

Official Opposition Report on the Indigenous Determinants of Health

Motion 66

Mr. Mamakwa (Kiiwetinoong)

That, in the opinion of this House, the Government of Ontario should adopt the recommendations of the Official Opposition Report on the Indigenous Determinants of Health so that Ontario recognizes “Indigeneity” and “colonialism” as overarching and intersectional determinants of health across Government ministries.

Background on Indigenous Determinants of Health

First Nations have always asserted a Treaty Right to health care. Ontario was a direct signatory to Treaty No. 9; as such, Treaty No. 9 First Nations and Ontario are regarded as having a government-to-government relationship as Treaty partners.

The signatories of the Treaty and its adhesion understood that the Treaty contained a promise of health care. In fact, in 1905 and 1906, a physician who performed medical exams and assistance was part of the Treaty. This created a reasonable understanding and expectation that the Treaty included the provision of indefinite, quality health care.

Indigenous populations in Canada have experienced social, economic, and political disadvantages through colonialism and anti-Indigenous racism. Life expectancy can be considerably lower for Indigenous Peoples due to lack of access to medical services.

Indigenous Peoples are disproportionately subject to poverty, poor housing, cultural barriers, violence, including gender-based violence, racism, experiencing disability, pollution and lack of access to education, economic opportunities, social protection, water and sanitation, as well as appropriate resilience planning for climate change and natural and other emergencies.

These are all determinants of health that are not being met.

In Canada, the social determinants of health can include:

- ▶ Aboriginal status
- ▶ Disability
- ▶ Early life
- ▶ Education
- ▶ Employment and working conditions
- ▶ Food insecurity
- ▶ Health services
- ▶ Gender and gender identity
- ▶ Housing
- ▶ Income and income distribution
- ▶ Race
- ▶ Sexual orientation
- ▶ Social exclusion
- ▶ Social safety net
- ▶ Unemployment and job security

When it comes to mental health, three social determinants are particularly significant:

- ▶ freedom from discrimination and violence
- ▶ social inclusion
- ▶ access to economic resources

A [2016 Statistics Canada](#) report again confirmed that social determinants of health, specifically food security and housing, are significant factors for the mental health of First Nations living off and on reserve.

[Status First Nations People in Canada: A snapshot from the 2021 Census](#) (2023), a custom report co-produced by Statistics Canada in collaboration with the Assembly of First Nations, again confirmed that Status First Nations people living both on and off-territory face disproportionately higher rates of unemployment, lower income, lower education completion rates, and are more likely to live in a crowded dwelling and/or a dwelling that is in need of major repairs.

Additional measures included in this report are social and economic statistics related to gender and gender identity, access to internet services, rates of homelessness, mental well-being, discrimination, confidence in institutions, and percentage of children in foster care. The disproportionality of disadvantages faced by First Nations living on territory in comparison to those living off-territory are also highlighted in this report.

In 2022, Indigenous Peoples identified a crucial need to establish a framework on the Indigenous determinants of health derived from Indigenous Peoples' communities to guide the United Nations and "member states in the strategy, policy-setting and actions taken" under the Sustainable Development Goals.¹

Key areas for addressing Indigenous Social Determinants of Health

- ▶ The World Health Organization (WHO) and other local, national, and international health agencies to explicitly recognize "Indigeneity" and "colonialism" as overarching determinants of health
- ▶ Direct implementation support from all nation states with regard to operationalizing the 76th World Health Assembly resolution passed on The Health of Indigenous Peoples (A76/A/CONF./1) in May 2023²
- ▶ Local, national, and international policy recognition and implementation that connects Indigenous Peoples health and land and water rights as intrinsically connected to the planet's well-being

¹ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N23/029/12/PDF/N2302912.pdf?OpenElement>

² https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_ACONF1-en.pdf

While the pre-existing social determinants of health must be considered when determining health outcomes for Indigenous Peoples, we must also consider the need for the use of determinants of Indigenous health as put forward by the UN Permanent Forum on Indigenous Issues (UNPFII) and the Indigenous Determinants of Health Working Group (IDHWG).

Proper consideration of these determinants will result in improved outcomes in:

- ▶ Access to wholistic health care services, inclusive of Traditional Healing & culture-based supports
- ▶ Access to mental health care services close to home
- ▶ Access to medical services close to home
- ▶ Access to land-based learning
- ▶ Access to renal care close to home
- ▶ Access to cancer care close to home
- ▶ Access to clean water
- ▶ Access to affordable and safe housing
- ▶ Access to elder care and home care services close to home
- ▶ Access to Long Term care facilities close to home

This motion recognizes the need to tackle Indigenous health inequities and inequalities through political commitment, policies, and inter-governmental cooperation, including those that address social, economic, environmental, and other determinants of health.

As Ontario continues to invest in creating a more integrated and connected health care system, it is important to ensure that patient-centred services, grounded in equity, are accessible to Indigenous people where they live across the province.

This motion presents an important and critical step toward recognizing and addressing factors that impact the health and wellbeing of Indigenous Peoples. If we fail to recognize these determinants, we will fail to address them and ultimately fail to implement solutions that can improve health outcomes and save lives. Through actions such as the endorsement of this motion, we have an opportunity to advance the health and wellbeing of Indigenous populations across the province.

Where we see recognition of the Indigenous Determinants of Health

First Nations Health Authority

The First Nations Health Authority (FNHA) in British Columbia is the first province-wide health authority of its kind in Canada. The First Nations Health Authority is the first and only provincial First Nations health authority in Canada. Factors that have been critical to FNHA's success is unity among the Nations involved, their focus on the administration of health and acknowledgement of the provincial responsibility for providing all aspects of health services to First Nations people living on and off reserve.

Ontario Political Territorial Organization (PTO) Self-Determined Health System Transformation Efforts

- ▶ Nishnawbe Aski Nation
- ▶ Anishinabek Nation
- ▶ Association of Iroquois and Allied Indians
- ▶ Grand Council Treaty #3

These efforts also include representation from the Independent First Nations, Six Nations of the Grand River, Mohawks of Akwesasne, and Mushkegowuk Council). Governments at the federal and provincial level have committed to Health Transformation but historical colonial practices continue in the health care system at this very moment.

Sioux Lookout First Nations Health Authority

Sioux Lookout First Nations Health Authority (SLFNHA) was established in March 1990 and is for health service delivery and client advocacy. SLFNHA works under the direction of First Nations' leadership, in accordance with its goals of self-government and self-determination, to represent and address the health needs of the 31 First Nations in the Sioux Lookout area.

Sioux Lookout First Nations Health Authority places a high priority on the functions of:

- ▶ Coordinating the delivery of high quality, culturally sensitive health care service;
- ▶ Playing a leadership role in the development of First Nations health policy;
- ▶ Facilitating advocacy of clients rights and wishes;
- ▶ Educating health care providers and recipients of their rights and responsibilities within a changing health care system

The purpose of the Sioux Lookout First Nations Health Authority is to achieve this vision by contributing in unique ways to a strong health system for the Anishinabe people.

Ontario Indigenous COVID Vaccination response- Operation Remote Immunity (ORI)

Health authorities and multiple organizations across northern Ontario demonstrated great strength and capacity by co-leading the COVID-19 Regional Response for the nations across Treaty 9 and 5. These agencies worked hard to avoid the devastating impacts seen in other parts of the country and the world. This was done with a partially resourced public health department amidst jurisdictional ambiguity whereby the providers lacked the adequate tools and resources accessed by provincial public health units.

In 2023, these health authorities and providers access to critical information and databases continues to be indirect, delayed, or non-existent. The COVID-19 pandemic served to shed light on the inequitable and discriminatory health system within this province. Ontario is lagging behind the other provinces and territories in this country that recognize First Nations public health models.

Indigenous Primary Health Care Organizations (IPHCOs), inclusive of Aboriginal Health Access Centres, Indigenous Interprofessional Primary Care Teams, Indigenous Community Health Centres, Indigenous Family Health Teams and Indigenous Nurse Practitioner-Led Clinics

IPHCOs take an Indigenous-led and community-centred wholistic approach to improve the mental, emotional, physical, and spiritual health and wellbeing of Indigenous peoples. Traditional knowledge, traditional healing practices, and self-determination underpin Indigenous primary health care and are central to restoring balance at the individual, familial, community, and nation levels. IPHCOs have been organically addressing the Indigenous Social Determinants of Health (ISDOH) and implementing protectant and restorative practices across the province for many years, including trauma-informed approaches, wholistic healing, ceremony, land-

based programming, housing services, language and culture-based programming, Indigenous-led clinical services such as Indigenous midwifery and trauma-informed primary care services. We need to continue investing in IPHCOs and the Indigenous-led development of Traditional Healing programming to ensure Indigenous Peoples have opportunities to continue to connect and reconnect with spirit and culture.

Potential solves

To complete a network of Indigenous Primary Health Care organizations across Ontario that is fully resourced to provide wholistic primary health care inclusive of traditional healing and wellness services.

To develop a Provincial Indigenous Integrated Health Hub that ensures Indigenous health services providers and First Nations, Inuit & Métis people are directly involved in the *planning, design, delivery, and evaluation* of health services for Indigenous Peoples in Ontario. This Hub involves collectively advancing Indigenous-led health care solutions across the network of IPHCOs. This requires working across the broader health system, including with Public Health Units and mainstream providers to understand and implement more meaningful Indigenous Social Determinants of Health and to introduce accountability measures into the system to ensure Indigenous Peoples have equitable access to safe, appropriate health services across the province. The Indigenous Primary Health Care Council (IPHCC) and its members have developed a model that is ready to be implemented.

To recognize First Nations health authority public health systems as First Nations have inherent rights to health self-determination, which includes the right to plan and govern their own health services as well as the right to delegate authority to their representative institutions. The Chiefs Committee on Health for Sioux Lookout has requested and been denied this by Ontario. In 2021, they requested that a public health system, run by the Sioux Lookout First Nations Health Authority, be fully recognized by Ontario including the provision of full and equitable public health protections.

To create more accountability mechanisms to investigate Indigenous racism in health care. Saskatchewan has a First Nation Health Ombudsperson's Office that is a safe space where Indigenous people can tell the stories of what they've experienced³. The office will investigate, document, and report on health system complaints from First Nations people in the province of Saskatchewan.

³ <https://www.mbcradio.com/2023/10/first-nations-health-ombudsperson-office-opens-in-sask>