sarah. *Aboriginal Experiences with Racism and its Impacts*. National Collaborating Centre for Aboriginal Health: Prince George.

their attainment of an optimal health status. Today, Indigenous people continue to experience racism from front-line health care workers, directed towards Indigenous traditions around healing and healers, including dismissal of accommodations of cultural practices in health settings and plans of care, and in tokenized community participation.

New studies are emerging identifying residential schools as a contributor to the current health conditions of Indigenous people in Canada.[17] Along with the cultural and social effects of forced displacement, "many children suffered physical, sexual, psychological, and/or spiritual abuse while attending the schools, which has had enduring effects including, health problems, substance abuse, mortality/suicide rates, criminal activity, and disintegration of families and communities."[18] Residential schools eroded traditional knowledge transfer systems around health and healing systems, practices and values as well as languages, culture and community connections. Many residential schools were severely underfunded, provided poor nutrition and living conditions for the children, leading to illness and death. As a result, residential school survivors and their subsequent generations suffer from a range of poorer health outcomes than those without residential school experience.[19]

Violence against Indigenous people, especially Indigenous women, is occurring at alarmingly high rates with long lasting impacts on health and wellbeing. Indigenous women are twice as likely to be victims of violence as Indigenous men. The rate of victimization for Indigenous women triple when compared to non-Indigenous women and more than triple when compared to non-Indigenous men.[20] Indigenous women between the ages of 25 and 44 are five times more likely to die as a result of violence than all non-Indigenous women in the same age group.[21] The health implications include psychological trauma, acute physical injuries, chronic health problems, unwanted pregnancies, miscarriages and sexually transmitted diseases, all of which have an impact on women's abilities to participate fully in society. Indigenous women structure their lives around violence to prevent, avoid and lessen it, which can restrict their access to health services, increase their social exclusion, and continue to support systemic oppression.

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[17] Piotr Wilk, Alana Maltby and Martin Cooke, "Residential schools and the effects on Indigenous health and well-being in Canada – a scoping review" in *Public Health Review*. 2017: 38:8. Retrieved from: https://doi.org/10.1186/s40985-017-0055-6

[18] Ibid.

[19] Ibid.

[20] Boyce, Jillian, "Victimization of Aboriginal People in Canada, 2014." *Juristat Canadian Centre for Justice Statistics*, (2015), Statistics Canada Online. Retrieved from: http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14631-eng.htm

[21] Amnesty International. "Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada." (October 2004). 14. Retrieved from: http://www.amnesty.ca/sites/default/files/amr200032004enstolensisters.pdf

PRINCIPLES OF EVALUATION

Grounded in an understanding of the distinctiveness of Indigenous people, their cultural concepts of health and healing and their social determinants of health, we can begin the process for developing principles of meaningful collaboration with the MOHLTC and its Ontario healthcare system. The principles of evaluation are to outline the values and conduct of all aspects of the health care system - design, development, delivery and evaluation of health care services.

1. Indigenous Control

The United Nations Declaration on the Rights of Indigenous people has stated that Indigenous people have the right to self-determination. Indigenous control goes to all aspects of health service operation, from design, development, implementation to evaluation, should be in the control of Indigenous organizations accountable to Indigenous communities. Indigenous control over health policies, programs and services for Indigenous people supports a wholistic approach across the life cycle as foundational, reflecting the relational interdependence of individuals, families and communities.[22] Indigenous control over programs and services for Indigenous people focuses on Indigenous strengths, resiliency, autonomy, and spirituality, nurturing cultural pride and strengthening cultural identity. With Indigenous control, programs and services are proactive rather than reactive; responsive to local Indigenous needs in a timely manner, and are more preventive than curative.[23] Furthermore, Indigenous organizations are accountable to the Indigenous community, facilitating the amplification of community voices to see their needs and perspectives reflected in health services.

Non-Indigenous approaches to health programs and services for Indigenous people are not well-received in the Indigenous community as they often fail to reflect Indigenous values, beliefs and traditions. This failure inhibits their uptake and their effectiveness in dealing with the significant challenges in health and the social determinants of health with which Indigenous people contend. Ongoing prescriptive solutions by government on Indigenous health issues has entrenched fear and mistrust in the intent and form of health services, institutions and systems. Continuing to approach Indigenous health issues in the same manner will repeatedly result in failure.

2. Systems Change

Indigenous control will only follow overarching change to the health system which is based on systems of exclusion and contrary worldviews of Indigenous people. Old system patterns will not be changed unless underlying systems' assumptions, policies, and services together with attitudes and behaviours are developed with an Indigenous worldview and within the control of an Indigenous evaluation framework. Systems

[22] Ontario Federation of Indigenous Friendship Centres. Aboriginal Children and Youth Strategy. OFIFC: Toronto. 2015.
[23] Métis Nation of Ontario, Ontario Federation of Indigenous Friendship Centres and Ontario Native Women's Association. *Aboriginal Children and Youth Strategy*. OFIFC, Toronto: 2015.

change invests every contributor, from the individual level to the highest organizational structure and leadership, in achievement of the vision. The MOHLTC will be responsible for motivating and educating each and every health system member as every part of the health system must value Indigenous people and Indigenous health. It requires embedding Indigenous control in in the design and implementation of new and improved laws and policies developed with Indigenous organizations and outlining how existing and new mechanisms will be required to operate under Indigenous control.

3. Partnerships

Building respectful and effective relationships between Indigenous organizations and all orders of government and health agents will be one of the first and foremost challenges as these relationships are foundational to successful systems change.[24] Indigenous communities and organizations lack participation, resource support, influence over decision-making and involvement in health planning and delivery processes and as a result, services are not appropriate for Indigenous people. To promote physical, mental, emotional and spiritual healing and wellness, all providers, Indigenous and non-Indigenous, need to recognize, redirect and accept their roles and responsibilities within a "healing network".[25] The healing network cannot function without cross-cultural respect, equality, partnership, interdependent practice and linkages.

4. Indigenous Culture-Based Services

Urban Indigenous people require culturally-specific health services for increased health service access and equity and overall improved health outcomes.[26] Culture-based services are more effective in producing positive health outcomes and Indigenous organizations are the only appropriate producers of culture-based services. Indigenous healing and wellness must be guided by Indigenous beliefs, values, customs, languages and traditions that complement those of the current and future health systems. The health system in large part operates from a curative perspective, the treatment of ill-health, while Indigenous culture-based approaches, which are wholistic in nature, emphasize health promotion and prevention as an ongoing component of health Indigenous communities recognize the following as health care providers: healers, medicine people, elders, midwives, community health workers, community support systems, and external health and other agencies along with providers represented in the Ontario's *Regulated Health Professionals Act*.

[24] Pennie G. Foster-Fishman, Branda Nowell, Huilan Yang, "Putting the system back into systems change: a framework for understanding and changing organizational and community systems," Am J Community Psychol (2007) 39:197–215, p. 208.
[25] New Directions, p. 23
[26] British Columbia. Provincial Health Officer. (2009). *Pathways to Health and Healing – 2nd Report on the Health and Well-being of Aboriginal People in British Columbia*. Provincial Health Officer's Annual Report 2007. Victoria, BC: Ministry of Healthy Living and Sport.

NEXT STEPS

The OFIFC is working on the development of urban Indigenous health and wellness performance measurement framework, with culture-specific, community-driven health and wellness metrics, to evaluate health system effectiveness, accessibility and transparency across Ontario. The framework and metrics will provide urban Indigenous people with authority and control over evaluation and give health service providers valuable tools to drive health facilities towards services that better reflect and serve urban Indigenous health and wellness necessities, and improve the delivery of quality coordinated and sustainable care. Ultimately, the performance measurement framework will measure change in Indigenous health and wellness. The urban Indigenous health and wellness metrics model will generate policy-relevant evidence towards improved health systems and patient outcomes, including a series of culturally-relevant tools to support and enhance local partnerships, Indigenous control, systems change and culturally-based service provision.