

**Barrie**

15 Sperling Drive  
Barrie, Ontario

Phone: (705) 721-7520

Fax: (705) 721-1495

[www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org)

# **SMDHU INDIGENOUS ENGAGEMENT LEARNING JOURNEY**

*Scoping Review: Government Jurisdictional Considerations Related to Public  
Health Services for Indigenous Peoples (External Version)*

*July 2023*

# CONTENTS

- Contents ..... 1
- Executive Summary ..... 2
  - Introduction** ..... 2
  - Objectives** ..... 2
  - Results** ..... 2
    - Federal* ..... 2
    - Provincial* ..... 5
    - Local* ..... 7
  - Conclusion** ..... 9
- Introduction ..... 12
- Methodology ..... 12
  - Scoping Review Strategy** ..... 12
    - Key Websites* ..... 12
    - Key Documents* ..... 13
    - Professional Networks* ..... 13
    - Consultation* ..... 14
  - Results** ..... 14
    - Federal* ..... 14
    - Provincial* ..... 25
    - Local* ..... 32
- Limitations ..... 35
- Conclusion ..... 35
- List of Acronyms ..... 38
- Reference List ..... 40
- Appendix A - Other reviewed Documents And Websites ..... 50

NOTE: The full content of this external version of the report is intact. The only alteration is the removal of hyperlinks to documents saved to the health unit’s internal network.

## EXECUTIVE SUMMARY

### Introduction

Enhancing relationships with community partners is a key focus in the Simcoe Muskoka District Health Unit's (SMDHU) Transitional Strategic Plan (2019-2022)<sup>1</sup>. To inform further meaningful engagement and mutually desired collaborative working relationships with Indigenous Peoples and communities in Simcoe Muskoka, the health unit began a journey of learning in 2018.

### Objectives

As part of the learning journey, a scoping review with the following objectives was completed:

1. Identify the different Indigenous public health practices and/or models of engagement and relationship building.
2. Identify the federal, provincial, and local government jurisdictional considerations related to public health services for Indigenous Peoples that may impact the health unit's efforts to undertake meaningful engagement and build collaborative relationships with local Indigenous communities, organizations, and individuals.

This report addresses the second objective while a separate report addresses the first.

### Results

The findings include a synthesis of the federal, provincial and local government jurisdictional considerations related to public health services for Indigenous Peoples that may impact the health unit's efforts to undertake meaningful engagement and build collaborative relationships. A detailed exploration of the jurisdictional relationships between local First Nation and urban Indigenous communities and each level of government is beyond the scope of this review.

#### ***Federal***

Federally, the [British North America Act](#)<sup>2</sup> of 1867 was the first cornerstone piece of legislation to consider health services and Indigenous Peoples. It defined health services as being under provincial jurisdiction for all Canadians and all affairs related to Indigenous Peoples as being under federal jurisdiction.<sup>3,4,5</sup> The [Indian Act](#)<sup>6</sup> of 1876 included a health-related provision but did not designate clear legislative authority for Indigenous health care to the federal or provincial governments.<sup>4,5</sup> As such, the responsibility for health care provision for Indigenous Peoples as reflected in both of these Acts was not clearly defined.<sup>4</sup> Since 1876, there have been minimal changes to the original *Indian Act* legislation in relation to health care and public health services with the exception of [1985](#)<sup>7</sup> when *the Indian Act* was amended to include [Regulation 73](#).<sup>6,7</sup> This regulation gives the federal government authority to create regulations for First Nation communities to address the public health issues of infectious diseases, sanitation and housing.<sup>6,7</sup>

In 1979, the federal government approved the [Indian Health Policy](#)<sup>8</sup> to help improve the level of health in First Nation communities through strategies that are generated and maintained by the

First Nation communities themselves. It recognizes that all levels of government (federal, provincial, municipal), First Nation communities (i.e., “Indian Bands”) and the private sector have a role to play in the health system that services Indigenous Peoples.<sup>8</sup> The policy, however, does not cover the provision of health care services for Métis communities, non-status and urban Indigenous Peoples and doesn’t clearly articulate whether Inuit Peoples are included.<sup>9</sup>

The Indian Health Policy informed the mandate for Health Canada’s [First Nations Inuit Health Branch](#)<sup>10</sup> (FNIHB) to support the delivery of public health and health promotion services in First Nation and Inuit communities.<sup>10</sup> The FNIHB evolved out of the Medical Services Branch (MSB) in the late 1990s with a mandate to:

1. Ensure the availability of, or access to, health services for First Nation and Inuit communities (members living on reserve).
2. Assist First Nation and Inuit communities with addressing health barriers and disease threats and to attain health levels comparable to other Canadians living in similar locations.
3. Build strong partnerships with First Nation and Inuit communities and their members to improve the health system.<sup>11</sup>

The FNIHB included two directorates: Community Programs Directorate which oversaw public health services related to children and youth (e.g., prenatal nutrition, maternal child health), chronic disease prevention (e.g., nutrition education) and mental health and addictions, and the Primary Health Care and Public Health Directorate whose focus was on the delivery of primary health care including communicable disease control and dental services, pharmacy and addressing environmental health issues. Similar to the Indian Health Policy, these services did not extend to Indigenous People not living on First Nation communities, Inuit living outside of their traditional territory nor to Métis Peoples. These groups were expected to access the same community health care services and resources that were available to the non-Indigenous population.<sup>11</sup>

Following the passing of the Indian Health Policy, Health Canada, through the MSB, sponsored several demonstration projects in various First Nation communities whose success led to the introduction of the Health Transfer Policy Framework in 1989. This framework offered First Nation and Inuit communities the opportunity to oversee and manage their MSB/FNIHB funded community-based health programs and services in place of MSB/FNIHB staff. Operational options included:

- Contribution agreement to offer an integrated community-based health service.
- Health services transfer agreement.
- Self-governance agreement.<sup>12,13</sup>

An evaluation of the Health Transfer Policy in 2005 revealed that the policy met its objectives but ongoing funding and supports to administer were needed, leading to the adoption of the Aboriginal Health Transition Fund (AHTF) in 2006.<sup>14</sup>

The purpose of the AHTF was to fund projects that better integrate and adapt existing federal and provincial health services in the areas of public health, chronic disease management and maternal and child health among other issues. Outcomes and lessons learned from these projects guided the development of its successor, the Health Services Integration Fund (HSIF) introduced in 2011 to further support collaboration and integration of health services. The Ontario Region HSIF Advisory Committee developed a multi-year integration plan focused on supporting broader integrated initiatives that address the priorities identified by the provincial Trilateral First Nations Health Senior Officials Committee (TFNHSOC) regarding mental health and addictions, diabetes treatment and prevention, partnerships with public health and data collection and management.<sup>15,16</sup>

In 2007, the House of Commons passed [Jordan's Principle](#)<sup>17</sup> in memory of Jordan River Anderson to ensure that Indigenous children have the same access to health, education and social services as non-Indigenous children despite federal and provincial jurisdictional funding differences.<sup>17,18</sup>

In August 2017, the federal government dissolved Indigenous and Northern Affairs Canada and created the following two new departments to support Indigenous Peoples:

- Crown-Indigenous Relations and Northern Affairs (CIRNAC) — to facilitate nation-to-nation, Inuit-to-Crown, and government-to-government relationships, support Indigenous Peoples' vision of self-determination and lead the federal government's work in northern Canada.
- Indigenous Services Canada (ISC) — to improve access to services for First Nations, Inuit and Métis Peoples, support and empower Indigenous Peoples to deliver those services and address the socio-economic conditions to improve the quality of life in their communities.<sup>19,20</sup>

As such, the FNIHB, education services, essential social services, child and family services programs, and housing and infrastructure services were transferred from their respective ministries to ISC.<sup>19</sup>

Currently, ISC and the Public Health Agency of Canada (PHAC) play key roles in the provision of some public health and prevention services to First Nation communities and Inuit living in their traditional territory, including the promotion of healthy living and well-being, communicable disease control, healthy child development including oral health, mental wellness, substance use prevention and environmental public health programs.<sup>21</sup> In particular, FNIHB Ontario regional office's public health functions include communicable disease and control management, environmental health, epidemiology, surveillance and medical support. It is staffed by four physicians who act as medical consultants for communicable disease and environmental health, public health inspectors, epidemiologists and community health nurses with a focus on communicable disease.<sup>22</sup>

In addition, CIRNAC and ISC have been working with over 80 discussion tables across the country to advance the recognition of Indigenous rights and self-determination. These discussions are intended to be community-driven, responding to the unique rights, needs and interests of First Nations, Inuit and Métis groups where existing federal policies have not been

able to do so. Two of the discussion tables, Métis Nation of Ontario, and Williams Treaties First Nations, include representation of Indigenous Peoples within Simcoe County and the District of Muskoka.<sup>23</sup>

In 2017, the ISC initiated the [Urban Programming for Indigenous Peoples](#)<sup>24</sup> (UPIP) program based upon input from the [2016 Urban Aboriginal Strategy Engagement](#)<sup>25</sup> initiative. The program is designed to assist First Nations (status and non-status), Inuit and Métis with living in or transitioning to living in urban centres and support organizational capacity building, programs and services for vulnerable populations, local coalition development and research and innovation. Urban Indigenous organizations and programs in Simcoe and Muskoka have not received funding to date through this program.<sup>24</sup>

In 2020-2021, ISC focused on reforming Indigenous child and family services through the passage of [An Act respecting First Nations, Inuit and Métis children, youth and families](#) (S.C. 2019, c. 24)<sup>26</sup> including the implementation of [Jordan's Principle](#)<sup>17,18</sup> and the introduction of the [Community Well-Being and Jurisdiction Initiatives](#) (CWJI) Program,<sup>27</sup> among other priorities.<sup>28</sup>

ISC has been focused on the priorities of supporting Indigenous leadership in addressing the COVID-19 pandemic, supporting children and families, helping build sustainable communities and advancing self-determination for the 2021-2022 year.<sup>29</sup> In response to the pandemic, the federal government through ISC introduced the [Indigenous Community Support Fund](#) (ICSF)<sup>30</sup> to support First Nations, Inuit, Métis and urban Indigenous communities and organizations with developing and implementing community-based solutions to prevent and respond to the spread of the COVID-19 virus within First Nation communities and communities where urban Indigenous Peoples live.<sup>30,31</sup>

In January 2021, ISC initiated a [national consultation](#) with First Nations, Inuit, and the Métis Nation in preparation for co-developing distinctions-based Indigenous health legislation. A distinctions-based approach is intended to ensure that the unique rights, interests and circumstances of First Nations, Inuit and Métis are acknowledged, affirmed and implemented.<sup>32</sup>

### **Provincial**

In Ontario, the first key legislation to consider public health services to Indigenous Peoples was the [Health Protection and Promotion Act](#)<sup>33</sup> (HPPA) of 1990. This Act includes a section (Section 50) that allows boards of health to enter into an agreement with local band councils regarding the provision of health programs and services to members of the band. This includes the appointment of a band representative to the board of health. In turn, the band council agrees to accept the responsibilities similar to that of a municipality with the health unit.<sup>33</sup>

The Ontario Aboriginal Health Policy<sup>34</sup> was introduced in 1994 (renamed the [Aboriginal/Indigenous Healing and Wellness Strategy](#)<sup>35</sup> in 2014) to address family violence, violence against Indigenous women and children, and to improve Indigenous healing, health and wellness through culturally appropriate programs and services through a shared commitment by the Ontario government and First Nations, Métis and Indigenous partners.

Currently this [strategy](#)<sup>36</sup> offers a network of programs both in First Nation communities and for the urban Indigenous population to address family violence and support health promotion and education.<sup>36</sup>

Following the introduction of the [Local Health Integration Act](#) (2006),<sup>37</sup> the provincial First Nations Public Health Advisory Committee<sup>38</sup> (FNPHAC) was created in 2007 to address the need for improved public health service delivery for First Nations in Ontario and to work towards the development of a First Nations Public Health Relationship Framework.<sup>38,39</sup> The FNPHAC evolved into the Trilateral First Nations Health Senior Officials Committee (TFNHSOC) in 2011 and includes representation from the federal and provincial governments and the Chiefs of Ontario.<sup>39</sup> The TFNHSOC's mandate is to develop approaches to protect and promote the health of First Nation Peoples by addressing key priority areas of mental health and addictions, public health, diabetes prevention and management, and data collection and analysis. Its mandate is also to identify health service gaps and to promote the integration, coordination and collaboration of federally and provincially funded health services.<sup>40</sup>

In 2012, a Public Health Working Group (PHWG), a subgroup of the TFNHSOC, formed for the purpose of creating an integrated and comprehensive public health system for First Nation communities that provides a seamless delivery of public health services at a standard equivalent to non-First Nation communities.<sup>41</sup> The PHWG developed a Project Charter<sup>42</sup> that provides the foundation for the working relationship between all levels of government and commits to the development of an integrated approach to the delivery of public health services in First Nation communities "...with an emphasis on resolving jurisdictional issues, building/enhancing partnerships with Public Health Units (PHUs), and developing creative approaches for remote communities."<sup>42</sup> In 2018, the PHWG focused on oral health program delivery, development of a cultural competency training module, development of a policy brief on determinants of Indigenous health to support public health activities, and the development of the Ontario Public Health Standards Relationship with Indigenous Communities Guideline. This guideline offers guidance to Boards of Health in engaging with Indigenous communities and organizations to foster meaningful relationships based on trust, mutual respect, understanding and reciprocity and opportunities for collaboration.<sup>43,44</sup>

In addition to the work of the PHWG, the [Urban Indigenous Action Plan](#)<sup>45</sup> was designed and developed in 2018 by the provincial Urban Indigenous Health Table to support reconciliation between urban Indigenous communities, the provincial government, and the broader public service. The action plan includes the following four key action areas of relationship building: policy engagement and co-development, service planning, design and delivery, and evaluation. Public health is specifically identified under the key action area of service planning, design and delivery.<sup>45</sup>

The provincial [Ministry of Health introduced the Ontario Health Team](#) (OHT) model<sup>46</sup> in 2018 to enhance the coordination of local health care service delivery. Regional communities that have one or more First Nation communities within their jurisdiction are expected to develop their OHT application and proposal in partnership with their local Indigenous communities and seek

endorsement for the proposal from those communities.<sup>46</sup> To support this process and the development of the Ontario Health Team Provincial Framework, the Indigenous Primary Health Care Council (IPHCC) released a [policy document](#)<sup>47</sup> in 2021 that details foundational components for Indigenous Health Systems Transformation including definitions of key concepts and terms. The document is intended to help:

- Define key health terms and concepts from an Indigenous lens.
- Support the application of the Model of Wholistic Health and Well-being to the health care system.
- Promote clarity and consistent understandings of the terms as they apply to Indigenous settings to support Indigenous programs and services ensuring that they are delivered by Indigenous providers.<sup>47</sup>

In response to the COVID-19 pandemic, the provincial government worked with Indigenous partners to develop a mass immunization plan for First Nations, Inuit and Métis Peoples, recognizing local circumstances and individual community needs.<sup>48,49</sup> COVID-19 communication resources were developed in multiple languages including various Indigenous languages to support local communication efforts.<sup>50</sup> Partnerships between local First Nation, Inuit and Métis organizations with public health units were encouraged to support access to COVID-19 vaccines. An overview of the local response to the COVID-19 pandemic is included in other sections of this report.

As identified in a discussion with representatives from the Ministry of Health and Long-Term Care (MOHLTC) and ISC, public health engagement models with, and service provision to First Nation communities and organizations, vary greatly across the province. It is often determined by how the Indigenous community would like to work with their local public health partners on health programming based on their priorities with varying degrees of collaboration by provincial and federal governments.<sup>51</sup>

### **Local**

Ontario's [Local Health Integration Act](#)<sup>37</sup> of 2006 stipulated that the Local Health Integration Networks (LHINs) were to consult with First Nations and Indigenous Peoples in their local communities in the planning and delivery of health services as part of the development of an Integrated Health Service Plan (IHSP).<sup>37</sup> As such, mapping of local Indigenous healthcare programs and services took place in 2006 by the North Simcoe Muskoka Local Health Integration Network (LHIN) on behalf of the Ministry of Health and Long-Term Care. A report<sup>52</sup> was produced that provides an overview of the local Indigenous health care system, including gaps and barriers, planning priorities, and opportunities for integration and coordination. More importantly, the report provided a list of Indigenous-specific health services offered in each First Nation community or in partnership with an Indigenous community organization by the federal government, the Ontario MOHLTC (via a transfer agreement or through Provincial Territorial

Organizations or regional bodies) or through the provincial Aboriginal/Indigenous Healing and Wellness Strategy.<sup>52</sup>

In 2016, a similar mapping process was undertaken by the Barrie Area Native Advisory Circle (BANAC) on behalf of the Ministry of Children and Youth Services' (MCYS) Ontario Indigenous Child and Youth Strategy.<sup>53</sup> The [report](#)<sup>53</sup> offered a series of recommendations under five themes aimed at enhancing the programs and services being provided to Indigenous children and youth in Simcoe County and the District of Muskoka. Under the theme of "Community Capacity" (most relevant to public health), the recommendations highlighted the importance of the MCYS taking the lead to:

- Provide annualized, stable and properly resourced funding to Indigenous agencies supporting families.
- Move funding to local Indigenous organizations to offer Indigenous-focused programs and services.
- Address transportation issues (e.g., subsidize travel costs to programs and services).
- Include poverty reduction strategies addressing food security, housing, continued education and employment as part of the ICYS.
- Offer prevention and early intervention opportunities (e.g., create an Indigenous Family Hub, hiring of Indigenous workers in the early years sector).<sup>53</sup>

Complementing the 2021 Indigenous Primary Health Care Council (IPHCC) [policy document](#)<sup>54</sup> that details key foundational components for Indigenous Health Systems Transformation, the local Indigenous Health Circle (IHC) developed a position statement to support the successful engagement and potential partnership opportunities between local OHT applicants and Indigenous health leadership.<sup>54</sup> The statement identifies the following four principles with accompanying recommendations that are central to authentic engagement:

- Principle 1: Appropriate and meaningful consultation
- Principle 2: True and equal partners
- Principle 3: Right to self-governance
- Principle 4: Indigenous health in Indigenous hands—Indigenous Governed Health Services.<sup>54</sup>

Currently, health programming and services in local First Nation communities is supported by both federal and provincial governments. The delivery of federally funded programs is dependent on whether programs and services are federally funded and community delivered or federally funded and federally delivered based on the HSIF agreement that is in place (e.g., fully independent with health staff employed by the First Nation Band; partially independent with nursing stations staffed by federal employees).<sup>51</sup> Provincially funded programs through the Indigenous Healing and Wellness Strategy are offered through provincial organizations such as the Union of Ontario Indians and the Association of Iroquois and Allied Indians where each First

Nation is invited to self-govern these programs.<sup>38</sup> As such, the implementation of federally and provincially funded health programs varies greatly across First Nation communities. Currently, some of the health services being offered in the four communities locally include the following:

- Chippewas of Rama First Nation provide public health programming independently, with support from SMDHU when needed and requested by the community. Community members can access health care services and programs through a community health nurse from their community and through non-Indigenous health care providers in the broader community.
- Beausoleil First Nation Band employs a community health nurse who offers primary and community health care including immunizations. Community members can also access health care services and programs from other non-Indigenous health care providers located in the broader community.
- Moose Deer Point First Nation and Mohawks of Wahta First Nation have nurses employed by the federal government who visit once or twice per month for one or two days delivering public health programming (e.g., well-baby visits). Indigenous community members can receive primary health care services from a nurse practitioner through the West Parry Sound Health Centre Rural [Nurse Practitioner-led Clinic](#) (Moose Deer Point) or the Muskoka Community Health Hub, [Wahta Site](#) or by non-Indigenous health care providers in the broader community. Indigenous community members can also access non-Indigenous health care providers in the broader community.<sup>51</sup>

Within Simcoe Muskoka, many urban Indigenous organizations provide prevention and health promotion programming for Indigenous Peoples living in the broader community. These organizations include an Indigenous primary care team (Mamaway Wiidokdadwin), a Community Health Centre (CHC) with Indigenous populations as an area of focus (Chigamik CHC in Midland), Friendship Centres, local Métis Councils and local chapters of the Ontario Native Women's Association. Friendship Centres are funded by various provincial ministries as the programs and services offered address health, social, and economic needs and issues.<sup>43</sup>

## Conclusion

While this report highlights the key jurisdictional considerations that may impact the health unit's efforts to undertake meaningful engagement and build collaborative relationships with Indigenous Peoples locally, it is recognized that the health system that supports Indigenous Peoples is a "...complex patchwork of policies, legislation and relationships",<sup>3</sup> particularly in relation to Métis, Inuit, and urban Indigenous Peoples.<sup>4</sup> This has resulted generally in unclear accountability and responsibility for health care provision, including public health and in relation to health promotion, between the federal and provincial governments with many local communities working together to sort through the jurisdictional issues.<sup>3</sup>

The federal government through ISC's FNIHB Ontario regional office and the PHAC plays a key role in the provision of some public health and prevention services to First Nation communities and Inuit living in their traditional territory, including the promotion of healthy living and well-being, communicable disease control, healthy child development including oral health, mental

wellness, substance use prevention, and environmental public health programs. These FNIHB services are not offered to urban Indigenous Peoples, Inuit living outside of their traditional territory or Métis. They are expected to access the same community health care services and resources that are available to the non-Indigenous population. However, ISC offers social service supports to urban Indigenous Peoples, Inuit, and Métis to address local community needs (e.g., shelters/transitional housing through Friendship Centres, etc.) and promotes economic growth and self-determination as part of the department's UPIP. In addition, ISC continues to support Indigenous Peoples with taking greater control over their community's health services in recognition of their rights to self-governance and self-determination. Through the introduction of the Indian Health Policy and Health Transfer Policy Framework and subsequent HSIF, First Nation and Inuit communities appear to be working toward gaining enhanced control of health services including public health through funding agreements that support collaboration with the federal government and enhanced self-determination of health care planning and delivery.

Provincially, public health services for Indigenous Peoples are framed within the context of the *Health Protection and Promotion Act* (Section 50),<sup>33</sup> the Indigenous Healing and Wellness Strategy, and the Ontario Public Health Standards Relationship with Indigenous Communities Guideline developed by the PHWG. As identified in a discussion with representatives from the MOHLTC and ISC, public health engagement models with, and service provision to First Nation communities and organizations, vary greatly across the province, often determined by how the Indigenous community would like to work with their local public health partners on health programming based on their priorities with varying degrees of collaboration by provincial and federal governments.<sup>51</sup>

Locally, public health engagement models with First Nation communities and organizations vary greatly and are tailored to each community, driven by how each First Nation community seeks to work with the different levels of government and the community's priorities.<sup>51</sup> For example, both Chippewas of Rama First Nation and Beausoleil First Nation Band employ their own community health nurses who offer primary and community health care. Moose Deer Point First Nation and Mohawks of Wahta First Nation have nurses employed by the federal government who visit once or twice per month for one or two days delivering public health programming (e.g., well-baby visits). Primary health care services are offered by a nurse practitioner with the West Parry Sound Health Centre Rural [Nurse Practitioner-led Clinic](#) (Moose Deer Point) or the Muskoka Community Health Hub, [Wahta Site](#).<sup>51</sup>

Due to the complexity of the jurisdictional issues, SMDHU may consider further exploring local circumstances during the course of future engagements. This may include conversations with each local First Nation community to understand how ISC and FNIHB Ontario regional office is supporting and facilitating self-determination in the provision of health services, including public-health related services (e.g., through the HSIF, etc.) in collaboration with the supports and guidance offered by the provincial Indigenous Healing and Wellness Strategy and affiliated working groups. Such health services may include those funded by the FNIHB as noted

previously re: health promotion and disease prevention programs, public health protection programs, primary care services, supplemental health benefits and health infrastructure support.

In the urban Indigenous context, SMDHU may also consider exploring with local representatives regarding the social service and funding supports that ISC and the Ontario government are offering to promote health, economic growth and self-determination. This will help inform SMDHU's model(s) of engagement with and service provision to Indigenous Peoples that can be tailored to each community and be driven by how the Indigenous communities would like to work collaboratively with the health unit on public health programming based on their priorities.

Ultimately, it is clear through this review that there is a shared goal of increased access to public health services for Indigenous communities and peoples. Joint conversations with local Indigenous leaders, along with relevant levels of government, will enable decision-making towards how to best meet the public health needs of Indigenous communities and what role SMDHU can play.

## INTRODUCTION

The 2018 Ontario Public Health Standards: Relationships with Indigenous Communities Guideline requires every Board of Health to engage with local Indigenous communities to foster the creation of meaningful relationships, starting with engagement through to building collaborative partnerships.<sup>44</sup>

Enhancing relationships with community partners is a key focus in the Simcoe Muskoka District Health Unit's (SMDHU) Transitional Strategic Plan (2019-2020).<sup>1</sup> To inform further meaningful engagement and mutually desired collaborative working relationships with Indigenous Peoples and communities in Simcoe Muskoka, the health unit began a learning journey. As part of its learning journey, a scoping review was undertaken with the following objectives:

1. Identify the different Indigenous public health practices and/or models of engagement and relationship building.
2. Identify the federal, provincial, and local government jurisdictional considerations related to public health services for Indigenous Peoples that may impact the health unit's efforts to undertake meaningful engagement and build collaborative relationships with local Indigenous communities, organizations and individuals.

This report addresses the second objective while a separate report addresses the first.

## METHODOLOGY

The scoping review was guided by the following question: *What are the federal, provincial, and local governmental jurisdictional considerations (e.g., financial, territorial, political, etc.) related to public health services for Indigenous Peoples that may impact the health unit's efforts to undertake meaningful engagement and build collaborative relationships with local Indigenous communities, organizations and individuals?*

### Scoping Review Strategy

Between April 2019 and January 2022, several search strategies were employed to identify sources of local, provincial and federal jurisdictional considerations related to public health. Key websites, grey literature and other known documents were hand searched. Additional websites and sources of information identified through references within the reviewed key documents and websites were also reviewed. A request for information from professional networks and a consultation with federal and provincial key informants were also used to gather information about jurisdictional considerations.

### Key Websites

Hand searching of organizational websites were conducted for reports and publications of relevant jurisdictional information using the search terms: "Indigenous", "aboriginal", "legal", "law", "jurisdiction", "health" and COVID-19. The search included:

- Regional, provincial and federal government health websites (Government of Canada First Nations and Inuit Health Branch, Truth and Reconciliation Commission of Canada, Provincial Local Health Integration Network websites, MOHLTC, National Collaborating Centre on Indigenous Health, National Collaborating Centre for the Determinants of Health).
- Ontario provincial and federal legislation and legislative interpretation websites.
- National (Assembly of First Nations Canada), provincial (Chiefs of Ontario, First Nations Health Authority, Ontario Federation of Indigenous Friendship Centres, Métis Nation of Ontario, Ontario Native Women's Association, Union of Ontario Indians) and local Indigenous community and organization websites (Sioux Lookout First Nations Health Authority, Association of Iroquois and Allied Indians).

### **Key Documents**

Key documents included local, provincial and national documents that fit the following criteria:

- Offered information, guidance and/or recommendations to the health unit's Indigenous engagement learning journey goals and objectives.
- National, provincial or local in scope.
- Included information about local, provincial or federal jurisdictional considerations related to public health, including the COVID-19 pandemic.
- Primary sources for up-to-date information on current Indigenous priorities and initiatives.
- Published in English.

Key local documents:

- Aboriginal Community Engagement (2006)

Key provincial documents:

- [Approaches to Community Well-being: Transitioning into a Public Health system Governed by First Nations](#) (2016)
- [Chiefs of Ontario Annual Reports](#) (2013/14-2018/19)
- New Directions: Aboriginal Health Policy for Ontario (1994)
- Overview of Ontario's Public Health System and "The Road Ahead" (2017)
- [Ontario's Aboriginal Healing and Wellness Strategy](#) (2014)

Key national documents:

- Health Canada: Public Health Activities, First Nations & Inuit Health Branch: Maurica Maher PowerPoint presentation (May 2017)
- [Indigenous health services often hampered by legislative confusion](#) (2017)
- Indigenous Services Canada: [Indigenous Community Support Fund](#) (2020)

### **Professional Networks**

In January 2019, Social Determinants of Health (SDOH) Public Health Nurses at four health units in Ontario were contacted to see if they had compiled information about jurisdictional information related to public health programs and services for local First Nation communities. The health units were Peterborough Public Health, Middlesex-London Health Unit, Algoma Public Health and Northwestern Health Unit. No information was added to the scoping review from this information gathering strategy.

### **Consultation**

A consultation to discuss jurisdictional considerations related to public health services took place with representatives from the Ministry of Health and Long-Term Care (MOHLTC) and Indigenous Services Canada (ISC) on April 15, 2019. From this interview several key jurisdictional considerations were identified.

## **Results**

This section highlights key government jurisdictional considerations related to the provision of public health and health promotion services to Indigenous Peoples in Ontario. It includes a brief overview of pertinent legislation, policies, strategies, and collaborative efforts at the federal, provincial and local levels. A comprehensive list of all considerations and milestones, including dates and brief descriptions, can be found in Appendix A. A detailed exploration of the jurisdictional relationships between local First Nation and urban Indigenous communities and each level of government is beyond the scope of this review.

### **Federal**

The [British North America Act](#)<sup>2</sup> of 1867 (renamed the *Constitution Act, 1867* in 1982) was the first cornerstone piece of legislation to consider health services for Indigenous Peoples. It defined health services as being under provincial jurisdiction for all Canadians and all affairs related to Indigenous Peoples as being under federal jurisdiction.<sup>3,4,5</sup> The [Indian Act](#)<sup>6</sup> of 1876 included a health-related provision but did not designate clear legislative authority to the federal government for Indigenous health care.<sup>4,5</sup> Although the *Indian Act* was frequently amended after it was passed into law, the amendments did not offer clarity as to the provision of health services.<sup>4</sup> As such, the responsibility for health care provision for Indigenous Peoples as reflected in both these Acts was not clearly defined.<sup>4</sup>

The next notable federal policy consideration addressing Indigenous health and well-being arose in 1979 with the introduction of the [Indian Health Policy](#).<sup>8</sup> This policy was created to address the inequitable health outcomes of Indigenous Peoples who often live in conditions rooted in poverty in First Nation communities.<sup>9</sup> It recognizes that all levels of government (federal, provincial, municipal), First Nation communities (i.e. “Indian Bands”) and the private sector each have a role to play in the health system that services Indigenous Peoples. The overall goal of the Indian Health Policy is to improve the level of health in First Nation communities through strategies that are generated and maintained by the communities themselves and are based on the following three pillars:

1. Increase health status through mechanisms generated and maintained by First Nation communities themselves.
2. Strengthen traditional and new relationships between federal, provincial and local governments and Indigenous organizations by encouraging greater involvement in planning, budgeting and delivery of health programs.
3. Increase the capacity of First Nation communities to play an active role in the health care system regarding decisions affecting their health.<sup>9</sup>

The policy, however, does not cover the provision of health care services for Métis communities, non-status and urban Indigenous Peoples and doesn't clearly articulate whether Inuit Peoples are included.<sup>9</sup>

In considering the parameters of the Canada Health Act introduced in 1984, the act does not contain Indigenous specific provisions and, as such, does not clearly identify the federal government's responsibilities, through Health Canada, with offering health services that are not addressed by provincial health legislation to First Nation communities.<sup>9</sup>

In [1985](#)<sup>7</sup> the [Indian Act](#)<sup>6</sup> was amended through Bill C-31 / *Bill to Amend the Indian Act* to acknowledge gender equality under the Canadian Charter of Rights and Freedoms and to add [Regulation 73](#)<sup>6,7</sup> that gave the federal government (i.e., "Governor in Council") the authority to create regulations for First Nation communities ("reserves") in relation to several issues including the following public health-related issues:

- Prevent, mitigate, and control the spread of both infectious and communicable diseases.
- Provide compulsory hospitalization and treatment for infectious diseases among Indians.
- Control the speed, operation, and parking of vehicles on roads.
- Provide for the inspection of premises and the destruction, alteration, or renovation thereof.
- Prevent overcrowding of premises used as dwellings.
- Provide for sanitary conditions in private premises and public places.<sup>6,7</sup>

In Section 81 "Powers of Council" of the amended *Indian Act*, a band council has the authority to make by-laws for their respective community pertaining to the following public-health related issues (among other issues):

- To provide for the health of residents in First Nation communities and to prevent the spreading of contagious and infectious diseases.
- The construction and regulation of the use of public wells, cisterns, reservoirs, and other water supplies.
- The control or prohibition of public games, sports, races, athletic contests, and other amusements.<sup>6</sup>

Section 4 of the *Indian Act* "Application of the Act", has historically ensured that any health-related bylaws created by a band council conform to provincial health laws.<sup>9</sup>

Similar to the Indian Health Policy, the amended *Indian Act* does not extend to Inuit Peoples. In addition, the Act does not provide sufficient authority for ISC to introduce regulations to create a comprehensive public health and health services framework for First Nation communities even with the inclusion of Regulation 73.<sup>55</sup>

Through Health Canada, the Medical Services Branch (MSB) that oversaw the delivery of health care services to First Nation communities, was transitioned into the [First Nations Inuit Health Branch](#) (FNIHB)<sup>10</sup> in the late 1990s.<sup>10,55</sup> The FNIHB mandate utilizes the principles and pillars of the 1979 Indian Health Policy to:

- Ensure the availability of, or access to, health services for First Nations and Inuit communities.
- Assist First Nation and Inuit communities with addressing health barriers, disease threats and attain health levels comparable to other Canadians living in similar locations.
- Build strong partnerships with First Nation and Inuit Peoples to improve the health system.<sup>10,55,</sup>

The FNIHB included the following five directorates, each with its unique focus:

1. Community Programs Directorate with focus on children and youth (e.g., prenatal nutrition, maternal child health), chronic disease prevention (e.g., nutrition education) and mental health and addictions.
2. Primary Health Care and Public Health Directorate with focus on primary health care in First Nation communities including isolated communities, communicable disease control, dental, pharmacy and environmental health.
3. Non-Insured Health Benefits Directorate for First Nations and Inuit Peoples (no matter their location of residence) to supplement the health benefits provided by private and/or provincial or territorial programs (e.g., dental and vision care, prescription drugs, medical supplies and equipment, transportation services, etc.).
4. Business Planning and Management Directorate.
5. Strategic Policy, Planning and Analysis Directorate.<sup>10,56,57.</sup>

In addition, representatives from the FNIHB have participated on committees and working groups with representatives from public health units in Ontario and the provincial government to support provincial and regional initiatives (see page 19 below).

Following the 1979 release of the Indian Health Policy, Health Canada sponsored several demonstration projects in various First Nation communities to support Indigenous and Inuit Peoples with designing community health programs for their communities and allocating funds according to community priorities. With the success of these demonstration projects, the Health Transfer Policy Framework was introduced in 1989 offering First Nations and Inuit communities south of the 60th parallel the opportunity to oversee and manage the resources of their community-based health programs in place of Health Canada.<sup>58,59</sup> This framework allows First Nations and Inuit communities interested in managing their own health services the opportunity to choose one of the following three approaches based on their community's eligibility, interests, needs and capacity offering the flexibility to change from one approach to another in consultation with the MSB/FNIHB:

- Integrated Community-Based Health Services (introduced in 1994 as an option to the Health Services Transfer noted below) — involves the Indigenous community signing a Contribution Agreement for specific types of community health services which the community chooses to manage. Eligible programs include Brighter Futures, Canada Prenatal Nutrition Program,

community health promotion and injury/illness prevention, dental therapy, environmental health, health services (i.e., communicable disease control), Building Healthy Communities (re: solvent abuse and mental health crisis management), fetal alcohol syndrome/fetal alcohol effects and National Native Alcohol and Drug Abuse Program. Services under the Non-Insured Health Benefit Program (NIHB) cannot be included in the Agreement (e.g., dental, drugs) but may be part of a separate General Contribution Agreement. A community health management structure (e.g., advisory committee or board) and a three-to-five-year funding agreement are created to enhance the community's capacity over time to administer health resources and funding and administer and deliver community health programs with the support of the FNIHB.

- Health Services Transfer Agreements — a process that gradually moves control of resources and responsibility for the design and delivery of community health services and programs to First Nations and Inuit communities from the FNIHB. As above, eligible programs include Brighter Futures, Canada Prenatal Nutrition Program, community health promotion and injury/illness prevention, dental therapy, environmental health, health services (i.e., communicable disease control), etc. with the exception of fetal alcohol syndrome/fetal alcohol effects. The process includes the transfer of knowledge, capacity and funds so that communities can administer and manage their own health resources to address their community's needs and priorities.
- Self-government — the Inherent Right to Self-Government Policy was introduced in 1995 to support First Nation communities with increasing their control over all aspects of their lives, including health programs and services with minimal involvement of the FNIHB. There is greater flexibility as to how resources are allocated and fewer reporting requirements to the FNIHB. First Nation communities may be entitled to create their own laws governing their communities with respect to health.<sup>12,13</sup>

Health Canada undertook an evaluation of the Health Transfer Policy in 2005. The evaluation found that, overall, the policy met its stated objectives, offering evidence to show that:

- First Nation and Inuit organizations have thrived.
- Service responsiveness has improved.
- Mandatory programs are being delivered.
- The accountability of Chief and Council to members of their respective First Nation community has improved.<sup>14</sup>

However, this evaluation has also identified the following issues that needed to be addressed:

- Funding — Transfer and integrated agreements have been funded according to a mix of historical and per capita-based funding which has not kept up with expenses, population growth, and growing community needs and practices.
- Services and programs — First Nation communities work with a patchwork of services and programs vs a coordinated health system. Some services and programs are transferred, some are proposal-driven, time limited and non-transferable, and some are accessed through other means and processes that increase administrative costs.
- Accountability process — First Nation communities are required to submit multiple reports on financial expenditures and activity tracking, while being given minimal opportunity to offer input on administrative, capacity-building needs and program outcomes. Once submitted, the FNIHB has

limited capacity to collate the information received into recommendations to inform strategic decisions.

- National standardized programs and practices — Standardized programs and delivery practices were introduced to ensure access to quality care; however, standardization of programs can contradict the Health Transfer Policy objective of allowing flexibility to address local needs. The standardization of program and delivery mechanism is difficult to monitor and could potentially disregard more responsive local alternative options.<sup>14</sup>

Recommendations from the study pertaining to public health included:

1. The Health Transfer Policy continue to support the flexible development and delivery of community-based services, and promote local governance in health policy, programs and priority setting for First Nation and Inuit communities and organizations.
2. Provision of sustainable, evidence-based funding.
3. Support professional and organizational development.
4. Support First Nations and Inuit in taking the lead in developing strategic linkages with federal and provincial public health authorities to address First Nation and Inuit public health needs to ensure that public health services available at the provincial level are accessible to individual First Nation and Inuit communities.
5. Investments in holistic mental health and wellness become a core component of the Health Transfer Policy agreements (i.e., vs being proposal driven programming) to address the consequences of multi-generational trauma.<sup>14</sup>

In 2005, the [Blueprint on Aboriginal Health: A 10-Year Transformative Plan](#)<sup>60</sup> was prepared as a living document for the meeting of First Ministers and leaders of national Indigenous organizations. Its vision was to close the gap in health outcomes between the general Canadian population and Indigenous Peoples, including First Nations, Inuit and Métis, by improving access to and the quality of health services through the delivery of comprehensive, wholistic and coordinated services and addressing the determinants of health.<sup>60</sup>

Also in 2005, the Aboriginal Health Transition Fund (AHTF) was introduced to fund projects that better integrate and adapt existing federal and provincial health services in the areas of mental health and addictions, chronic disease management, maternal and child health, public health, home and continuing care, health information management, human resource practices, and health governance for First Nations, Inuit and Métis including the urban Indigenous Peoples.<sup>59</sup>

Between 2006 and 2011, the AHTF funded 11 integration projects in Ontario which focused on activities to develop a provincial First Nations trilateral public health relationship framework, an Ontario First Nation health promotion strategy, the identification of community needs with respect to substance abuse continuum of care, and development of a First Nations Strategic Health Plan supporting enhanced First Nations capacity building among other issues.<sup>61</sup> A community engagement consultation in 2009 was undertaken with over 100 First Nation communities in Ontario on health services. In relation to public health, gaps identified through the consultation included limited access to good health data for planning purposes at the local level, the need for greater attention to chronic disease (e.g., diabetes) and obesity prevention,

the need to maintain or create First Nation communities' emergency plans, lack of adequate dental services, and the need for sufficient, consistent funding for basic programs such as child and maternal health.<sup>15</sup>

In 2007, the House of Commons passed [Jordan's Principle](#)<sup>17</sup> in memory of Jordan River Anderson to ensure that Indigenous children have the same access to services as non-Indigenous children despite federal and provincial jurisdictional funding differences. It commits to offering Indigenous children the health, education and social services, supports and products they need when they need them with payment for those services negotiated at a later time between provincial and federal funding authorities as needed. ISC continues to work with First Nations partners, provinces and territories to build better structures and funding models to help better address the unique needs of Indigenous children.<sup>17,18</sup>

The Health Services Integration Fund (HSIF) was introduced in 2010 as a five-year initiative intended to build on the outcomes, successes and lessons learned through the AHTF and to further support collaboration and integration of health services to better meet the health care needs of Indigenous Peoples.<sup>15</sup> The key objectives of the HSIF were to:

- Improve the integration of federally and provincially/territorially funded health services.
- Build partnerships to advance the integration of health services that are better suited to the health needs of First Nations, Inuit and Métis Peoples.
- Improve access to health services.
- Improve the participation of First Nations, Inuit and Métis Peoples in the design, delivery and evaluation of health programs and services.
- Allow for a broader engagement of partners, regions and provinces/territories that is more likely to lead to significant and lasting improvement in the integration of health system.<sup>15</sup>

In 2011, the Ontario Region HSIF Advisory Committee developed a multi-year integration plan focused on supporting broader level integration initiatives that address the priorities of the provincial Trilateral First Nations Health Senior Officials Committee (TFNHSOC) regarding mental health and addictions, diabetes treatment and prevention, partnerships with public health, and data collection and management.<sup>15,16</sup> A national evaluation of the HSIF in 2015 to assess its relevance and performance (effectiveness, efficiency, etc.) identified 13 projects that were undertaken in Ontario; however, details of the projects were not included in the report. The report found that the HSIF is meeting its objectives of working toward improving access to health care and increasing quality of care, promoting collaboration with provincial/territorial authorities to deliver services, improving the integration of health services, and increasing First Nations and Inuit Peoples' control of health care service development and delivery.<sup>62</sup>

In August 2017, the federal government dissolved Indigenous and Northern Affairs Canada and created the following two new Departments to support Indigenous Peoples:

- Crown-Indigenous Relations and Northern Affairs (CIRNAC) — to facilitate nation-to-nation, Inuit-Crown, and government-to-government relationships, support Indigenous Peoples' vision of self-determination, and lead the federal government's work in northern Canada.

- Indigenous Services Canada (ISC) — to improve access to services for First Nations, Inuit and Métis Peoples, support and empower Indigenous Peoples to deliver those services and address the socio-economic conditions to improve the quality of life in their communities.<sup>19,20</sup>

In November 2017, the FNIHB, education services, essential social services, child and family services programs, and housing and infrastructure services were transferred from their respective ministries, including Health Canada and Indigenous and Northern Affairs Canada, to ISC.<sup>18</sup> Only [Nutrition North<sup>63</sup>](#) remains with CIRNAC and the [Aboriginal Health Start in Urban and Northern Communities<sup>64</sup>](#) remains with the Public Health Agency of Canada (PHAC). As such, ISC and PHAC play key roles in the provision of some public health and prevention services to First Nation communities and Inuit living in their traditional territory, including the promotion of healthy living and well-being, communicable disease control, healthy child development including oral health, mental wellness, substance use prevention and environmental public health programs.<sup>21</sup> In particular, the FNIHB Ontario regional office includes teams that support First Nations regarding communicable disease and control management (re: education, prevention, treatment, case management coordination, etc.), environmental health (re: drinking water testing, waste water inspection, facility inspections, food safety inspections and training, community education on rabies, vector-borne diseases, mold, etc. ), epidemiology / surveillance (re: assist in data collection and analysis of outbreaks and cluster investigations to identify the source of infection and those at risk, compile reportable disease summaries, report on disease trends, etc.) and medical support. It is staffed by four physicians who act as medical consultants for communicable disease and environmental health and by public health inspectors, epidemiologists and community health nurses with a focus on communicable disease. These positions are not recognized under the HPPA and, as such, their power of enforcement in relation to the HPPA is limited. Links with local public health units are initiated by FNIHB regional office staff or First Nations staff as needed for additional support and collaboration. The collection and sharing of data (e.g., immunization and communicable disease rates, etc.) between all levels of government needs to be enhanced and better coordinated to address current gaps.<sup>22</sup>

The new ISC Department received legal status on July 15, 2019, following the passing of *The Department of Indigenous Services Act* with a mandate to ensure services are provided to Indigenous Peoples with control being transferred to Indigenous Peoples where possible and to reduce socio-economic and service gaps working toward reconciliation as per the Truth and Reconciliation Commission of Canada's Calls to Action.<sup>65</sup> ISC currently has four core responsibilities as listed in the Department's results framework to offer:

1. Services and benefits to individuals including the provision of clinical and client care in First Nation and Inuit communities, coverage for non-insured health benefits such as pharmacy, oral health, and vision care, and issuing Secure Certificates of Indian Status.
2. Health and social services that are delivered in partnership with First Nation communities and organizations, provinces, territories, and agencies (e.g., public health units) to promote healthy living and well-being, communicable disease control, home and community care, healthy child

development and mental wellness and offer social services, elementary, secondary, and post-secondary education, and environmental public health programs.

3. Governance and community development services that are delivered in partnership with First Nation communities and institutions and are focused on strong community governance and physical foundations to enhance governance capacity in areas such as community planning and financial management, support and investment in community infrastructure, land and resource management, and economic development.<sup>66</sup>
4. Indigenous self-determined services that are designed, delivered, and managed by Indigenous Peoples. This includes services for which the control, authority and jurisdiction has been formally transferred to First Nation communities or organizations and are supported by ISC funding.<sup>53</sup> Examples include regional education agreements in British Columbia and Alberta, the development and funding of a national data governance strategy to establish First Nations data governance centres and co-development of a First Nations Housing and Related Infrastructure Strategy.<sup>67</sup>

ISC is guided by three overarching principles in pursuing these responsibilities:

1. Co-development — including engagement and collaboration.
2. Distinctions-based recognition — recognition of cultural diversity between Indigenous communities.
3. Substantive equality — achieving equality in outcomes through equal access to and opportunity for services and programs.<sup>29</sup>

Currently, ISC supports First Nations-led institutions and organizations to increase their control over the design and delivery of health services and to advance Indigenous cultural safety and self-determination in health care in order to improve access and health outcomes. Building on the Health Transfer Policy Framework, this work is supported and guided presently by:

- [First Nations and Inuit health funding agreement models<sup>68</sup>](#)
- [Health Services Integration Fund<sup>69</sup>](#)
- [First Nations and Inuit Health Accreditation Program<sup>70</sup>](#)
- [Health Facilities Program.<sup>71</sup>](#)

Each project is unfolding in a unique way depending on the priorities of each respective First Nation community in relation to creating organizational capacity, engaging community members to identify health priorities, creating provincial and federal partnerships, developing governance and service models, and/or improving service delivery with the overall goal of full transfer of control to the respective First Nation community. An example from Ontario is the Nishnawbe Aski Nation who has worked with its communities to identify key health priorities while exploring new models of health service delivery to bring services closer to their respective communities and build capacity to offer more culturally responsive local services.<sup>72</sup>

Between 2016 and 2019, Indigenous and Northern Affairs Canada (INAC)/CIRNAC and later ISC undertook consultations with First Nations, Inuit, Métis and Northerners (i.e., Indigenous and non-Indigenous residents of the three Territories in Northern Canada) and the public to

seek input on several policies, programs and legislative initiatives including the following public health-related issues:

- [Safe Drinking Water for First Nations Act: Engagement 2017 to 2018](#) (ended 2018)
- [Water in First Nations communities](#) (ongoing)
- [On-reserve housing policy reform](#) (completed in 2020)
- [Engagement on potential legislation co-created with Indigenous communities on child and family services](#) (completed in 2019)
- [Engagement on improving child and family services in First Nations communities](#) (ongoing)
- [Nutrition North Canada: Engagement 2016](#) (ended in 2016).<sup>11</sup>

Since 2016, INAC/CIRNAC and ISC have been working with over 80 discussion tables across the country to advance the recognition of Indigenous rights and self-determination with a focus on reconciliation. These discussions are intended to be community-driven, responding to the unique rights, needs and interests of First Nations, Inuit and Métis groups where existing federal policies have not been able to do so.<sup>73</sup> The following two discussion tables include representation of Indigenous Peoples within Simcoe County and the District of Muskoka:

- Métis Nation of Ontario where the Framework Agreement for Advancing Reconciliation was signed on December 11, 2017, and where Canada and the Métis Nation of Ontario signed a Métis Government Recognition and Self-Government Agreement on June 27, 2019.
- Williams Treaties First Nations (Williams Treaties First Nations: Alderville First Nation, Beausoleil First Nation, Chippewas of Georgina Island, Chippewas of Rama, Curve Lake First Nation, Hiawatha First Nation, Mississaugas of Scugog Island) where a process to begin formal negotiations was agreed to in February 2017 and where the governments of Canada and Ontario delivered historic apologies to the seven Williams Treaties First Nations on November 17, 2018.<sup>21</sup>

In 2017, the ISC initiated the [Urban Programming for Indigenous Peoples](#) (UPIP) program based upon input from the 2016 [Urban Aboriginal Strategy Engagement](#) initiative.<sup>23</sup> The program is designed to assist First Nation members (status and non-status), Inuit and Métis with living in or transitioning to living in urban centres. The four funding streams to this program include:

1. Building the organizational capacity of Indigenous organizations by funding day-to-day operating costs in the delivery of programs and services including [funding for minor and major infrastructure projects](#).
2. Delivery of programs and services with a focus on women, vulnerable populations, youth, transitions services, outreach programs and community wellness.
3. Support local coalitions that bring together a variety of stakeholders to identify and address local needs.
4. Research and innovation.<sup>22</sup>

In addition, there is also dedicated funding for Friendship Centres, the Métis Nations and Inuit to support them with addressing the first two funding streams listed above. (There are no

organizations, projects or coalitions funded in Simcoe Muskoka through the UPIP program at this time).<sup>73</sup>

During 2020–21, ISC focused on five interconnected priority areas:

1. Keeping children and families together with a focus on reforming Indigenous child and family services through the passage of [An Act respecting First Nations, Inuit and Métis children, youth, and families](#) (S.C. 2019, c. 24)<sup>26</sup> as per the Truth and Reconciliation Commission of Canada's Call to Actions 1- 5.<sup>74</sup> The legislation is intended to:
  - Affirm the inherent right of self-government, including in relation to child and family services for Indigenous Peoples.
  - Establish national principles such as best interests of the child, cultural continuity, and substantive equality to help guide the provision of child and family services.
  - Contribute to the implementation of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).<sup>28</sup>
2. Supporting quality education.
3. Improving health outcomes with a focus on public health-related issues including developing a tuberculosis reduction plan for First Nations, addressing food insecurity in First Nation communities, implementing [Jordan's Principle](#)<sup>17,18</sup> to ensure that First Nations children have access to the health, social, and educational supports and services that they need, when and where they need them, promoting mental wellness through investment in strengths-based programming and investing in social service infrastructure projects through the UPIP.
4. Building reliable infrastructure including access to safe drinking water and wastewater systems, delivery of housing programs and services and facilitating First Nations engagement in regional emergency management consultations.
5. Enabling economic prosperity.<sup>28</sup>

In 2021, ICS initiated the [Community Well-Being and Jurisdiction Initiatives](#) (CWJI) Program<sup>27</sup> to provide funding to First Nation communities who are not currently receiving services from a First Nation child and family services agency (FNCFS) for primary, secondary and / or tertiary prevention or early intervention activities but instead may be receiving through a provincial or provincially delegated agency. The CWJI Program is meant to address existing inequities in funding on First Nation communities and enhance the availability of:

- Culturally appropriate prevention programming and activities that is responsive to community needs and promote the safety and well-being of Indigenous children and their families living on First Nations and help families at risk stay together in their communities.
- Community initiatives aimed at enhancing greater control and self-government of child and family services including the development of child and family services models that

comply with the principles and minimum standards set out in the legislation *An Act respecting First Nations, Inuit and Métis children, youth, and families*.<sup>24,27</sup>

The Program is intended to support prevention-based models of service delivery that focus on family preservation and well-being, the development of cultural and linguistic connections and the delivery of inclusive services that address the needs of children and families related to disability, sexual orientation, gender diversity, etc.<sup>27</sup>

During 2021–2022, ISC focused on four interconnected priority areas:

1. Advancing health with a focus on supporting Indigenous leadership to respond to, plan for, and prevent the negative impacts of the COVID-19 pandemic by working closely with Indigenous organizations and partners, other federal government departments, as well as provincial, territorial, and local governments to address primary care needs and support public health measures (e.g., supply of personal protective equipment, access to vaccine, case, and contact management, etc.).
2. Supporting Indigenous children and families to be and stay together, access culturally relevant education, and transfer the care and control of culturally appropriate services to First Nation communities.
3. Helping build sustainable communities through building reliable and sustainable infrastructure such as housing, water services, wastewater management, roads, and bridges with support of ISC's Environmental Public Health Service Program which provides core programming to identify and prevent environmental public health risks that could adversely impact the health of community residents.
4. Supporting First Nation communities in self-determination by increasing their governance capacity and providing funding to increase their capacity for managing the day-to-day business of government.<sup>29</sup>

The Truth and Reconciliation Commission's September 2019 update regarding Calls to Action 18 to 24 that focus on health indicates that the federal government is funding investments in Indigenous designed and implemented health and wellness initiatives through ISC which continues to actively support Indigenous Peoples to take control over health services in recognition of their rights to self-governance and self-determination.<sup>75</sup>

In response to the COVID-19 pandemic, the federal government offers a variety of [financial support programs](#),<sup>76</sup> including the [Indigenous Community Support Fund](#) (ICSF)<sup>30</sup> which was introduced in March 2020 as part of the federal COVID-19 Economic Response Plan.<sup>25</sup> The [ICSF](#) is intended to support First Nations, Inuit, Métis and urban Indigenous communities and Indigenous organizations with developing and implementing community-based solutions to prevent and respond to the spread of the COVID-19 virus within First Nation communities with a focus on:

- supporting Elders and vulnerable community members
- addressing food insecurity
- offering educational and other support for children

- offering mental health assistance and emergency response services
- offering preparedness measures to prevent the spread of COVID-19.<sup>25</sup>

A list of local organizations that have received ICSF funding, including those within Simcoe and Muskoka, is located on the [ISC website](#).<sup>77</sup> (Note: An overview of the local response to the COVID-19 pandemic is included in other sections of the Indigenous Engagement situational assessment report.) In addition, COVID-19 communication resources have been developed in multiple languages including various Indigenous languages to support local communication efforts.<sup>78</sup>

In January 2021, ISC initiated a [national consultation](#)<sup>32</sup> in preparation for co-developing distinctions-based Indigenous health legislation with First Nations, Inuit and the Métis Nation to offer the “opportunity to:

- Establish overarching principles as the foundation of health services for Indigenous Peoples, including First Nations, Inuit and Métis.
- Support the transformation of health service delivery through collaboration with Indigenous Peoples, provinces, territories and affiliate organizations in the development, provision, and improvement of services to increase Indigenous-led health service delivery.
- Advance the Government of Canada's commitment to reconciliation and a renewed nation-to-nation, Inuit-to-Crown and government-to-government relationship with First Nations, Inuit and Métis Nation partners based on the recognition of rights, respect, co-operation and partnership.”<sup>32</sup>

The engagement guide notes that a distinctions-based approach ensures that the rights, interests and circumstances of First Nations, Inuit and Métis are acknowledged, affirmed and implemented.<sup>32</sup>

### **Provincial**

In Ontario, the first key legislation to consider public health services to Indigenous Peoples was the [Health Protection and Promotion Act](#)<sup>33</sup> (HPPA) of 1990. This Act includes a section (Section 50) that allows boards of health to enter into an agreement with local band councils regarding the provision of health programs and services to members of the band. This includes the appointment of a band representative to the board of health. In turn, the band council agrees to accept the responsibilities similar to that of a municipality with the health unit.<sup>33</sup> As an example, a Section 50 agreement was established between [Peterborough Public Health](#)<sup>79</sup> and Curve Lake First Nation in 1998 and Hiawatha First Nation in 2007; both First Nations have representation on Peterborough Public Health’s Board of Health.<sup>79</sup>

Other types of Section 50 relationship agreements include:

- First Nations, federal and provincial public health service integration and governance agreement (e.g., [Sioux Lookout First Nation Health Authority](#)<sup>80</sup> with Thunder Bay District Health Unit and Northwestern Health Unit; [Weeneebayko Area Health Authority](#)<sup>81</sup> with [Porcupine Health Unit](#))<sup>82</sup>.
- First Nations and provincial/public health unit agreement for self-governance (e.g., [Kenora Chiefs Advisory](#)<sup>83</sup> and [Northwestern Health Unit](#))<sup>84</sup>).<sup>39</sup>

In follow-up, as part of the Ontario Public Health Standards (OPHS) review process in 2018, a new guideline [Ontario Public Health Standard's Relationship with Indigenous Communities Guideline<sup>44</sup>](#) was added to assist boards of health in implementing the requirements established in the new OPHS Health Equity Standard and the new requirement to engage and foster collaborative partnerships with Indigenous communities and organizations, as well as with First Nations and Indigenous communities striving to reconcile jurisdictional issues. This guideline offers guidance to public health units on forming meaningful relationships with Indigenous communities that come from a place of trust, mutual respect, understanding, and reciprocity. This includes a number of types of relationship models, with First Nations communities and with urban Indigenous organizations and communities.<sup>44</sup>

The Ontario government's broader consideration of Indigenous health issues commenced in 1994 with the introduction of the Ontario Aboriginal Health Policy<sup>34</sup>. The goal of this policy was "...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, the provision of culturally appropriate health services, and promotion of a healthy environment."<sup>34</sup> The policy included a variety of recommendations addressing the following three key strategic directions:

1. Health status (i.e., health promotion and wellness, mental health and addiction, disease and illness prevention, long-term care, and disability).
2. Access to services (i.e., languages and communications, patient advocacy, transportation, health facilities, training, co-ordination of services and traditional healing).
3. The role of First Nation communities in planning and representation to promote self-determination.<sup>34</sup>

The role of public health is noted in the following policy recommendations included as part of the first strategic direction addressing health status:

- Development of protocols be undertaken between levels of governments to address reporting requirements and jurisdictional issues in relation to public health (e.g., communicable disease control, environmental/occupational health and safety, emergency response planning, etc.).
- Development of protocols between public health units and First Nation communities be undertaken to facilitate access to public health unit programs to supplement and complement existing First Nation/Indigenous health programs and services.<sup>34</sup>

Moreover, the policy recommended that the Ministry of Health provide resources for the following community-based programs and services to address the first strategic direction of improving health status:

- Offer flexible health promotion programs as determined by the Indigenous community.
- Offer programs which focus on nutrition, healthy lifestyles, family planning, well babies, immunization, dental health, hygiene, accident prevention, first aid, child health assessment, positive parenting and family healing, prevention of unplanned pregnancies, poor mental health, sexual abuse, suicide, addictions, sexually transmitted diseases, human immunodeficiency virus,

acquired immune deficiency syndrome, accidents, injuries and violence, infections, diabetes, and other chronic illnesses.

- Implement effective pre- and post-natal programs, including the promotion of breastfeeding, designed by Indigenous Peoples that incorporate Indigenous teachings.
- Expand community health centres to meet the health needs of Indigenous Peoples' living in urban and rural areas as well as First Nation communities to offer health promotion, prevention, and primary care services.<sup>34</sup>

The Ministry of Health was also to support the implementation of the following community support programs as part of this policy:

- Housing supports, life skills training, literacy and adult education, childcare, vocational counselling and training, and employment to maintain wellness programs.
- Fitness recreation and leisure programs for individuals of all ages, families, and communities, including equipment, supplies and facilities.
- Environmental protection programs to sustain healthy individuals, families and communities as required including such programs as water quality testing, rabies, testing for toxicity in foods and plants, waste disposal and recycling, and monitoring environmental contaminants which affect health and reproduction (such as carcinogens or PCBs) and consideration of the development of an Indigenous environment policy and appropriate programming.<sup>34</sup>

Under the second strategic direction regarding access to services, public health units that provide services to First Nation communities are directed to offer culturally appropriate programs and services designed by, or with the involvement of, Indigenous Peoples. At a provincial level, policy recommendations for the Ministry of Health's consideration include:

- Offering exemptions from existing non-smoking policies the traditional use of tobacco, sage, cedar and sweetgrass in health facilities, excluding areas where oxygen therapy is necessary.
- Working with local health facilities, local providers, and the ministries of Natural Resources and Agriculture, Food and Rural Affairs to develop and implement arrangements for access to and preparation of traditional foods, including game, within facilities where Indigenous Peoples access services.
- Working with local providers, professional associations, and regulated colleges to promote, support, develop and implement cross-cultural awareness and sensitivity programs for health professionals which focus on Aboriginal culture, traditional medicine, and healing, thereby improving the quality of health care<sup>34</sup>

The policy was renamed [Aboriginal/Indigenous Healing and Wellness Strategy](#)<sup>36</sup> and re-introduced in [2014](#),<sup>35</sup> adding a focus on addressing family violence and violence against Indigenous women and children, and improving Indigenous healing, and health and wellness through culturally appropriate programs and services. This strategy is a shared undertaking by the Ontario government (Ministries of Children, Community and Social Services [lead ministry], Health and Indigenous affairs) and First Nations, Métis and Indigenous partners and has resulted in the creation of Aboriginal Health Access Centres (AHAC)/Community Health Centres (ACHC) and the development of a network of programs and services for Indigenous Peoples

living both in First Nation communities and in urban and rural communities. Supports offered include access to:

- Community wellness workers
- Aboriginal Healthy Babies, Healthy Children Program
- Pre- and post-natal care
- Counselling to address mental and emotional issues
- Crisis intervention services
- Healing lodges
- Health promotion and education
- Shelters and safe houses for women and their children escaping domestic violence
- Treatment and healing centres.<sup>36</sup>

As such, opportunities for local collaboration exist between public health units and AHAC/ACHC and other primary care services (e.g., Chigamik Community Health Centre, Mamaway Wiidokdaadwin Primary Care Team) to offer health promotion and disease prevention programs.

Following the passage of the [Local Health Integration Act](#) (2006),<sup>37</sup> the First Nations Public Health Advisory Committee<sup>38</sup> (FNPHAC) was created in 2007 to address the need for improved public health service delivery for First Nations and create a First Nations Public Health Relationship Framework.<sup>38,39</sup> The objectives for the proposed framework were to:

- Promote an integrated, collaborative approach to public health in First Nation communities.
- Ensure relationships are built and enhanced at all levels to address public health.
- Consider how to incorporate and align with local and community efforts to address public health concerns.<sup>38,39</sup>

A set of relationship principles was created to inform the development of the framework and tools to support the delivery of public health services (e.g. Section 50 agreements; establishment of unique service models in Northern Ontario as described in the Association of Iroquois and Allied Indians (AIAI) May 2017 presentation).<sup>39</sup>

In 2011, the FNPHAC evolved into the [Trilateral First Nations Health Senior Officials Committee](#)<sup>40</sup> (TFNHSOC), where representatives from the senior levels of the federal and provincial governments and the Chiefs of Ontario came together to develop approaches to protect and promote the health of First Nations Peoples by:

- Undertaking targeted activities in the priority areas of mental health and addictions with a focus on prescription drug abuse, public health, diabetes prevention and management and data collection and analysis.
- Collaboratively identifying health service gaps for Indigenous Peoples living in First Nation communities in relation to identified priority areas.

- Advancing the availability and effectiveness of services for and within First Nation communities in Ontario.
- Improving the integration and coordination of federally and provincially funded health services for First Nation communities in Ontario which focus on improving health outcomes.
- Providing practical recommendations on how to improve collaboration on federally and provincially funded health services in the identified priority areas for First Nation communities in Ontario.
- Exploring ways to continue and strengthen the government-to-government relationship between First Nations, Ontario, and Canada.
- attempting to address the unique geographical and socio-economic concerns of many First Nation communities in Ontario.<sup>40,41</sup>

As one of its priorities, the TFNHSOC formed a Public Health Working Group (PHWG)<sup>39</sup> to ensure that local relationships are built and enhanced to address public health-related issues, promote a collaborative approach between the federal, provincial and First Nations governments to address public health needs in First Nation communities, and provide a mechanism by which services and programs are provided in a culturally appropriate manner. Other priorities for the TFNHSOC include addressing mental health and addictions, diabetes prevention and management, and data management.<sup>39,40,41</sup>

The PHWG developed a Project Charter<sup>42</sup> based on the FNPHAC relationship principles<sup>85</sup> (see page 48) that set out the “rules of engagement” of PHWG members and act as a foundation and guiding framework from which project deliverables were established.<sup>85</sup> The Charter provides the foundation for the working relationship between all levels of government and commits to the development of an integrated approach to the delivery of public health services in First Nation communities “...with an emphasis on resolving jurisdictional issues, building and enhancing partnerships with Public Health Units (PHUs), and developing creative approaches for remote communities.”<sup>42</sup> The Charter’s vision is that all First Nations in Ontario be served by an integrated and comprehensive public health system that:

- Fulfills public health functions and provides a seamless delivery of services.
- Ensures that the standard of care of public health program delivery be up to at least the level of non-First Nation communities in Ontario.
- Is tailored to the needs of First Nations overall and recognizes differences among First Nations.
- Respects the flexibility and freedom for individual community decision making.<sup>42</sup>

The Charter was approved by the TFNHSOC in 2014 and signed by all three levels of government. [Five key priority areas](#)<sup>85</sup> for the PHWG were identified:

1. Apply the Relationship Principles as developed by the FNPHAC to guide the PHWG.
2. Develop an integrated public health service delivery model for Weeneebayko Area Health Authority (WAHA) and the First Nation communities in its catchment area.

3. Develop an integrated public health service delivery model for the Sioux Lookout First Nations Health Authority and the First Nation communities in its catchment area in partnership with Thunder Bay District Health Unit.
4. Identify and support models and/or tools (e.g., cultural competency training modules) that can be used to facilitate partnerships for public health service delivery for First Nation communities (developed by FNPAC) in partnership with Algoma Public Health Unit and Eastern Ontario Public Health Unit (i.e., Section 50 Agreement with Mohawk Council of Akwesasne and Eastern Ontario Board of Health).
5. Expand First Nations access to dental services by modeling an integrated approach that capitalizes on existing federal and provincial programs and dental infrastructure in partnership with Northwestern and Porcupine Public Health Units.<sup>85</sup>

In 2018 the PHWG focused on:

- Oral health program delivery.
- Cultural competency training module development.
- Policy Brief on Determinants of Indigenous Health to support public health activities.
- Development of the [Ontario Public Health Standard's Relationship with Indigenous Communities Guideline](#), offering guidance to Boards of Health in engaging with Indigenous communities and organizations to foster meaningful relationships based on trust, mutual respect, understanding and reciprocity and opportunities for collaboration.<sup>43,44</sup>

In addition to the work by the PHWG, the three levels of government have been working on the following public health issues:

- Pandemic preparedness/H1N1.
- Emergency management through the Joint Emergency Management Steering Committee.
- Suicide prevention through the Life Promotion Strategy.
- Immunization through the First Nation Panorama Deployment in Ontario.<sup>85,86</sup>

Moreover, the provincial and First Nations governments have been working together to address the public health issues of:

- Oral health through the Ontario Oral Health Collaborative Working Group.
- Chronic disease (food security and physical activity), diabetes and smoking through the Ontario First Nations Integrated Health Promotion Strategy and Working Group.<sup>85,86</sup>

In addition to the TFNHSOC and its respective working groups, three other provincial stakeholders were identified in discussion with representatives from the MOHLTC and ISC that also address public health and Indigenous Peoples. This includes:

- The Chiefs of Ontario who are a main conduit for communicating with First Nation communities.
- Aboriginal Health Access Centres/Indigenous Primary Health Care Centres.
- Urban Indigenous Health Table with representation from Ontario Federation of Indigenous Friendship Centres [OFIFC], Métis Nation of Ontario [MNO], Ontario Native Women's Association

and the former Ministry of Indigenous Relations and Reconciliation now called the Ministry of Indigenous Affairs.<sup>51</sup>

Moreover, the Urban Indigenous Health Table members' collaboratively developed the [Urban Indigenous Action Plan](#)<sup>45</sup> in 2018 to support reconciliation between urban Indigenous communities, the provincial government, and the broader public service. The Action Plan identifies that the foundation of all policy, programming, and interactions between the province of Ontario and urban Indigenous organizations and communities be based on respectful relationships using the guiding principles of:

- Indigenous leadership
- Collaboration and co-development
- Respect for Indigenous cultures and spiritualities
- Responsive to community priorities
- Transparency and accountability
- Respect for Indigenous diversity
- Cross-government coordination
- Equity and access.<sup>45</sup>

The Action Plan includes the following four key action areas:

1. Relationship building
2. Policy engagement and co-development
3. Service planning, design, and delivery
4. Evaluation.<sup>45</sup>

Public health is noted under the key action area of service planning, design and delivery. The desired outcomes of this action area include:

- Indigenous and non-Indigenous organizations, service providers and governments are partners in local and provincial policy and program design and delivery to respond to current and future needs of communities including a focus on supporting local urban Indigenous community service delivery infrastructure.
- Programs and services are accessible, person-centered, culturally rooted and delivered in safe, culturally sensitive environments. Particular attention is given to diversity within urban Indigenous communities, including the needs of Indigenous women, youth, families, seniors, people with disabilities and LGBTQ2S.<sup>45</sup>

In response to the COVID-19 pandemic, the provincial government has been working with Indigenous partners to develop a mass immunization plan for First Nations, Inuit and Métis Peoples, recognizing local circumstances and individual community needs.<sup>48,49</sup> COVID-19 communication resources have been developed in multiple languages including various Indigenous languages to support local communication efforts.<sup>50</sup> Partnerships between local First Nation, Inuit and Métis organizations with public health units have been encouraged to support

access to COVID-19 vaccines. An overview of the local response to the COVID-19 pandemic is included in other sections of this report.

In 2019, the Ontario government passed [Bill 74: The People's Health Care Act, 2019](#)<sup>46</sup> to undertake structural and health system reform, including the introduction of regional Ontario Health Teams (OHTs). An application to form an OHT is expected to address how the OHT will:

- Reduce current health disparities experienced by Indigenous Peoples.
- Redesign the local system to improve care for and address the diverse needs of the Indigenous population.
- Respect the role of Indigenous Peoples in the planning, design, delivery and evaluation of services.
- Provide culturally safe care.<sup>46</sup>

Communities of health care providers submitting applications are expected to consult and partner with their local Indigenous-governed organizations and receive First Nation community endorsement for the proposal.<sup>46</sup>

To support this process, the Indigenous Primary Health Care Council (IPHCC) released a [policy document](#) in 2021 that details the components for Indigenous Health Systems Transformation including definitions of key concepts and terms to help inform the development of the Ontario Health Team Provincial Framework. The document is intended to help:

- Define key health terms and concepts from an Indigenous lens.
- Support the application of the Model of Wholistic Health and Well-being to the health care system.
- Promote clarity and consistent understandings of the terms as they apply to Indigenous settings to support Indigenous programs and services ensuring that they are delivered by Indigenous providers.<sup>47</sup>

As identified in a discussion with representatives from the Ministry of Health and Long-Term Care (MOHLTC) and ISC, public health engagement models with, and service provision to First Nation communities and organizations, vary greatly across the province. It is often determined by how the Indigenous community would like to work with their local public health partners on health programming based on their priorities with varying degrees of cooperation/collaboration by provincial and federal governments.<sup>51</sup>

### **Local**

In 2006, the [Local Health Integration Act](#)<sup>37</sup> (Bill 36) was passed which offered the MOHLTC the ability to provide an integrated health system where management of the system occurs at the local level by local health integration networks (LHINs). The Act<sup>37</sup> stipulated that the Local Health Integration Networks (LHINs) were to consult with First Nations and Indigenous Peoples in their local communities in the planning and delivery of health services as part of the

development of an Integrated Health Service Plan (IHSP).<sup>37</sup> As such, between June and September 2006, the North Simcoe Muskoka LHIN undertook an engagement exercise with the local Indigenous community\* as part of the development of the initial Integrated Health Service Plan (IHSP) that included a mapping of local Indigenous healthcare programs and services.<sup>52</sup> A report<sup>52</sup> was produced that provides an overview of the local Indigenous health care services system including gaps and barriers, planning priorities, and opportunities for integration and coordination. Most importantly, it provides a list of Indigenous specific health services offered by the federal government, MOHLTC (through federal transfer agreements with provincial/territorial organizations or regional bodies) and through the provincial Aboriginal Healing and Wellness Strategy in each Indigenous community or in partnership with an urban Indigenous community organization or initiative (see Appendix 4 in report).<sup>52</sup>

A similar mapping process was undertaken by the Barrie Area Native Advisory Circle (BANAC) in 2016 on behalf of the Ministry of Children and Youth Services' (MCYS) Ontario Indigenous Child and Youth Strategy. The [report](#)<sup>53</sup> that was produced offered a series of recommendations, grouped under five themes, aimed at enhancing the programs and services being provided to Indigenous children and youth in Simcoe County and Muskoka District. Under the theme of "Community Capacity" (most relevant to public health), the recommendations highlighted the importance of the MCYS taking the lead to:

- Provide annualized, stable and properly resourced funding to Indigenous agencies supporting families.
- Move funding to local Indigenous organizations to offer Indigenous-focused programs and services.
- Address transportation issues (e.g., subsidize travel costs to programs and services).
- Include poverty reduction strategies addressing food security, housing, continued education and employment as part of the ICYS.
- Offer prevention and early intervention opportunities (e.g., create an Indigenous Family Hub, hiring of Indigenous workers in the early years sector).<sup>53</sup>

Complementing the Indigenous Primary Health Care Council (IPHCC) [policy document](#) released in 2021 that details foundational components for Indigenous Health Systems Transformation, the local Indigenous Health Circle developed a position statement to support the successful engagement and potential partnership opportunities between local OHT applicants and Indigenous health leadership.<sup>54</sup> The statement outlines four principles that are central to authentic engagement with accompanying recommendations. These include:

- Principle 1: Appropriate and meaningful consultation
- Principle 2: True and equal partners
- Principle 3: Right to self-governance
- Principle 4: Indigenous health in Indigenous hands—Indigenous Governed Health Services.<sup>54</sup>

The statement emphasizes that "...Indigenous health outcomes will only improve at the rate that self-determination and Indigenous control over Indigenous-informed health processes increase" and that "the successful redesign and delivery of Indigenous health care services will be dependent on the degree to which Indigenous leadership is able to lead this process while being fully supported in exercising their right to self-governance and self-determination".<sup>54</sup>

Currently, health programming and services in local First Nation communities is supported by both federal and provincial governments. The delivery of federally funded programs is dependent on whether programs and services are federally funded and community delivered or federally funded and federally delivered based on the HSIF agreement that is in place (e.g., fully independent with health staff employed by the First Nation Band; partially independent with nursing stations staffed by federal employees). Provincially funded programs through the Indigenous Healing and Wellness Strategy are offered through provincial organizations such as the Union of Ontario Indians and the Association of Iroquois and Allied Indians where each First Nation is invited to self-govern these programs.<sup>39</sup> As such, the implementation of federally and provincially funded health programs varies greatly across First Nation communities. Currently, some of the health services being offered in the four communities locally include the following:

- Chippewas of Rama First Nation provide public health programming independently, with support from SMDHU when needed and requested by the community. Community members can access health care services and programs through a community health nurse from their community and through non-Indigenous health care providers in the broader community.
- Beausoleil First Nation Band employs a community health nurse who offers primary and community health care including immunizations. Community members can also access health care services and programs from other non-Indigenous health care providers located in the broader community.
- Moose Deer Point First Nation and Mohawks of Wahta First Nation have nurses employed by the federal government who visit once or twice per month for one or two days delivering public health programming (e.g., well-baby visits). Indigenous community members can receive primary health care services from a nurse practitioner through the West Parry Sound Health Centre Rural [Nurse Practitioner-led Clinic](#) (Moose Deer Point) or the Muskoka Community Health Hub, [Wahta Site](#) or by non-Indigenous health care providers in the broader community.<sup>51</sup>

In addition to work within the health system, there are examples of engagement with First Nation communities where municipal governments contribute funding for programming that may include public health services in communities where there are larger populations of Indigenous Peoples (e.g., Kenora, Thunder Bay, Sudbury, Toronto, Ottawa).<sup>51</sup>

Within Simcoe Muskoka, many urban Indigenous organizations support the provision of public health-related programming for Indigenous People living in the broader community, including the Mamaway Wiidokdaadwin Indigenous Primary Care team, a Community Health Centre (CHC) with Indigenous peoples as a population of focus (Chigamik CHC in Midland), Friendship

Centres, local Métis Councils and Ontario Native Women's Association local chapters. Friendship Centres are funded by the federal government (UPIP – Organizational Capacity stream through the Ontario Federation of Indigenous Friendship Centres) and various provincial ministries as the programs and services offered address health, and social and economic needs and issues.<sup>24,51</sup>

\*In the North Simcoe Muskoka LHIN report, use of the term "Aboriginal" refers to Métis People, non-status Indians, status Indians and Inuit People regardless of their residency.

## **LIMITATIONS**

Although a broad search strategy was employed, it is possible there is information about jurisdictional issues not included because of the limited databases and search terms used. As its purpose was to understand jurisdictional issues as they can apply in the local context, national and provincial jurisdictional considerations related to public health and First Nation communities is presented with the purpose of understanding what needs to be considered in Simcoe Muskoka. In addition, the search strategy for local information was limited to First Nation communities, organizations, and peoples within Simcoe Muskoka; therefore, information included in the local section may not be applicable to areas outside of our region as it only includes information specific to Simcoe Muskoka.

After the completion of the initial environmental scan of websites and key documents, a follow-up scan was undertaken to identify jurisdictional considerations in relation to the COVID-19 pandemic using similar search methodology as employed during the initial scan. The expanded timeline, however, did not support undertaking an extensive follow-up search of any updated reports, guidelines and policies released since the initial scan in relation to all jurisdictional issues.

Because of these limitations, this scoping review can be used as a starting point for understanding jurisdictional considerations, which can be further informed by consultations with local Indigenous Peoples, organizations and First Nation communities.

## **CONCLUSION**

This report provides a synthesis of the pertinent federal, provincial and local government legislation, policies, strategies and collaborative efforts that serve to highlight the jurisdictional considerations related to the delivery of public health services for Indigenous Peoples in Ontario. It is recognized that the health system that supports Indigenous Peoples is a "...complex patchwork of policies, legislation and relationships",<sup>4</sup> particularly in relation to Métis, Inuit, and urban Indigenous People. This has resulted in unclear accountability and responsibility for health care provision including primary care, public health and in relation to health promotion services between the federal and provincial governments with many local communities working together to sort through the jurisdictional issues.<sup>3</sup>

Federally, the *British North America Act* and the *Indian Act* form the basis of the ambiguous legacy of responsibility for health services that continues to influence the current system of health service provision for Indigenous Peoples. Through the more recent adoption of the Indian Health Policy and Health Transfer Policy Framework and subsequent Health Services Integration Fund, the ISC appears to support Indigenous Peoples with taking greater control over their community's health services in recognition of their rights to self-governance and self-determination. As such, First Nation and Inuit communities may have opportunities to enhance their control of health services, including public health, through funding agreements that support collaboration with the federal government and enhanced self-determination of health care planning and delivery. The federal government through ISC' FNIHB regional office and the PHAC plays a key role in the provision of some public health and prevention services to First Nation communities and Inuit living in their traditional territory, including the promotion of healthy living and well-being, communicable disease control, healthy child development including oral health, mental wellness, substance use prevention and environmental public health programs.

Accordingly, ISC's annual departmental plans outline health priority areas based on the department's four core responsibilities that include services and benefits to individuals and health and social services. These ISC health services do not extend to urban Indigenous Peoples, Inuit living outside of their traditional territory or Métis who are expected to access the same community health care services and resources that are available to the non-Indigenous population. However, ISC offers social service supports to urban Indigenous Peoples, Inuit and Métis to address local community needs (e.g., shelters/transitional housing through Friendship Centres, etc.) and appears to promote economic growth and self-determination as part of the department's Urban Programming for Indigenous Peoples.

Provincially, public health services for Indigenous Peoples are framed within the context of the [\*Health Protection and Promotion Act\*](#) (HPPA) (Section 50), the Ontario Public Health Standards (2018), the Relationship with Indigenous Communities Guideline (2018), and the Indigenous Healing and Wellness Strategy. As identified in a discussion with representatives from the MOHLTC and ISC, public health engagement models with and service provision to First Nation communities and organizations vary greatly across the province, with no consistent approach, often determined by how the Indigenous community would like to work with their local public health partners on health programming based on their priorities with varying degrees of cooperation and collaboration by provincial and federal governments.<sup>51</sup> This may in part be influenced by Health Canada's Health Transfer Policy Framework and subsequent ISC First Nation and Inuit health funding agreement models that offer First Nation communities the opportunity to oversee and manage their community-based health programs in place of ISC based on their respective community's eligibility, interests, needs and capacity. In addition, knowledge of public health and public health programs and services also varies greatly among First Nation communities and organizations. As such, models of engagement with and service provision to Indigenous Peoples are to be tailored to each community and driven by how the Indigenous community would like to work with their local public health partners on health programming based on their priorities.

Locally, the delivery of public health services to First Nation communities, organizations and individuals is tailored to each community with varying degrees of involvement and collaboration with the provincial and federal governments. Models of engagement and service delivery are driven by how the Indigenous community seeks to work with the different levels of government to address their community's health programming priorities. For example, both Chippewas of Rama First Nation and Beausoleil First Nation Band employ their own community health nurses who offer primary and community health care. Moose Deer Point First Nation and Mohawks of Wahta First Nation have nurses employed by the federal government who visit once or twice per month for one or two days delivering public health programming (e.g., well-baby visits). Primary health care services are offered by a nurse practitioner with the West Parry Sound Health Centre Rural [Nurse Practitioner-led Clinic](#) (Moose Deer Point) or the Muskoka Community Health Hub, [Wahta Site](#).<sup>43</sup> Within other public health unit jurisdictions in Ontario, some First Nation communities have chosen to enter into a formal Section 50 agreement under the *HPPA* with their local health unit. Others have chosen to request support and/or services from the health unit on an as-needed basis.<sup>51</sup>

Due to the complexity of the jurisdictional issues, SMDHU may consider exploring local circumstances during the course of future engagements. This may include exploring with each local First Nation community how ISC and FNIHB Ontario regional office are supporting and facilitating self-determination in the provision of health services, including public-health related services (e.g., through the Health Services Integration Fund, etc.) in collaboration with the supports and guidance offered by the provincial Indigenous Healing and Wellness Strategy affiliated working groups. Such health services may include those funded by the FNIHB as noted previously re: health promotion and disease prevention programs, public health protection programs, primary care services, supplemental health benefits and health infrastructure support.

In the urban Indigenous context, SMDHU may also consider exploring with local urban Indigenous representatives existing social service and funding supports that ISC and the Ontario government are offering to promote health, economic growth and self-determination. This will help inform SMDHU's model(s) of engagement with and service provision to Indigenous Peoples that can be tailored to each community and driven by how the Indigenous communities would like to work collaboratively with the health unit on public health programming based on their priorities.

Ultimately, it is clear through this review that there is a shared goal of increased access to public health services for Indigenous communities and peoples. Joint conversations with local Indigenous leaders, along with relevant levels of government, will enable decision making towards how to best meet the public health needs of Indigenous communities and what role SMDHU can play.

## LIST OF ACRONYMS

<b>Federal</b>	
AHTF	Aboriginal Health Transfer Fund
CWJI	Community Well-Being and Jurisdiction Initiatives Program
CIRNAC	Crown-Indigenous Relations and Northern Affairs
FNCFS	First Nation Child and Family Services Agency
FNIHB	First Nations Inuit Health Branch
HSIF	Health Services Integration Fund
ICSF	Indigenous Community Support Fund
INAC	Indigenous and Northern Affairs Canada
ISC	Indigenous Services Canada
MSB	Medical Services Branch of Health Canada
NIHB	Non-Insured Health Benefits Program
PHAC	Public Health Agency of Canada
TFNHSOC	Trilateral First Nations Health Senior Officials Committee
UPIP	Urban Programming for Indigenous Peoples
<b>Provincial</b>	
AHAC / ACHC	Aboriginal Health Access Centres / Community Health Centres
AIAI	Association of Iroquois and Allied Indians
FNPAC	First Nations Public Health Advisory Committee
HPPA	Health Protection and Promotion Act

IPHCC	Indigenous Primary Health Care Council
MNO	Métis Nation of Ontario
MOHLTC	Ministry of Health and Long-Term Care
OFIFC	Ontario Federation of Indigenous Friendship Centres
OHT	Ontario Health Teams
OPHS	Ontario Public Health Standards
PHWG	Public Health Working Group (subgroup of TFNHSOC)
TFNHSOC	Trilateral First Nations Health Senior Officials Committee
WAHA	Weeneebayko Area Health Authority
<b>Local</b>	
IHC	Indigenous Health Circle
IHSP	Integrated Health Service Plan
LHINs	Local Health Integration Networks
<b>Other</b>	
PHUs	Public Health Units
SDOH	Social Determinants of Health
SMDHU	Simcoe Muskoka District Health Unit
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples

## REFERENCE LIST

- 1 Simcoe Muskoka District Health Unit. Strategic Transition Plan 2019 – 2020 [webpage online]. Ontario, Simcoe Muskoka District Health Unit; [last accessed 2019 October 8]. Available from: <http://intranet.smdhu.net/Agency/StratPlan/2019-2020>
- 2 The British North America Act, 1867, SS 1867, c 3. Available from: <https://justice.gc.ca/eng/rp-pr/csj-sjc/constitution/lawreg-loireg/p1t13.html>
3. Indigenous Services Canada: Indigenous Health Care in Canada [webpage online]. Ottawa: Government of Canada; [last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1626810177053/1626810219482>
- 4 National Collaborating Centre for Indigenous Health. The Aboriginal Health Legislation and Policy Framework in Canada. [Report online]. Prince George, British Columbia: University of Northern British Columbia; 2011 [last accessed 2019 Oct 8]. Available from: [https://www.nccih.ca/495/The\\_Aboriginal\\_health\\_legislation\\_and\\_policy\\_framework\\_in\\_Canada.nccah?id=2](https://www.nccih.ca/495/The_Aboriginal_health_legislation_and_policy_framework_in_Canada.nccah?id=2)
- 5 National Centre for Truth and Reconciliation. Truth and Reconciliation Commission of Canada: Calls to Action. [Report online]. Winnipeg, Manitoba: Truth and Reconciliation Commission of Canada; 2015 [last accessed 2019 Oct 8]. Available from: <http://nctr.ca/reports.php>
- 6 Indian Act (R.S.C., 1985, c. I-5). Office Consolidation. Available from: <https://laws-lois.justice.gc.ca/eng/acts/I-5/>
- 7 Dept of UBC Government Policy: The Indian Act — Bill C-31 [webpage online]. British Columbia: University of British Columbia; [last accessed 2019 Oct 8]. Available from: [https://indigenousfoundations.arts.ubc.ca/bill\\_c-31/](https://indigenousfoundations.arts.ubc.ca/bill_c-31/)
- 8 Health and Welfare Canada. Indian Health Policy 1979 [webpage online]. Ottawa: Government of Canada; [last accessed 2021 June 23]. Available from: [https://publications.gc.ca/collections/collection\\_2018/sc-hc/H14-296-1979.pdf](https://publications.gc.ca/collections/collection_2018/sc-hc/H14-296-1979.pdf)
- 9 National Collaborating Centre for Indigenous Health. Looking for Aboriginal Health in Legislation and Policies, 1970 to 2008. [Report online]. Prince George, British Columbia: University of Northern British Columbia; 2011 [last accessed 2022 Jan 24]. Available from: <https://www.nccih.ca/docs/context/RPT-LookingHealthLegislationPolicies-EN.pdf>
- 10 Indigenous Services Canada: First Nations and Inuit Health Branch — History of Providing Health Services to First Nations people and Inuit [webpage online]. Ottawa: Government of Canada; [modified 2015 Apr 28; last accessed 2022 Jan 24]. Available from:

<https://www.canada.ca/en/news/archive/2015/04/health-canada-first-nations-inuit-branch-program-overview.html>

11 Indigenous Services Canada: First Nations and Inuit Health Branch — Mandates, Plans and Priorities [webpage online]. Ottawa: Government of Canada; [modified 2012 Sep 12; last accessed 2019 Oct 9]. Available from: <https://www.canada.ca/en/indigenous-services-canada/corporate/first-nations-inuit-health-branch/mandate-plans-priorities.html>

12 Health Canada. Transfer of Health Programs to First Nations and Inuit Communities: Handbook 1 [webpage online]. Ottawa: Government of Canada; [revised 2004 Mar; last accessed 2022 Jan 24]. Available from: [https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt\\_formats/fnihb-dgspni/pdf/pubs/agree-accord/2004\\_trans\\_handbook-guide\\_1-eng.pdf](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/agree-accord/2004_trans_handbook-guide_1-eng.pdf)

13 National Collaborating Centre for Indigenous Health. The State of Knowledge of Aboriginal Health: A Review of Aboriginal Public Health in Canada [Report online]. Prince George, British Columbia: University of Northern British Columbia; 2012 [last accessed 2022 Jan 24]. <https://www.cnsa-nccah.ca/docs/context/RPT-StateKnowledgeReview-EN.pdf>

14 Manitoba First Nations Centre for Aboriginal Health Research. Evaluation of the First Nations and Inuit Health Transfer Policy Final Report: Volume 1, Executive Summary. [Report online]. Winnipeg; University of Manitoba; 2005 [Last accessed 2022 Jan 24]. Available from: [https://publications.gc.ca/collections/collection\\_2016/sc-hc/H14-191-2006-eng.pdf](https://publications.gc.ca/collections/collection_2016/sc-hc/H14-191-2006-eng.pdf)

15 Ontario Region Health Services Integration Fund Advisory Committee. Ontario Health Services Integration Fund Integration Plan 2011. [Report online]. Nepean: First Nations and Inuit Health — Ontario Region, 2011 [last accessed 2022 Jan 24]. Available from: <http://eriestclairhin.on.ca/Page.aspx?id=11882>

16 Rogers H. Aboriginal Health Transition Fund Supporting Partnerships for Health Integration. Ottawa: Health Canada; 2012 [last accessed 2022 Jan 24]. Available from: [https://www.fnhma.ca/archive/conference/2012/files/Hannah\\_Rogers.pdf](https://www.fnhma.ca/archive/conference/2012/files/Hannah_Rogers.pdf)

17 Indigenous Services Canada: Honouring Jordan River Anderson [webpage online]. Ottawa: Government of Canada; [modified 2019 Aug 8; last accessed 2023 May 24]. Available from: <https://www.sac-isc.gc.ca/eng/1583703111205/1583703134432>

18 Indigenous Services Canada: Jordan's Principle [webpage online]. Ottawa: Government of Canada; [modified 2023 May 5; last accessed 2023 May 24]. Available from: <https://www.sac-isc.gc.ca/eng/1568396042341/1568396159824>

- 19 Indigenous and Northern Affairs Canada: Consultation and engagement at Crown-Indigenous Relations and Northern Affairs Canada and Indigenous Services Canada [webpage online]. Ottawa: Government of Canada; [updated 2019 Sep 3; last accessed 2019 Oct 8]. Available from: <https://www.aadnc-aandc.gc.ca/eng/1307644732392/1307644769769>
- 20 Indigenous Services Canada: 2018-19 Departmental Plan [webpage online]. Ottawa: Indigenous Services Canada; 2018 [last accessed 2022 Jan 24]. Available from: [https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-ROOT/STAGING/texte-text/isc-dp2018-19\\_pdf\\_1523898419512\\_eng.pdf](https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-ROOT/STAGING/texte-text/isc-dp2018-19_pdf_1523898419512_eng.pdf)
- 21 Indigenous Services Canada: First Nations and Inuit Health Branch Program Plan [webpage online]. Ottawa; Indigenous Services Canada; 2018 [last accessed 2022 Jan 24]. Available from: [https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-HLTH/STAGING/texte-text/health-care-serviceshealth-care\\_fn-inuit-health-funding-agreement-models\\_program-plan\\_1584558706601\\_eng.pdf](https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-HLTH/STAGING/texte-text/health-care-serviceshealth-care_fn-inuit-health-funding-agreement-models_program-plan_1584558706601_eng.pdf)
- 22 Simcoe Muskoka District Health Unit. Telephone consultation with Dr. James Brooks (Director, Health Protection Unit, First Nations and Inuit Health Branch, Ontario Region Indigenous Services Canada). 2022 Sept 14.
- 23 Crown-Indigenous Relations and Northern Affairs Canada and Indigenous Services Canada: Recognition of rights discussion tables [webpage online]. Ottawa: Government of Canada; [updated 2020 Dec 16; last accessed 2021 Aug 4]. Available from: <https://www.rcaanc-cirnac.gc.ca/eng/1511969222951/1529103469169#chp7>
- 24 Indigenous Services Canada: Urban Programming for Indigenous Peoples [webpage online]. Ottawa; Indigenous Services Canada; [modified 20180529; last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1471368138533/1536932634432>
- 25 Indigenous Services Canada: Urban Aboriginal Strategy Engagement 2016 [webpage online]. Ottawa; Indigenous Services Canada; 2016 [last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1468494865461/1583690594763>
- 26 An Act respecting First Nations, Inuit and Métis children, youth, and families (S.C., 2019, c. 24). Office Consolidation. Available from: <https://laws-lois.justice.gc.ca/eng/acts/f-11.73/fulltext.html>
- 27 Indigenous Services Canada. Community Well-Being and Jurisdiction Initiatives Program [webpage online]. Ottawa: Government of Canada; [modified 2022 Feb 17; last accessed 2023 May 19]. Available from: <https://sac-isc.gc.ca/eng/1638565024162/1638566154510>
- 28 Indigenous Services Canada. 2020-21 Departmental Plan. [Government report online]. Ottawa: Government of Canada; 2020 [last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1581452830910/1581452906093>

- 29 Indigenous Services Canada: 2021-22 Departmental Plan [webpage online]. Ottawa; Indigenous Services Canada; 2021 [last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1611596363152/1611596459136#sec2>
- 30 Indigenous Services Canada: Indigenous Community Support Fund [webpage online]. Ottawa; Indigenous Services Canada; [modified 20220726; last accessed 2022 Dec 1]. Available from <https://www.sac-isc.gc.ca/eng/1585189335380/1585189357198>
- 31 Indigenous Services Canada: Indigenous Community Support Fund: needs-based funding requests [webpage online]. Ottawa; Indigenous Services Canada; [modified 20220928; last accessed 2022 Dec 1]. Available from: <https://www.sac-isc.gc.ca/eng/1603990521589/1603990645077>
- 32 Indigenous Services Canada — Engagement guide: Co-developing federal distinctions-based Indigenous health legislation [webpage online]. Ottawa; Indigenous Services Canada; [Modified 20211028; last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1626810643316/1626810705013>
- 33 Health Protection and Promotion Act, R.S.O. 1990, c. H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
- 34 Ontario. Ministry of Health. New Directions: Aboriginal Health Policy for Ontario. Toronto: Ministry of Health Ontario 1994 [last accessed 2021 July 28]. Available from: <https://ofhc.org/wp-content/uploads/2020/03/Aboriginal-Health-Policy-for-Ontario-full-document.pdf>
- 35 Ontario. Ministry of Children, Community and Social Services. Ontario's Aboriginal Healing and Wellness Strategy [webpage online]. Toronto: Ministry of Children, Community and Social Services; [published 2014 Nov 20; last accessed 2019 Oct 11]. Available from: <https://news.ontario.ca/mcys/en/2014/11/ontarios-aboriginal-healing-and-wellness-strategy.html>
- 36 Ontario. Ministry of Children, Community and Social Services. Indigenous Healing and Wellness Strategy [webpage online]. Toronto: Ministry of Children, Community and Social Services; [modified 2019 Feb 12; last accessed 2019 Oct 8]. Available from <https://www.ontario.ca/page/indigenous-healing-and-wellness-strategy>
- 37 Bill 36: An Act to provide for the integration of the local system for the delivery of health services, SO, 2006, c 4. Available from: <https://www.ola.org/sites/default/files/node-files/bill/document/pdf/2006/2006-03/bill---text-38-2-en-b036ra.pdf>
- 38 Antone, T. Ontario First Nations Public Health Project: The First Nations Public Health Advisory Committee and Knowledge Management Advisory Committee. Association of Local Public Health Agencies Education Day. 2008 Feb 8; Toronto: Chiefs of Ontario; 2008 [last accessed 2021 July 29]. Available from <https://slideplayer.com/slide/3211411/>

- 39 Walker, L., Faria, S. Overview of Ontario's Public Health System and "The Road Ahead" [meeting presentation saved on SMDHU intranet; not available online]. Association of Iroquois and Allied Indians and Public Health Units Relationship Building Event. 2017 May 16; London, Ontario. Toronto: Ministry of Health and Long-Term Care; 2017
- 40 Untitled: Trilateral First Nation Health Senior Officials Committee [webpage online]. Toronto: Chiefs of Ontario; [undated; last accessed 2019 Nov 14]. Available from: <http://www.chiefs-of-ontario.org/priorities/health/trilateral-first-nation-health-senior-officials-committee/>
- 41 Communique: Trilateral First Nations Health Senior Officials Committee Update [webpage online]. Toronto: Chiefs of Ontario; [2012 Dec 12; last accessed 2019 Oct 8]. Available from [http://www.chiefs-of-ontario.org/news\\_item/communique-trilateral-first-nations-health-senior-officials-committee-update/](http://www.chiefs-of-ontario.org/news_item/communique-trilateral-first-nations-health-senior-officials-committee-update/)
- 42 Ontario. Ministry of Health and Long-Term Care. Public Health Working Group – Trilateral First Nations Health Senior Officials Committee. Project Charter. Toronto: Ministry of Health and Long-Term Care; 2011 [last accessed 2019 Oct 10]. Available from [..\..\..\2. Research and Reference\Jurisdictional Issues\4b - PHWG Project Charter trilateral sign-off \(21Sept12\).pdf](..\..\..\2. Research and Reference\Jurisdictional Issues\4b - PHWG Project Charter trilateral sign-off (21Sept12).pdf)
- 43 Chiefs of Ontario. Securing a Future for our Children: Advancing our Nations: Chiefs of Ontario Annual Report 2017-18. [Report online]. Toronto: Chiefs of Ontario; 2020 [last accessed 2021 July 29]. Available from: <http://chiefs-of-ontario.org/resources/downloads/>
- 44 Ontario. Ministry of Health and Long-Term Care. Ontario Public Health Standards: Relationships with Indigenous Communities Guideline, 2018. [Government report online]. Toronto: Ministry of Health and Long-Term Care; 2018 [last accesses 2020 Feb 28]. Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Relationship\\_with\\_Indigenous\\_Communities\\_Guideline\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Relationship_with_Indigenous_Communities_Guideline_en.pdf)
- 45 Ontario. The Urban Indigenous Action Plan. [Government report online]. Toronto: Queen's Printer for Ontario; 2018 (ISBN 978-1-4868-1844-0) [last accessed 2022 Jan 24]. Available from: <https://www.ontario.ca/page/urban-indigenous-action-plan>
- 46 Bill 74: The People's Health Care Act, 2019. SO, 2019, c 5 – Bill 74. Available from: <https://www.ontario.ca/laws/statute/s19005>
- 47 Indigenous Primary Care Health Care Council: Health System Transformation. [Booklet online]. Toronto: Indigenous Primary Health Care Council; 2022 [last accessed 2023 May 19]. Available from: <https://iphcc.ca/health-systems-transformation/>
- 48 Chiefs of Ontario. Chiefs of Ontario Annual Report 2020-2021. [Report online]. Toronto: Chiefs of Ontario; 2021 [last accessed 2023 May 19]. Available from: <http://chiefs-of-ontario.org/download/2014-2015-coo-annual-report/?wpdmdl=1441&masterkey=5f860a1437302>

49 Ontario. COVID-19 vaccines for First Nations, Inuit, and Métis People. [webpage online]. Toronto: Queen's Printer for Ontario; 2022 [last accessed 2022 Jan 24]. Available from: <https://covid-19.ontario.ca/covid-19-vaccines-first-nations-inuit-and-metis-people#find-an-indigenous-supported-clinic>

50 Ontario. COVID-19 communication resources. [webpage online]. Toronto: Queen's Printer for Ontario; [modified 2021 Oct 27; last accessed 2022 Jan 24]. Available from: <https://www.ontario.ca/page/covid-19-communication-resources#vaccine-facts>

51 Simcoe Muskoka District Health Unit. Telephone consultation with Susy Faria (Manager, Indigenous & Intergovernmental Relations Unit, Ontario Ministry of Health, Teresa Gillespie (Practice Consultant-Public Health, Indigenous Services Canada), Liz Walker (Director, Accountability and Liaison Branch, Population and Public Health Division, Ontario Ministry of Health). 2019 April 15.

52 North Simcoe Muskoka Local Health Integration Network. Aboriginal Community Engagement. [Government report online]. Barrie Ontario: North Simcoe Muskoka Local Health Integration Network; 2006 [last accessed 2019 Oct 10]. Available from: \\Jenner\Sharedata\Health Unit\Indigenous\3. Planning\Situational Assessment\Scoping Review\Resources\2006 BANAC ace\_report.pdf

53 Barrie Area Native Advisory Circle, Black C., Beaucage, G. Final Report: Community-Based Mapping of Indigenous Children and Youth Services in Barrie/Midland Region. [Report online]. Barrie Ontario: Child, Youth & Family Services Coalition of Simcoe County; 2016 [last accessed 2023 May 19]. Available from: <https://www.simcoecountycoalition.ca/wp-content/uploads/2016/06/BANAC-Final-Report-Community-Map-Dec-19-2016-4-40-pm-Final.pdf>

54 Indigenous Health Circle. Position Statement: Ontario Health Teams—Indigenous Engagement in Simcoe Muskoka [webpage online]. Barrie Ontario: Indigenous Health Circle; undated [last accessed 2023 May 19]. Available from: file:///jenner/Sharedata/Health%20Unit/Indigenous/7.%20Indigenous%20Partners/Organizations%20&%20Groups/Indigenous%20Health%20Circle/Resources/IHC%20Position%20Statement%20on%20OHTs%20and%20Indigenous%20Engagement%20in%20SM%202019.pdf

55 Lavoie, J. Policy silences: why Canada needs a National First Nations, Inuit and Métis health policy. Int J of Circumpolar Health. 2013; 72(1): 1-8 [last accessed 2022 Jan 24]. Available from: <https://www.tandfonline.com/doi/pdf/10.3402/ijch.v72i0.22690?needAccess=true>

56 Health Canada: The First Nations and Inuit Health Branch [webpage online]. Ottawa: Government of Canada; 2004 [last accessed 2022 Jan 24]. Available from <https://www.canada.ca/en/health-canada/services/health-care-system/health-care-system->

[delivery/federal-provincial-territorial-collaboration/first-ministers-meeting-year-plan-2004/information-first-nations-inuit-health-branch.html](https://www.canada.ca/en/health-canada/services/publications/health-system-services/blueprint-aboriginal-health-10-year-transformative-plan.html#a3b)

57 Indigenous Services Canada: First Nations and Inuit Health Branch: Program Plan [webpage online]. Ottawa: Government of Canada; 2018 [last accessed 2019 Nov 20]. Available from: [https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-HLTH/STAGING/texte-text/health-care-serviceshealth-care\\_fn-inuit-health-funding-agreement-models\\_program-plan\\_1584558706601\\_eng.pdf](https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-HLTH/STAGING/texte-text/health-care-serviceshealth-care_fn-inuit-health-funding-agreement-models_program-plan_1584558706601_eng.pdf)

58 Health Canada: Closing the Gaps in Aboriginal Health. [Government report online]. Ottawa: Government of Canada; 2003 [Archived; last accessed 2022 Jan 24]. Available from: <https://www.canada.ca/en/health-canada/services/science-research/reports-publications/health-policy-research/closing-gaps-aboriginal-health.html#page11>

59 Health Canada: Working Together to Improve Aboriginal Access to Health Services; [webpage online]. Ottawa: Government of Canada; 2010 [last accessed 2022 Jan 24]. Available from: [https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt\\_formats/pdf/services/acces/oll-rlr-eng.pdf](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/fniah-spnia/alt_formats/pdf/services/acces/oll-rlr-eng.pdf)

60 Health Canada. Blueprint on Aboriginal Health: A 10-Year Transformative Plan [webpage online]. Ottawa: Government of Canada; 2005 [last accessed 2022 Jan 24]. Available from <https://www.canada.ca/en/health-canada/services/publications/health-system-services/blueprint-aboriginal-health-10-year-transformative-plan.html#a3b>

61 First Nations of Quebec and Labrador Health and Social Services Commission: Aboriginal Health Transition Fund Compendium of Projects. [Government report online]. Quebec: First Nations of Quebec and Labrador Health and Social Services Commission; 2011 (ISBN 978-1-926553-39-9) [last accessed 2022 Jan 24]. Available from: <https://numerique.banq.qc.ca/patrimoine/details/52327/2482230>

62 Health Canada and Public Health Agency of Canada. Evaluation of the First Nations and Inuit Health Branch's Health Services Integration Fund 2010-2011 to 2014-2015. [Government report online]. Ottawa: Health Canada and Public Health Agency of Canada; 2016. [last accessed 2022 Jan 24]. Available from: <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/evaluation-first-nations-inuit-health-branch-health-services-integration-fund-2010-2011-2014-2015.html>

63 Government of Canada: Nutrition North Canada [webpage online]. Ottawa: Government of Canada; [Modified 2021 Nov 10; last accessed 2022 Jan 24]. Available from: <https://www.nutritionnorthcanada.gc.ca/eng/1415385762263/1415385790537>

64 Government of Canada: Aboriginal Head Start in Urban and Northern Communities (AHSUNC) [webpage online]. Ottawa: Government of Canada; [modified 2017 Oct 23; last

accessed 2022 Jan 24]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/programs-initiatives/aboriginal-head-start-urban-northern-communities-ahsunc.html>

65 Indigenous Services Canada. Departmental Plan 2020-2021. [Government report online]. Ottawa: Government of Canada; 2020 [last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1581459806913/1581459839835>

66 Indigenous Services Canada: Departmental Results Framework 2022-2023 [webpage online]. Ottawa: Government of Canada; [modified 2022 Jan 21; last accessed 2022 June 21]. Available from: <https://www.sac-isc.gc.ca/eng/1642624377692/1642624401397>

67 Indigenous Services Canada: Departmental Results Report 2020 to 2021. [Government report online]. Ottawa: Government of Canada; 2020 [last accessed 2022 June 21]. Available from: [https://www.sac-isc.gc.ca/eng/1631214865066/1631214910784#sec3\\_2](https://www.sac-isc.gc.ca/eng/1631214865066/1631214910784#sec3_2)

68 Indigenous Services Canada: First Nations and Inuit health funding agreement models [webpage online]. Ottawa: Government of Canada; [modified 2021 June 11; last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1583774026965/1583774050718>

69 Indigenous Services Canada: Health Services Integration Fund [webpage online]. Ottawa: Government of Canada; [modified 2022 Aug 10; last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1581974018702/1581974041680>

70 Indigenous Services Canada: First Nations and Inuit Health Accreditation program [webpage online]. Ottawa: Government of Canada; [modified 2020 Feb 17; last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1581974018702/1581974041680>

71 Indigenous Services Canada: Health Facilities Program [webpage online]. Ottawa: Government of Canada; [Modified 2021 June 14; last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1613078660618/1613078697574>

72 Indigenous Services Canada: Indigenous health care in Canada [webpage online]. Ottawa: Government of Canada; [Modified 2021 Oct 29; last accessed 2022 Jan 24]. Available from: <https://sac-isc.gc.ca/eng/1626810177053/1626810219482>

73 Crown-Indigenous Relations and Northern Affairs Canada: Recognition of rights discussion tables [webpage online]. Ottawa: Government of Canada; [modified 2020 Dec 16; last accessed 2022 Jan 24]. Available from: <https://www.rcaanc-cirnac.gc.ca/eng/1511969222951/1529103469169>

74 Crown-Indigenous Relations and Northern Affairs Canada: Delivering on Truth and Reconciliation Commission Calls to Action: Child Welfare [webpage online]. Ottawa:

Government of Canada; [Modified 2020 July 6; last accessed 2022 Jan 24]. Available from: <https://www.rcaanc-cirnac.gc.ca/eng/1524494379788/1557513026413>

75 Crown-Indigenous Relations and Northern Affairs Canada: Delivering on Truth and Reconciliation Commission Calls to Action: Health [webpage online]. Ottawa: Government of Canada; [modified 2019 Sept 5; last accessed 2022 Jan 24]. Available from: <https://www.rcaanc-cirnac.gc.ca/eng/1524499024614/1557512659251>

76 Indigenous Services Canada: New financial support for Indigenous Peoples [webpage online]. Ottawa: Government of Canada; [modified 2022 Feb 3; last accessed 2022 Jan 24]. Available from <https://www.sac-isc.gc.ca/eng/1603128498412/1603128634360>

77 Indigenous Services Canada: Indigenous Community Support Fund: Distributions to communities and organizations [webpage online]. Ottawa: Government of Canada; [modified 2022 Jan 28; last accessed 2022 Jan 24]. Available from: <https://www.sac-isc.gc.ca/eng/1595249887428/1595249904867>

78 Indigenous Services Canada: Awareness resources and videos [webpage online]. Ottawa: Government of Canada; [modified 2022 Dec 21; last accessed 2023 May 24]. Available from: <https://www.sac-isc.gc.ca/eng/1603132339009/1603132369373>

79 Peterborough Public Health. Indigenous Public Health [webpage online]. Peterborough: Peterborough Public Health; [modified 2019; last accessed 2022 Jan 24]. Available from: <https://www.peterboroughpublichealth.ca/about-us/indigenous-public-health/>

80 Sioux Lookout First Nation Health Authority. Approaches to Community Wellbeing [webpage online]. Sioux Lookout: Sioux Lookout First Nations Health Authority; [2015; last accessed 2022 Nov 30]. Available from: [https://slfnha.com/wp-content/uploads/2020/08/Approaches\\_to\\_Community\\_Wellbeing\\_model\\_description\\_2.pdf](https://slfnha.com/wp-content/uploads/2020/08/Approaches_to_Community_Wellbeing_model_description_2.pdf)

81 Weeneebayko Area Health Authority: Infection Prevention and Control [webpage online]. Moose Factory: Weeneebayko Area Health Authority; [undated; last accessed 2022 Nov 30]. Available from: <https://www.waha.ca/infection-prevention-and-control/>

82 Porcupine Health Unit: Medical Officer of Health Report to the Board of Health. [Government report online]. 2020 [last accessed 2022 Nov 30]. Available from: <https://www.porcupinehu.on.ca/en/usermedia/reports/Medical%20Officer%20of%20Health%20Report%20to%20BOH%20-%202020-03-05.pdf>

83 Kenora Chiefs Advisory: Health Programs [webpage online]. Kenora: Kenora Chiefs Advisory; [undated; last accessed 2022 Nov 30]. Available from: <https://www.kenorachiefs.org/health/>

84 Northwestern Health Unit: Board of Health minutes [webpage online]. Kenora: Northwestern Health Unit; 2015 [last accessed 2019 Oct 10]. Available from:

[https://www.nwhu.on.ca/AboutUs/Documents/2015.10.23\\_FINAL\\_BOH\\_Minutes\\_Oct.23.pdf](https://www.nwhu.on.ca/AboutUs/Documents/2015.10.23_FINAL_BOH_Minutes_Oct.23.pdf)

85 Chiefs of Ontario. Jurisdiction: Resurgence, Rebuild and Reoccupy: Chiefs of Ontario Annual Report 2013-2014. [Report online]. Toronto: Chiefs of Ontario; 2014 [last accessed 2022 Jan 24]. Available from: <https://chiefs-of-ontario.org/download/2013-2014-coo-annual-report/>

86 Chiefs of Ontario. Strengthening Our Relationships: Chiefs of Ontario Annual Report 2014-2015. [Report online]. Toronto: Chiefs of Ontario; 2015 [last accessed 2022 Jan 24]. Available from: <https://chiefs-of-ontario.org/download/2014-2015-coo-annual-report/>

## APPENDIX A - OTHER REVIEWED DOCUMENTS AND WEBSITES

Alliance for Healthier Communities. Aboriginal Health Access Centres [Internet]. Available from: <https://www.allianceon.org/aboriginal-health-access-centres>

Anishnabek Nation [Internet]. Available from: <https://www.anishinabek.ca/>

Assembly of First Nations. First Nations Health Transformation Agenda [Internet]. Available from: <http://www.afn.ca/policy-sectors/health/>

Assembly of First Nations. The First Nations Health Transformation Agenda [Internet]. 2017. Available from: [http://www.afn.ca/uploads/files/fnhta\\_final.pdf](http://www.afn.ca/uploads/files/fnhta_final.pdf)

Assembly of First Nations. Issue Updates [Internet]. 2018-2019. Available from: <http://www.afn.ca/issue-updates/>

Association of Iroquois and Allied Indians [Internet]. Available from: <http://www.aiai.on.ca/>

Berthiaume A, Bowes C, Cote-Meek S, Lalonde K, Larocque C, St Onge R, Sutherland M, Switzer M, Zappa L. Talking Together to Improve Health: Key findings from the Ontario Public Health Unit Survey on engagement with First Nations communities [Internet]. 2017. Locally Driven Collaborative Projects. Sudbury, ON. Available from: <https://www.publichealthontario.ca/-/media/documents/l/2018/lhcp-firstnations-engagement-survey-summary.pdf?la=en>

Blackstock C. Jordan's principle: Editorial update [Internet]. 2008. Paediatric Child Health; 13(7): 589-590. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2603509/>

Chiefs of Ontario. Annual Reports [Internet]. Toronto, Ontario. Available from: <http://www.chiefs-of-ontario.org/annual-reports/>

Chiefs of Ontario. Health [Internet]. Toronto, Ontario. Available from: <http://www.chiefs-of-ontario.org/priorities/health/>

Chiefs of Ontario. Resources for First Nation Communities [Internet]. Toronto, Ontario. Available from: <http://www.chiefs-of-ontario.org/resources-for-first-nation-communities/>

Chiefs of Ontario. The Advocate [Internet]. 2016-Spring/Summer 2019. Toronto, Ontario. Available from: <http://www.chiefs-of-ontario.org/advocate/>

Congress of Aboriginal Peoples. Canada-Congress of Aboriginal Peoples Political Accord. 2018 December 5. Available from: <http://www.abo-peoples.org/en/canada-congress-of-aboriginal-peoples-political-accord/>

First Nations Health Authority. Health through wellness [Internet]. Available from: <http://www.fnha.ca/>

Government of Canada. Indigenous and Northern Affairs [Internet]. Available from: <https://www.canada.ca/en/indigenous-northern-affairs.html>

Government of Canada. Indigenous peoples: Services and information [Internet]. Available from: <https://www.canada.ca/en/crown-indigenous-relations-northern-affairs.html>

Government of Canada. Indigenous Service Canada: Funding programs [Internet]. Available from: <https://www.sac-isc.gc.ca/eng/1591289631120/1591289804651>

Government of Canada. Indigenous Service Canada: Governance [Internet]. Available from: <https://www.sac-isc.gc.ca/eng/1100100013803/1565358492034>

Government of Canada. Indigenous Service Canada: Indigenous health [Internet]. Available from: <https://www.sac-isc.gc.ca/eng/1569861171996/1569861324236>

Government of Canada. Indigenous Service Canada: Indigenous health management and initiatives [Internet]. Available from: <https://www.sac-isc.gc.ca/eng/1581897443592/1581897469233>

Government of Canada. Indigenous Service Canada: Key priorities [Internet]. Available from: <https://www.sac-isc.gc.ca/eng/1523808248312/1523808295687>

Government of Canada. Indigenous Service Canada: Social programs [Internet]. Available from: <https://www.sac-isc.gc.ca/eng/1100100035072/1521125345192>

Government of Canada. Justice Laws Website: Indian Act (R.S.C., 1985, c. I-5) [Internet]. Available from: <https://laws-lois.justice.gc.ca/eng/acts/i-5/>

Government of Canada. Justice Laws Website: Canada Health Act (R.S.C., 1985, c. C-6) [Internet]. Available from: <https://laws-lois.justice.gc.ca/eng/acts/c-6/>

Government of Canada. Health Canada: Charter of Relationship Principles for Nishnawbe Aski Nation Territory [Internet]. Available from: <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/charter-nan.html>

Government of Ontario, Ministry of Children, Community and Social Services. About the Indigenous Healing and Wellness Strategy [Internet]. Available from: <https://www.mcscs.gov.on.ca/en/mcscs/programs/community/ihws/index.aspx>

Government of Ontario. The Journey Together. Ontario's Commitment to Reconciliation with Indigenous Peoples. 2017. Available from: [https://files.ontario.ca/trc\\_report\\_web\\_mar17\\_en\\_1.pdf](https://files.ontario.ca/trc_report_web_mar17_en_1.pdf)

Government of Ontario. Backgrounder: Indigenous Health Investments to Focus on Four Priority Areas. 2016 May 25. Available from: <https://news.ontario.ca/en/backgrounder/38953/indigenous-health-investments-to-focus-on-four-priority-areas>

Government of Ontario. News Release: Ontario Launches \$222 Million First Nations Health Action Plan: Province Supporting Indigenous Health Care. 2016 May 25. Available from: <https://news.ontario.ca/en/release/38954/ontario-launches-222-million-first-nations-health-action-plan>

Government of Ontario. News Release: Ontario Taking Action on Indigenous Health Care. 2017 February 14. Available from: <https://news.ontario.ca/en/release/48193/ontario-taking-action-on-indigenous-health-care>

Health Canada, Departmental Audit and Evaluation Committee. The Evaluation of the First Nations and Inuit Health Transfer Policy Final Report [Internet]. 2006. Ottawa, Canada. Available from: [http://publications.gc.ca/collections/collection\\_2016/sc-hc/H14-191-2006-eng.pdf](http://publications.gc.ca/collections/collection_2016/sc-hc/H14-191-2006-eng.pdf)

Health Canada, Office of Audit and Evaluation and the Public Health Agency of Canada. Evaluation of the First Nations and Inuit Health Branch's Health Planning and Quality Management Activities 2010-2011 to 2014-2015. 2016. Ottawa, Canada. Available from: <https://www.canada.ca/content/dam/hc-sc/documents/corporate/transparency/corporate-management-reporting/evaluation/2010-2011-2014-2015-first-nations-inuit-health-planning-quality-management-activities/hpgm-psgq-eng.pdf>

HealthCareCAN. Issue Brief: The Truth and Reconciliation Commission of Canada: Health-Related Recommendations [Internet]. 2016. HealthCareCAN, Ottawa, ON. Available from: [https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/IssueBriefs/2016/EN/TRCC\\_EN.pdf](https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/IssueBriefs/2016/EN/TRCC_EN.pdf)

Métis Nation of Ontario [Internet]. Available from: <http://www.metisnation.org/>

National Collaborating Centre for Aboriginal Health. Setting the Context: The Aboriginal Health Legislation and Policy Framework in Canada [Internet]. 2011. National Collaborating Centre for Aboriginal Health, Prince George, BC. Available from: [https://www.nccah-ccnsa.ca/docs/Health%20Legislation%20and%20Policy\\_English.pdf](https://www.nccah-ccnsa.ca/docs/Health%20Legislation%20and%20Policy_English.pdf)

National Collaborating Centre for Indigenous Health [Internet]. Available from: <https://www.nccih.ca/en/>

National Collaborating Centre for the Determinants of Health [Internet]. Available from: <http://nccdh.ca/>

North East LHIN. North East LHIN Aboriginal Health Care Reconciliation Action Plan [Internet]. 2016. Available from: <http://www.nelhin.on.ca/Page.aspx?id=81D215F56B9744E2A618FC1DF0F05B89>

Ontario Federation of Indigenous Friendship Centres. Access to Health Service in Ontario for the Urban Indigenous Population [Internet]. 2017 April. Available from: <https://ofifc.org/wp-content/uploads/2020/03/2017-Position-Statement-on-Urban-Indigenous-health.pdf>

Office of the Auditor General of Canada. Report 4 – Access to Health Services for Remote First Nations Communities [Internet]. 2015. Available from: [https://www.oag-bvg.gc.ca/internet/English/parl\\_oag\\_201504\\_04\\_e\\_40350.html](https://www.oag-bvg.gc.ca/internet/English/parl_oag_201504_04_e_40350.html)

Ontario Federation of Indigenous Friendship Centres [Internet]. Available from: <https://ofifc.org/>

Ontario LHINS. Engaging First Nation, Inuit and Métis Communities [Internet]. Available from: <http://www.lhins.on.ca/Pan-LHIN%20Content/Provincial%20Aboriginal%20LHIN%20Network/Engaging%20First%20Nation%20Inuit%20and%20Metis%20Communities.aspx>

Ontario LHINS. Provincial Aboriginal LHIN Network [Internet]. Available from: <http://www.lhins.on.ca/Pan-LHIN%20Content/Provincial%20Aboriginal%20LHIN%20Network.aspx>

Ontario LHINS. Aboriginal Community Engagement [Internet]. Available from: <http://www.lhins.on.ca/Pan-LHIN%20Content/Provincial%20Aboriginal%20LHIN%20Network/Aboriginal%20Community%20Engagement.aspx>

Ontario Native Women's Association [Internet]. Available from: <https://www.onwa.ca/>

Palmer K, Tepper T, Nolan M. Indigenous Health Services often hampered by legislative confusion. 2017 Sept 21. Healthy Debate [Internet]. Available from: <https://healthydebate.ca/2017/09/topic/indigenous-health>

Patterson LL. Aboriginal Roundtable to Kelowna Accord: Aboriginal Policy Negotiations, 2004-2005. Library of Parliament, Ottawa, ON [Internet]. 2006 May 4. Available from: <http://publications.gc.ca/collections/Collection-R/LoPBdP/PRB-e/PRB0604-e.pdf>

Richardson L, Murphy T. Bringing Reconciliation to Healthcare in Canada: Wise Practices for Healthcare Leaders [Internet]. 2018. HealthCareCAN. Available from: [http://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/Reports/2018/HCC/EN/TRCC\\_EN.pdf](http://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/Reports/2018/HCC/EN/TRCC_EN.pdf)

Richmond, C. A. M. and Cook, C. (2016). Creating conditions for Canadian aboriginal health equity: the promise of healthy public policy. Public Health Reviews, 37(2) <https://publichealthreviews.biomedcentral.com/track/pdf/10.1186/s40985-016-0016-5>

Romanow RJ. Building on Values: The Future of Health Care in Canada [Internet]. 2002. Commission on the Future of Health Care in Canada. Ottawa, Canada. Available from: <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>

Sioux Lookout First Nations Health Authority. Health Services [Internet]. Available from: <https://www.slnha.com/health-services/>

Sioux Lookout First Nations Health Authority. Sioux Lookout Zone Chiefs meeting: Sioux Lookout First Nations Health Authority General Meeting. 2010. [Resolution #10-06: Implementation of a Public Health System](#)

Sioux Lookout First Nations Health Authority. Approaches to Community Wellbeing [Internet]. 2016 November 16. Available from:

[https://www.fnhma.ca/archive/conference/2016/english/Presentations/Workshop\\_O.pdf](https://www.fnhma.ca/archive/conference/2016/english/Presentations/Workshop_O.pdf)

Sioux Lookout First Nations Health Authority. Community Health Indicators: Engagement summary report [Internet]. 2017 November. Available from: [https://slfnha.com/wp-content/uploads/2020/08/Community\\_Data\\_Engagement\\_Summary\\_final.pdf](https://slfnha.com/wp-content/uploads/2020/08/Community_Data_Engagement_Summary_final.pdf)

Sioux Lookout First Nations Health Authority. Our Children and Youth Health Report [Internet]. 2018. Available from: [https://slfnha.com/wp-content/uploads/2020/08/CHSR\\_FINAL\\_-\\_Web\\_Version.pdf](https://slfnha.com/wp-content/uploads/2020/08/CHSR_FINAL_-_Web_Version.pdf)

Stout R. Webinar: Reconciliation and Public Health [Internet]. 2018 Jan 19. National Collaborating Centre for Indigenous Health Available from: [https://www.nccah-ccnsa.ca/495/Webinar\\_\\_Reconciliation\\_and\\_Public\\_Health.nccah?id=245](https://www.nccah-ccnsa.ca/495/Webinar__Reconciliation_and_Public_Health.nccah?id=245)

Tasker JP. Government, Indigenous leaders herald health agreement that will dismantle 'colonial' system. CBC News [Internet]. 2017 July 24. Available from: <https://www.cbc.ca/news/politics/nan-health-deal-colonial-1.4219620>

Trudeau J. New Ministers to support the renewed relationship with Indigenous Peoples. 2017 Aug 28. Office of the Prime Minister of Canada. Ottawa, ON. Available from: <https://pm.gc.ca/eng/news/2017/08/28/new-ministers-support-renewed-relationship-indigenous-peoples>

Truth and Reconciliation Commission of Canada. TRC Reports [Internet]. Winnipeg, Manitoba. Truth and Reconciliation Commission of Canada [2015] Available from: <https://nctr.ca/records/reports/>

University of British Columbia; First Nations & Indigenous Studies. Bill C-31 [Internet]. 2009. Available from: [https://indigenousfoundations.arts.ubc.ca/bill\\_c-31/](https://indigenousfoundations.arts.ubc.ca/bill_c-31/)