Cancer Care Ontario

Path to Prevention

Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis

Technical Appendix

Ontario
Cancer Care Ontario

Appendix 1

Methodologies

Literature search strategy

A literature review was undertaken to identify published, peer-reviewed original research, systematic reviews and descriptive, qualitative research that addressed the burden of cancer, diabetes, cardiovascular and lower respiratory diseases and related policies, strategies and initiatives pertaining to First Nation, Inuit and Métis populations. Six key questions were identified to guide the search:

1. What models of health and wellness have been developed?
2. What is the burden of chronic disease (i.e. cancer, diabetes, cardiovascular and chronic [lower] respiratory disease)?
3. What chronic disease prevention policies, strategies and initiatives exist?
4. What best practices exist in reducing the four key risk factors for chronic disease prevention?
5. How do the social determinants of Aboriginal health impact health and wellness?
6. What influences the health behaviours, attitudes and outcomes?

MEDLINE, PsycINFO, PubMed, The Cochrane Library and CINAHL databases were searched with the following key words: First Nations, Inuit, Métis, Indigenous, Aboriginal linked with cancer, diabetes, cardiovascular disease, respiratory disease, chronic disease, prevention, risk factors, alcohol, substance abuse, smoking, tobacco, exercise, physical activity, sport, lifestyle, health behaviour, diet, nutrition, traditional foods, education, food security, environmental contamination, Aboriginal health, culture, health services, health equity, social determinants, health promotion, youth, lifecourse, incidence, prevalence, policy, Canada, United States, Australia, New Zealand.

Other search terms included: Native, Indian, mental health, obesity, wholistic health model, chronic disease model, resilience, Medicine Wheel.

The results were limited to articles in English for studies in Canada, U.S., Australia and New Zealand between 2000 and 2015.

Web search strategy

The goals of the web search were:

1. To identify provincial and regional organizations, programs, services and other activities directly related to chronic disease prevention in First Nation, Inuit and Métis populations in Ontario.
2. To gather information on regional, national and international best practices and experiences that could inform the recommendations.

The web search sought information from outside the realm of peer-reviewed research (i.e., gray literature). This included fact-based documents and descriptions posted on websites concerning organizations, policies, strategies and programs, including program evaluations. In addition, opinion-based documents were pursued, such as critiques and news media reports.

A Google search engine was used to conduct two waves of searches. The initial search strategy developed organically, beginning with organizations known to be active in the area, including provincial and federal government ministries, First Nation, Inuit and Métis organizations, Cancer Care Ontario, the Canadian Cancer Society, Heart & Stroke Foundation, academic research centres and others. Policy documents and publications obtained from these sources identified further organizations. To these were added organizations and

documents suggested by interviewees and identified through attendance at conferences. The websites of provincial, national and international organizations and governments known to be active in the area of Indigenous health were also searched.

The second wave of web search was focused on ensuring the comprehensiveness of the information collected. Further searches were conducted to find additional organizations and activities. As well, perspectives on the effectiveness of initiatives retrieved in the initial search were sought. Search terms included: Aboriginal, Ontario, First Nation, Inuit, Métis, Indigenous, chronic disease, chronic disease prevention, health promotion, physical activity, sport, healthy eating, nutrition, food security, tobacco, smoking, alcohol, drinking, traditional, culture, research, evaluation, effectiveness. Search terms related to key international jurisdictions were: Australia, New Zealand, Aotearoa, American Indian, American Native, Alaskan Native, indigenous, native, aborigine.

Interview methodology

Interviews were conducted in two waves. Interviewee lists and questionnaires were developed in consultation with Cancer Care Ontario.

Wave 1, which took place early in the information gathering phase of the work, consisted of 25 interviews with representatives of First Nation, Inuit and Métis regional organizations and provincially-funded health service organizations who hold chronic disease prevention and management and, more broadly, First Nation, Inuit and Métis health in part or as their whole mandate. The Canadian Public Health Association's *Tool for Strengthening Chronic Disease Prevention and Management Through Dialogue, Planning and Assessment* was adapted to create the interview guide. The inputs were summarized quantitatively, using the five-point scale used in the questionnaire, and qualitatively by theme. Wave 1 interviewees also recommended informants for Wave 2.

Wave 2 interviews took place as the draft recommendations were being developed. These interviews, conducted with policy experts at decision-making levels in government and key organizations in other sectors, gathered feedback on the thematic areas that emerged as priorities during the information gathering phase and sought advice on shaping the recommendations. A thematic synthesis of the interviews was prepared for each sector.

Organizations interviewed

Association of Iroquois and Allied Indians

Grand Council Treaty #3

Union of Ontario Indians

Ontario Federation of Indigenous Friendship Centres

Ontario Native Women's Association

Chiefs of Ontario

Cancer Care Ontario

Public Health Ontario

Expert contributors to the *Taking Action* report

Vice-Presidents of Regional Cancer Programs and staff members (program coordinators and Aboriginal Navigators)

Aboriginal Health Access Centres

Academic researchers

Ministry of Tourism, Culture and Sport, Community Programs Unit

Ministry of Health and Long-Term Care
- Public Health, Planning and Liaison Branch
- Health Promotion Division
- Health System Policy and Planning Division, Implementation Branch and Aboriginal Health Unit

Ministry of Community and Social Services, Aboriginal Healing and Wellness Strategy

Canadian Diabetes Association

Ontario Lung Association

Heart & Stroke Foundation

Canadian Cancer Society – Ontario Division

Aboriginal Physical Activity and Cultural Circle

Dietitians of Canada

Healthy Weights Connection

National Collaborating Centre for Aboriginal Health

TransFORmation of IndiGEnous PrimAry HEAlthcare Delivery (FORGE AHEAD)

Ontario Tobacco Research Unit

Dalla Lana School of Public Health, University of Toronto

Top End Health Service, Northern Territory, Australia

Indigenous and Rural Health Division, Department of Health, Australia

Māori Health, Ministry of Health, New Zealand

Wave 1 Interview Questionnaire

1. **What is the general mandate of your organization?** What is your role or expertise in regards to First Nation, Inuit and Métis and chronic disease prevention?

2. **Are you familiar with Cancer Care Ontario and Public Health Ontario's *Taking Action to Prevent Chronic Disease*?** If yes, what do you think is relevant in the report to First Nation, Inuit and Métis communities?

   Note: Chronic diseases are the leading cause of death in Ontario. Cancer Care Ontario has partnered with Public Health Ontario on a report which provides 22 evidence-informed recommendations to: reduce exposure to four key risk factors (tobacco, alcohol, unhealthy eating and physical inactivity), build capacity for chronic disease prevention and work towards health equity. The responsibility for doing so is shared among federal, provincial and municipal governments in collaboration with non-governmental partners.

3. **How are stakeholders engaged in working together to strengthen chronic disease prevention in First Nations, Inuit and Métis communities?**

0	1	2	3	4
Chronic disease stakeholders in the region are working in isolation of each other	Various networks of stakeholders (possibly working on different chronic diseases) exchange information with each other on a regular basis	Some stakeholders meet regularly; start to plan together	Plan to actively engage all stakeholders in the coming year in a chronic disease prevention initiative; some stakeholders meet regularly together	Stakeholders are working together on comprehensive strategies for chronic disease prevention and management. Efforts are made to use some resources collectively to support the work of the group
Other indicators from your region/experience?				
Comments/Areas for Follow-up:				

4. **How have stakeholders identified common priorities and actions for strengthening chronic disease prevention in First Nations, Inuit and Métis communities?**

0	1	2	3	4
No strategic priorities and action plans exist for strengthening chronic disease prevention	Strategic priorities have been articulated but no action plans have been developed	Strategic priorities have been articulated and stakeholders are engaged to develop action plans	Strategic priorities have been articulated, stakeholders are engaged and an action plan has been developed for some key areas	Strategic priorities have been identified, shared goals and measurable objectives have been developed. Fully-funded, sustainable action plans have been developed.
Other indicators from your region/experience?				
Comments/Areas for Follow-up:				

5. **How do community groups/organizations participate in a comprehensive regional/provincial strategy for First Nations, Inuit and Métis chronic disease prevention?**

0	1	2	3	4
Community groups/organizations do not participate in regional or provincial discussions	Community groups/organizations participate on an ad hoc basis	An inventory of community groups/organizations working in chronic disease prevention and management exists and is used to invite key stakeholders to participate in discussions	Community groups/organizations participate in regular communications with other stakeholders	Senior management of community groups/ organizations participate as full members in regional or provincial strategies
Other indicators from your region/experience?				
Comments/Areas for Follow-up:				

6. **Within each component of the Community-based Health & Wellness Model, please describe the First Nations, Inuit and Métis activities, projects or initiatives that you are aware of in your area for children, youth, adults or Elders.** What impact has/will each of these activities, projects or initiatives have on the physical, emotional spiritual and mental well-being of individuals, families, communities or Nations?

Elements of the Model	First Nations, Inuit and Métis activities, projects or initiatives	Comments
Social determinants of Aboriginal Health	Check all that apply Children Youth Adults Elders	
Healthy Eating	Check all that apply Children Youth Adults Elders	
Physical Activity	Check all that apply Children Youth Adults Elders	
No Smoking	Check all that apply Children Youth Adults Elders	
Low/No Alcohol	Check all that apply Children Youth Adults Elders	

7. **What initiatives are you aware of that have made a difference in reducing the burden of chronic disease for First Nations, Inuit and Métis communities?** Please explain.

0	1	2	3	4
No initiatives exist that are making the difference in reducing the burden of chronic disease	Initiatives exist that focus on chronic disease prevention	Initiatives exist that have made a difference in addressing chronic disease prevention	Promising practices exist which have made a difference in addressing the burden of chronic disease	Evidence-based initiatives exist which have made a difference in reducing the burden of chronic disease
Other indicators from your region/experience?				
Comments/Areas for Follow-up:				

8. **What has been done to ensure that all policies, strategies and initiatives have been developed to specifically address the needs of First Nations, Inuit and Métis communities?**

0	1	2	3	4
Services and programs have been developed without specific consideration of First Nation, Inuit and Métis issues	Community needs assessment have included First Nation, Inuit and Métis issues	Aware of current research and practices related to First Nation, Inuit and Métis programming	Clear standards for First Nation, Inuit and Métis policy, strategy and initiatives have been developed	Processes involve communities to identify health issues and assist in the development of culturally appropriate policies, strategies and initiatives for First Nation, Inuit and Métis people and communities
Other indicators from your region/experience?				
Comments/Areas for Follow-up:				

9. **How are the social determinants of Aboriginal health (SDoAH) recognized in core policies, strategies and initiatives for, and in, First Nations, Inuit and Métis communities?**

0	1	2	3	4
Stakeholders do not consider SDoAH as part of their core policies, strategies and initiatives	Stakeholders are aware of the importance of SDoAH but have not developed activities with this specific focus	Stakeholders include SDoAH as a foundation for planning but have not developed specific activities	Stakeholders have developed specific activities with a focus on addressing SDoAH	Stakeholders evaluate activities based on addressing SDoAH
Other indicators from your region/experience?				
Comments/Areas for Follow-up:				

10. **How are the social determinants of Aboriginal health (SDoAH) assessed and monitored in First Nations, Inuit and Métis communities?**

0	1	2	3	4
Stakeholders do not collect information on SDoAH	Stakeholders recognize the importance of collecting information on SDoAH	Stakeholders identify which SDoAH indicators are most relevant for their work	Stakeholders develop partnerships/systems necessary for the collection of SDoAH information	Stakeholders regularly collect information on SDoAH and use it in policy, strategy and initiative design and priority setting
Other indicators from your region/experience?				
Comments/Areas for Follow-up:				

11. **How is evidence used to guide planning and action in a regional/provincial First Nations, Inuit and Métis chronic disease prevention management system?**

0	1	2	3	4
Development of the regional/ provincial chronic disease prevention system is not evidence-informed	Evidence is used to develop clear goals and performance indicators for the regional system	Logic models are developed to support system evaluation	Regional/provincial initiatives are evaluated based on logic models	Regional/provincial system planning is modified based on evaluation results
Other indicators from your region/experience?				
Comments/Areas for Follow-up:				

12. **What systems are in place to facilitate data sharing for chronic disease prevention/management monitoring, surveillance and evaluation with First Nations, Inuit and Métis stakeholders?**

0	1	2	3	4
No systems are in place	Stakeholders agree on health system indicators to be tracked	Stakeholders develop plan for data sharing to improve monitoring, surveillance and evaluation of chronic disease	Stakeholders agree on protocols for data sharing	Stakeholders have the resources and are implementing a system for data sharing to improve monitoring, surveillance and evaluation of chronic disease
Other indicators from your region/experience?				
Comments/Areas for Follow-up:				

13. **Do you have any additional comments?**

14. **Are there any other key stakeholders that we should be talking to?**

Wave 2 Interview Questionnaire

1. What is the general mandate of your organization? What is your role related to policy development?
2. Are you familiar with Cancer Care Ontario and Public Health Ontario's *Taking Action to Prevent Chronic Disease*? If yes, what do you think is relevant in the report to First Nation, Inuit and Métis communities?
3. Does your organization currently have any policies, initiatives or strategies related to First Nation, Inuit and Métis chronic disease prevention (i.e. cancer, diabetes, cardiovascular or chronic respiratory disease)? If yes, please describe. If no, does your organization have a position on this health area? Who else is involved?
4. Has your organization addressed cultural components in creating policies, initiatives or strategies related to First Nation, Inuit and Métis chronic disease prevention? If yes, please describe. If no, does your organization have plans to do so?
5. Cancer Care Ontario's *Path to Prevention—Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis* has found that working with and engaging First Nation, Inuit and Métis populations in policy decisions helps to improve health. Are First Nation, Inuit and Métis key stakeholders currently engaged in working with your organization to strengthen chronic disease prevention and management? If yes, please describe. If no, please describe any future plans for doing so.
6. Does your organization work with other government or non-government organizations or departments to address chronic disease prevention with a cross-sectoral approach? If yes, please describe. If no, please describe any future plans for doing so.
7. Comprehensive lifestyle approaches to health and wellness is an emergent theme. For change to occur, several strategies must be considered in promoting health: awareness, education, skills development, community mobilization and creating supportive environments. Would your organization play a key role? If yes, what would this be? If not, who else needs to be involved?
8. Infrastructure to support physical activity is an emerging theme that is central to health and wellness. It includes increased capacity in programming, facilities, human resources and equipment to promote safe and culturally appropriate physical activity for First Nation, Inuit and Métis peoples. Would your organization play a key role? If yes, what would this be? If not, who else needs to be involved?
9. Food security is an emerging theme that is central to health and wellness. It includes increased access to safe, healthy, locally and culturally acceptable food in communities. Would your organization play a key role? If yes, what would this be? If not, who else needs to be involved?
10. Food sovereignty is an emerging theme that is central to addressing food insecurity. It means support for food systems established under First Nation, Inuit and Métis leadership whereby Indigenous peoples determine what should be grown, cooked, taught and shared. Would your organization play a key role? If yes, what would this be? If not, who else needs to be involved?
11. Does your organization have a process to ensure that planning includes measuring health equity for its policies, strategies and initiatives? If yes, please describe. If no, please describe any future plans for doing so.
12. In your opinion, what opportunities and strengths lie within government and First Nation, Inuit and Métis communities to move the health equity agenda forward? What role do the social determinants of health play?
13. What would your advice be in developing the recommendations so that they are informed by your organization's current priorities, policies and strategies?
14. Do you have any additional comments?

Focus group methodology

Twenty-eight focus groups were held across Ontario representing 48 First Nation, Inuit and Métis participating communities. Cancer Care Ontario's Joint Ontario Aboriginal Cancer Committee members were engaged in the planning, implementation and evaluation of the focus groups and were instrumental in facilitating the participation of communities. Key contacts in each community were identified to host the focus groups. Prior to each focus group, each community was provided with: information about *Path to Prevention—Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis* (referred to as *Path to Prevention)* project and purpose of the focus group, posters to advertise the event in their community and support for the provision of a meal or snack, Elder to open and close the session and a note-taker to keep notes.

The objectives of the focus groups were to obtain in-depth feedback and involve communities in a dialogue on:

- Awareness, receptivity and capacity to adopt healthier lifestyles
- Enablers and barriers to engaging in healthy behaviours with respect to healthy eating, physical activity, no commercial tobacco use and no/low alcohol consumption
- Key initiatives and best practices in chronic disease prevention in First Nation, Inuit and Métis communities

Five key questions were asked of focus group participants to gather this information:

- How could the Health & Wellness Model be used to explain health and wellness?
- What are the things that make the community healthy and well?
- What are the things that make it easy to make healthy choices?
- What are the things that make it challenging to make healthy choices?
- What types of activities are going on in your community today to help prevent chronic disease?
- Who needs to be involved to support a vision for health and wellness for your community?

Focus group sessions were designed to be highly interactive, involving health quizzes, discussion, flip chart work and the development of a "health and wellness vision map" for their community.

Focus group sessions were tape-recorded with consent from all participants, transcribed, validated by communities and analyzed for themes coded by the social determinants of Aboriginal health and the four key risk factors. The information synthesized provided the foundation and direction for the development of the *Path to Prevention* recommendations.

Communities participating in focus groups

Akwesasne FN
Aundeck Omni Kaning FN
Aroland FN
Bkejwanong Territory (Walpole Island) FN
Chippewas of the Thames FN
Dryden Native FC
Eabametoong FN
Eagle Lake FN
Fort William FN
Garden River FN
Ginoogaming FN
Hamilton Regional Indian FC
Keewaywin FN
Kitchenuhmaykoosib Inninuwug (Big Trout Lake)
Manitoulin Island First Nations community members
M'Chigeeng FN
Missinabi Cree FN
Moose Cree FN
Muskrat Dam FN
Ne'Chee Native FC
Nigigoonsiminikaaning FN
Nishnawbe-Gamik Native FC
Neskantaga FN
Oneida Nation of the Thames FN
Ontario Native Women's Association
Pic River FN
Poplar Hill FN
Red Lake FC
Renfrew County and District Aboriginal FC
Sachigo Lake FN
Sandy Lake FN
Serpent River FN
Sheguiandah FN
Sheshegwaning FN
Thunder Bay FC
Tungasuvvingat Inuit
United Native FC
Wabigoon Lake FN
Wabuskang FN
Wahgoshig FN
Washagamis Bay FN
Wauzhushk Onigum Nation
Wawakapewin FN
Webequie FN
Whitefish River FN
Wikwemikong FN
Wunnumin Lake FN
Zhiibaahassing FN

First Nation, Inuit and Métis health status indicators and analytic methods

Canadian Community Health Survey

The Canadian Community Health Survey (CCHS) was the data source used to calculate the health status indicators presented in Tables 1, 2 and 8, and Figure 6.

The CCHS is a Statistics Canada population-based survey that contains questions on health status, healthcare utilization, and health determinants for the Canadian population aged 12 years and older living in all provinces and territories. Excluded from the survey are people living on Indian Reserves and Crown Lands, institutional residents, full-time members of the Canadian Forces and residents of some remote regions. Only estimates for the First Nations and Métis were produced because the sample size for Ontario Inuit respondents was too small.

A. TABLES 1, 2 AND 8

Indicator definitions

Table	Indicator	Indicator definition	CCHS question(s)
Table 1	Self-perceived health (fair or poor)	The proportion of respondents aged 12 years and over who reported that their health was fair or poor.	In general, would you say your health is: excellent, very good, good, fair, or poor?
	One or more chronic condition	The proportion of respondents aged 12 years and over who responded, 'Yes', to having any chronic physical or mental condition listed in the Chronic Conditions module.	Do you have…? Asthma, arthritis, back problems, high blood pressure, migraine headaches, chronic bronchitis, emphysema, chronic obstructive pulmonary disease, diabetes, heart disease, cancer, intestinal or stomach ulcers, stroke effects, bowel disorder, Alzheimer's disease, and mood or anxiety disorder.
Table 2	Cardiovascular disease	The proportion of respondents aged 12 years and over who reported having high blood pressure, heart disease or have suffered from the effects of a stroke.	Do you have high blood pressure? Do you have heart disease? Do you suffer from the effects of a stroke?
	Diabetes	The proportion of respondents aged 12 years and over who reported having diabetes.	Do you have diabetes?
	Asthma	The proportion of respondents aged 12 years and over who reported having asthma.	Do you have asthma?
	Chronic obstructive pulmonary disease (COPD)	The proportion of respondents aged 35 years and over who reported having chronic bronchitis, emphysema or COPD.	Do you have chronic bronchitis, emphysema or chronic obstructive pulmonary disease or COPD?
	Cancer	The proportion of respondents aged 12 years and over who reported having cancer.	Do you have cancer?
Table 8	High blood pressure	The proportion of respondents aged 12 years and over who reported having high blood pressure.	Do you have high blood pressure?
	Obesity	*Please refer to Withrow et al. (2014). Cancer risk factors and screening in the off-reserve First Nations, Métis and non-Aboriginal populations of Ontario. Chronic Diseases and Injuries in Canada, 34(2-3): 103-12.	

Analytic Methods

1. The 2007 to 2010 Ontario portion of the Canadian Community Health Surveys were combined to increase the sample size for First Nations and Métis respondents.
2. Estimates were age-standardized to the age structure of the Ontario Aboriginal identity population in the 2006 census, using the age groups 10 to 19, 20 to 24, 25 to 44, 45 to 64, and 65 years and over.
3. First Nations and Métis identity was defined as those respondents who self-identified as Aboriginal, and subsequently as either First Nations, Métis, or Inuit, in response to the survey questions: 1) Are you an Aboriginal person, that is, North American Indian, Métis or Inuit? And 2) Are you: North American Indian? …Métis? …Inuit?
4. Please refer to Withrow et al. (2014) for analytic methods used to calculate the obesity indicator.

B. FIGURE 6

Indicator definitions

Indicator	Indicator definition	CCHS variable question(s)
Quit smoking or reduce amount smoked	The proportion of respondents aged 20 years and over who are current daily or occasional smokers and reported that they intend on quitting or reducing the amount they smoke.	Is there anything you intend to do to improve your physical health in the next year?
Start or increase exercise, sports, physical activity	The proportion of respondents aged 18 years and over who reported being physically inactive and intend on increasing their physical activity.	
Change diet and/or improve eating habits	The proportion of respondents aged 18 years and over who reported that they intend on changing their diet and/or improving their eating habits.	

Analytic Methods

1. The 2007/08 Ontario portion of the Canadian Community Health Survey was used.
2. Estimates were age-standardized to the age structure of the Ontario Aboriginal identity population in the 2006 Census, using the age groups 20 to 24, 25 to 44, 45 to 64, and 65 years and over.
3. Estimates represent adults aged 18+ with the exception of "Quit smoking / reduce amount smoked," which represents adults aged 20+.
4. First Nations identity was defined as those respondents who self-identified as either First Nations only, or First Nations and Inuit. Métis identity was defined as those respondents who identified as Métis only or Métis and any other Aboriginal identity. This was in response to the survey questions: 1) Are you an Aboriginal person, that is, North American Indian, Métis or Inuit? And 2) Are you: North American Indian? … Métis? … Inuit?

Data table corresponding to Figure 6

Proportion of First Nations, Métis and non-First Nation, Inuit and Métis Ontario adults (aged 18+) who intend to improve health behaviours

	Non-Aboriginal		First Nations (off-reserve)		Métis	
	Per cent	95% CI	Per cent	95% CI	Per cent	95% CI
Quit smoking / reduce amount smoked	29.7	27.8, 31.5	31.1[E]	20.8, 41.4	34.6[E]	23.0, 46.1
Start / increase exercise, sports / physical activity	50.4	48.9, 52.0	53.1	43.6, 62.5	46.9	35.5, 58.3
Change diet / improve eating habits	16.2	15.4, 17.0	17.5[E]	11.3, 23.7	15.4[E]	10.2, 20.5

[E] Estimate should be interpreted with caution. Coefficient of variation is between 16.6% and 33.29%.

Source: Canadian Community Health Survey. Statistics Canada (2007/08).

Definition of 95% CI: 95% confidence interval is an indicator of the statistical variation of an estimate. It shows the range within which the true estimate is likely to lie 95% of the time.

Development of draft recommendations

The draft recommendations were developed in consultation with Cancer Care Ontario, First Nation, Inuit and Métis organizations and stakeholders who had participated in the information gathering process.

In-person presentations and discussions included the following groups:

- Cancer Care Ontario, Aboriginal Cancer Control Unit and Senior Management Group for Prevention
- Joint Ontario Aboriginal Cancer Committee (JOACC)
- Public Health Ontario
- Ministry of Health and Long-Term Care (Health Promotion Division, Health System Policy and Planning Division, Implementation Branch and Aboriginal Health Unit)
- Health Canada, First Nations and Inuit Health Branch – Ontario

Once the draft recommendations had been developed, feedback was invited from all participants in the "outreach" phase of the project in validating the recommendations with communities and key stakeholders. Slide decks were prepared to provide participants with information about the project background, the evidence gathered to date and the recommendations developed. Seven Aboriginal communities, one Political Territorial Organization and Cancer Care Ontario's Regional Aboriginal Cancer Leads chose to participate in webinars to review and discuss the draft recommendations.

All participants were offered an opportunity to review the draft recommendations and provide feedback through an online survey. A total of 51 survey responses were received. Two interviews were conducted by phone at the request of respondents who were not able to participate in the webinars or online survey.

Participants were asked to provide feedback on the following questions:

- Are the recommendations clear?
- Are they achievable/feasible?
- Do they reflect the highest priority needs?
- Where do you see your group playing a leadership or supporting role?

Most survey respondents said that the recommendations were very clear or clear. Over half of respondents said that the recommendations were very achievable or achievable. Most respondents said that the recommendations reflected the highest priority needs within each of the areas of the recommendations. Over half of respondents said that their organization or community would be likely to play a leadership or supporting role in promoting the recommendations. All feedback was summarized and applied to the final recommendations.

Appendix 2

Community-Centred First Nations, Inuit and Métis Health & Wellness Model

The Community-Centred First Nations, Inuit and Métis Health & Wellness Model was developed specifically for *Path to Prevention* (Figure 1). Elements presented in the Model and their meanings, as expressed by focus groups and interviewees, are expanded below.

The model is based on wellness concepts from First Nations,[1] Inuit[2] and Métis[3] sources and is intended to present a common viewpoint, while being flexible to accommodate differing approaches.

A wholistic, Community-Centred, Health & Wellness Model is envisioned in guiding the development of *Path to Prevention*. Guiding principles can be found in Cancer Care Ontario's Aboriginal Path of Well-being, which includes values such as respect, open-mindedness and mutual understanding. This Model served as the template for informing each phase of the project in the information-gathering, analysis and evaluation, culminating in the development of evidenced-based recommendations for *Path to Prevention*. The Model is community-centred, recognizing the diversity that exists between and within First Nations, Inuit and Métis individuals, families, communities and nations. The concentric circles represent the continuum of factors that affect health, acknowledging the multitude of factors that may play a role at any one time.

The Model's approach, with respect to the development of *Path to Prevention*, has as its foundation the teachings of the Medicine Wheel, which inextricably link health and wellness to balancing the physical, emotional, spiritual and mental aspects of health. *Path to Prevention* development considers health and wellness across life stages, focusing specifically on the four key risk/protective factors that are linked to chronic diseases, namely: healthy eating, physical activity, no commercial tobacco use, no/low alcohol consumption. The Model takes a strengths-based approach to reducing the health inequities experienced by communities, while looking to upstream investments in addressing the social determinants of Aboriginal health.

Social determinants of Aboriginal health have been described as proximal (health behaviours, physical environments, employment and income, education, food insecurity), intermediate (healthcare systems, educational systems, community infrastructure/resources/capacities, environmental stewardship, cultural continuity) and distal (colonialism, racism/social exclusion and self-determination).[4]

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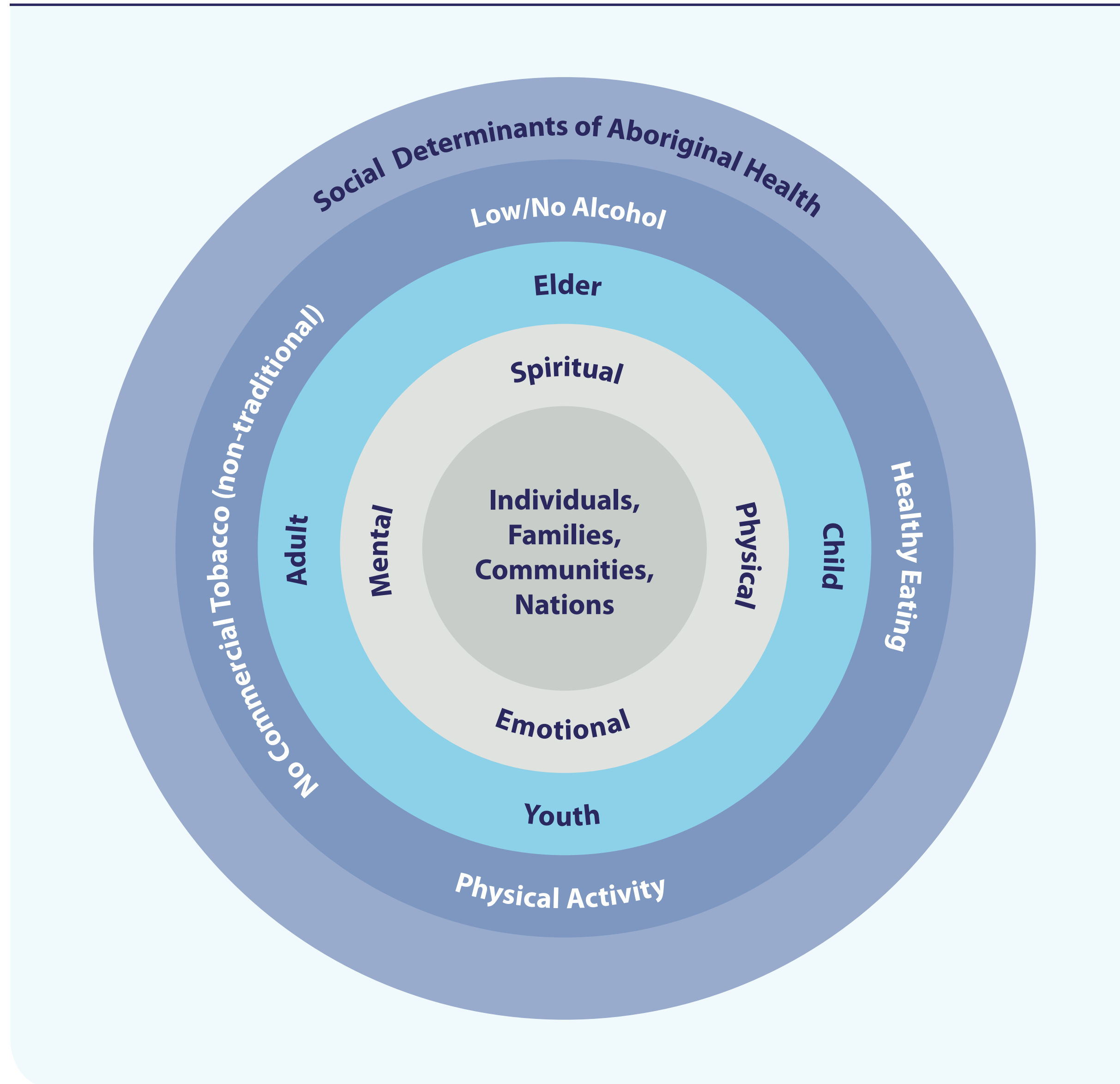
[1] A First Nations Holistic Policy & Planning Model: Health Determinants Perspective. Ottawa: Assembly of First Nations; 2005.
Pauktuutit Inuit Women of Canada, Rasmussen D, Guillou J. Developing an Inuit-Specific Framework for Culturally Relevant Health Indicators Incorporating
[2] Gender-Based Analysis. Journal of Aboriginal Health. 2012; 8(2):24.
[3] Martens PJ, Bartlett JG, Prior HJ, Sanguins J, Burchill CA, Burland EM, et al. What is the comparative health status and associated risk factors for the Métis? A population-based study in Manitoba, Canada. BMC Public Health. 2011; 11(1), 814.
[4] Reading C, Wien F. Health inequalities and social determinants of Aboriginal peoples health. Prince George, BC: National Collaborating Centres for Aboriginal Health; 2013.

FIGURE 1

Community-Centred First Nations Inuit and Métis Health & Wellness Model



Elements of health and wellness

Physical

This aspect of health is the most recognizable to Western cultures. Daily exercise, a balanced diet and avoidance of toxic substances promote physical health, but also affect the other dimensions of health and wellness. Commonly mentioned physical activities were: walking, bicycling, hunting and gathering, participating in pow wows, going to the gym, and canoeing, as well as organized sports such as hockey, skating, volleyball and AquaFit.

Emotional

Emotional supports and role models are powerful forces for health and well-being. Communities told us that social interactions and relationships are extremely important. Aboriginal communities have deep roots extending back hundreds of years and kinship groups are tightly knit.

> "Family bonds are very important, but it's not just your immediate family, it's your cousins and your kinship circle. And everyone has relations in different communities."
>
> **Focus group participant**

"When I'm outside I have a deep sense of peace, of respect for the land and how it's used. Little things like listening to the frogs at night."

Focus group participant

Spiritual

Spiritual strength is also an important contributor to health. Communities described their strong connections with the land, as expressed in traditional activities such as canoeing, hunting and gathering, spending time in nature and respecting the land through environmental stewardship. Spiritual health was also maintained through prayer and meditation and by participation in traditional activities and ceremonies within the community.

Mental

Mental resilience and freedom from mental illness and addictions are also considered important dimensions of health. Being able to manage daily stressors and to maintain a healthy lifestyle while coping with challenges, such as poverty and social disruption, demands a high degree of mental fortitude, adaptability and resilience. "Laughter," "positive thinking" and "getting enough sleep" were mentioned frequently as important to mental wellness.

Balance

Balance among these four dimensions can be viewed as an overarching protective factor. This means that healthy lifestyle behaviours are viewed not as distinct activities, but rather as integral to each other.

"Everything we do is connected. If you go walking or berry picking, you are outside, it's spiritual, you put out tobacco to give thanks. You get physical exercise, connect with your family, teach the children about traditional practices—it's never just about one thing."

Focus group participant

Appendix 3

Key stakeholder map

The table below shows organizations involved in chronic disease prevention activities that are specific to First Nation, Inuit and Métis populations in Ontario.

The information was collected from the organizations' websites and the following organizations have validated the material: Ministry of Health and Long-Term Care, Cancer Care Ontario, the Joint Ontario Aboriginal Cancer Committee, Public Health Ontario, and First Nations and Inuit Health Branch (Ontario).

Category	Organization	Activities/Mandates
Ontario Government	Ministry of Aboriginal Affairs	**Aboriginal Children and Youth Strategy** (in development) **Life-skills in Aboriginal Youth (PLAY)** program
	Ministry of Tourism, Culture and Sport	**Community Aboriginal Recreation Activator Program** The ministry provides funding to 15 communities to support traditional games through a community-driven approach to programming . Programs include land-based teaching led by Elders and Medicine Wheel teachings. Other funding is allocated to a regional advisor to mentor and guide communities.
	Ministry of Children and Youth Services	**The Student Nutrition Program** helps fund nutritious breakfast, snack, and lunch programs at many schools and community locations across Ontario. The program is made possible through volunteers and community partnerships. The Ontario Federation of Indigenous Friendship Centres receives funding for Student Nutrition Programs where children and youth attend Akwe:go and Wasa-Nabin programs.
		Aboriginal Children and Youth Strategy (in development)

Category	Organization	Activities/Mandates
	Ministry of Children and Youth Services Ministry of Community and Social Services Ministry of Health and Long-Term Care Ministry of Aboriginal Affairs Ontario Women's Directorate	**Aboriginal Healing and Wellness Strategy (AHWS):** AHWS is a cluster of over 460 community-based health, healing and anti-violence programs across Ontario in urban and rural Aboriginal communities, both on- and off-reserve. The Ministry of Community and Social Services is the government lead on AHWS, including funding and oversight of all AHWS programs. AHWS funding is now annualized and there is no end date. **AHWS initiatives include:** • **Aboriginal Health Planning Authority Program**: responsible for planning related to community, regional, secondary and tertiary health services necessary to support the implementation of AHWS. • **Health Advocates Program (currently not delivered)**: provides advocacy and support services to Aboriginal, First Nations and Métis communities, health service providers, front line workers and organizations serving Aboriginal clients to address the equitable access to and quality of health services. • **Health Outreach Worker Program**: Urban Aboriginal Community Health Outreach Workers are funded in locations that do not have Aboriginal Health Access Centres. Their roles include: organizing and facilitating health promotion, illness prevention and family violence workshops and seminars; linking clients with Aboriginal cultural resources and appropriate health service providers/agencies; client support and home visits; and liaising with Aboriginal and mainstream health service providers/agencies. • **Health Policy Analyst Program**: facilitates health policy development to support the implementation of AHWS programming and to address the broader areas of family violence and health policy and programming in the Aboriginal community. Implementation of AHWS involves discussion between government and the Aboriginal organizations, on-going liaison and consultation with Aboriginal communities, and participation in other policy development pursuant to the overall Strategy. • **Information Clearinghouse Program**: collects, compiles, catalogues and distributes Aboriginal-specific information, resource materials, research and documents to Aboriginal communities and groups regarding family violence, family healing and health. • **Community Development Support Worker Program**: to develop and/or enhance skills and capacity of AHWS-funded programs and projects to achieve desired program and service outcomes. This may include the implementation and management/administration of AHWS program/projects; maintenance of required program, service and financial reporting/evaluation; and the development and coordination of community development initiatives. • **Community Wellness Workers**: provide family violence services, referrals, support and case management to clients to address/respond to existing and emerging health, healing and wellness issues or violent situations. The workers provide prevention/awareness activities, as well as liaise and share information with health and social service agencies. • **Aboriginal Healthy Babies, Healthy Children Program** • **Crisis Team Program**: provides client-based support services in remote northern First Nations communities. • AHWS also provides additional funds for training, and to address higher costs of service delivery in northern/remote communities.

Category	Organization	Activities/Mandates
		• **Family Violence Healing Program**: counselling to address mental and emotional issues. • **Healing Lodge Program**: Healing Lodges offer client-based services using traditional healing approaches to address the underlying impacts of sexual assault, physical, mental and emotional abuse, and family dysfunction. • **Maternal and Child Centre Program**: provides pre- and post-natal care to Aboriginal women and families in the Six Nations of the Grand River First Nation/southwest areas. Services will be provided by midwives, rather than physicians and may incorporate traditional midwifery practices. The concept includes the provision of beds for use by women during the active delivery of the baby. • **Mental Health Program**: involves the provision of non-residential activities for: "at-risk" or "high-risk" children and youth and their families; or for individuals with a mental health problems, illness or condition and their families. The program also supports the coordination of Aboriginal mental health programming. • **Non-Residential Mental Health Program**: involves the provision of services and activities for individuals and/or families that improve Aboriginal health, are culturally appropriate and culturally competent, and complement and link to existing services or programs to continue to build service capacity. • **Outpatient Hostel Program**: provide short-term accommodation for Aboriginal people accessing healthcare in Timmins and Kenora. Hostels offer meals and accommodation, transfers between airports, and hostel and translation services to clients. • **Shelter Program**: women's/family shelters and safe houses build on the network of existing Aboriginal services to provide a safe, short-term residence for women and their children who are seeking safety from partners or families. • **Translator Program**: Aboriginal language translation services are provided to facilitate communication with medical and other health practitioners regarding symptoms, diagnosis, care, treatment and follow-up services. • **Treatment Centre Program**: provides residential treatment to youth with addiction problems in a residential setting, and provides support to their families and communities with respect to intake and aftercare.
	Ministry of Health and Long-Term Care	**Chronic disease prevention programs:** • Smoke-free Ontario Strategy includes the **Aboriginal Tobacco Program**, implemented by the Aboriginal Cancer Control Unit. Also funds two **pilot projects on tobacco control** with Akwesasne First Nation and Chippewas of the Thames First Nation • **EatRight Ontario**: online and telephone dietitian services, including Aboriginal information • **The Northern Fruit and Vegetable Program (NFVP)** increases awareness and consumption of fruit and vegetables for elementary and intermediate school-aged children in three northern communities (Algoma, Porcupine and Sudbury) by providing no-cost servings of fruit and vegetables in combination with healthy eating and physical activity education. As part of the Healthy Kids Strategy, the NFVP received additional funding in 2013/14 to expand the NFVP to the Sudbury region, as well as additional schools in the Algoma region and along the James Bay Coast in the Porcupine region (approximately 6,600 Aboriginal students). • **Ontario Aboriginal Diabetes Strategy (OADS)**. In fiscal year 2013/14, the **Ontario Diabetes Programs (ODP)** conducted a Call for Applications providing supplementary one-time funding (~$1.2M total) to 19 First Nations, Métis, and Aboriginal organizations for diabetes services. In fiscal year 2014/15, there was an additional Call for Applications to improve access to high-quality, culturally-appropriate diabetes services and care for First Nations, Métis, and Aboriginal communities. If approved, this funding will be provided to selected applicants from January 1, 2015 to March 31, 2016. The ODP also includes funding for 16 Aboriginal organizations providing diabetes education programs. The program is shifting focus from diabetes to chronic disease.

Category	Organization	Activities/Mandates
		• **Healthy Kids Community Challenge (HKCC)** is part of **the Ontario's Healthy Kids Strategy**. The strategy is a cross-government initiative launched to promote children's health focusing on: healthy start, healthy food, and healthy active communities. The strategy includes an Aboriginal stream with six funded communities. Communities receive resources from the province, including funding, training, guidance and social marketing tools to help promote healthy eating, physical activity and healthy lifestyle choices for children and youth, such as adequate sleep. • Nishnawbe Aski Nation is funded to coordinate the delivery of the **Weight Management, Healthy Eating and Active Living for Diabetes Prevention** project, on behalf of the Chiefs of Ontario, Independent First Nations and other Political Territorial Organizations. • Ontario Federation of Indigenous Friendship Centres (OFIFC) - **Urban Aboriginal Healthy Living Program (UAHLP)** provides support to the urban Aboriginal community with a focus on children, youth, women and seniors in the areas of nutrition, physical activity, smoking cessation and prevention, and youth leadership in 27 Friendship Centres and two satellite centres across Ontario. As part of the Ontario Healthy Kids Strategy, the The Ministry of Health and Long-Term Care increased the funding to the OFIFC for the healthy eating and active living components of the UAHLP. • The Ministry of Health and Long-Term Care supports **OFIFC's database system** which collects information about their Urban Aboriginal Healthy Living programs with respect to healthy eating, physical activity and tobacco. • Aboriginal Health Access Centres (AHACs) – **Healthy Eating and Active Living (HEAL), Smoke-Free Ontario (SFO)** and **Diabetes Prevention (DP) Programs**. Ten AHACs deliver culturally-appropriate health promotion and chronic disease prevention programming, on- and off-reserve, in schools and community organizations in the areas of smoking cessation and prevention, physical activity, nutrition, and diabetes screening, prevention and referral to treatment. To support implementation of the Ontario Healthy Kids Strategy, the AHACs expanded their HEAL programs with an increased focus on children, youth and their families in 2013/14.
		Primary care services: • **10 Aboriginal Health Access Centres, two Aboriginal Community Health Centres (ACHCs) in Toronto and Timmins, and 74 Community Health Centres (CHCs)** • **Five Aboriginal-governed Family Health Teams (FHTs)** and **Anishnawbe Mushkiki Nurse Practitioner-Led Clinic (NPLC)** serving primarily Aboriginal populations. • **Sioux Lookout Regional Physicians' Services Inc. (SLRPSI)**. The Ministry of Health and Long-Term Care assumed funding of direct physician services in the Sioux Lookout Zone (including 28 First Nations communities and the town of Sioux Lookout) from the federal government. • **Rural and Northern Physician Group Agreement (RNPGA)**. RNPGAs are physician compensation agreements developed to address the unique characteristics of primary care practice in rural and northern communities, including First Nations communities, where the number of patients and volume of service may be lower than in other areas of the province. There are 112 physicians funded within the RNPGA agreements that serve 38 communities with approximately 95,000 rural and northern Ontario residents. • **Weenebayko Area Health Authority (WAHA) Physician Services Agreement**. WAHA covers six communities along the western shore of James Bay. The Ministry of Health and Long-Term Care funds the delivery of comprehensive primary healthcare in this region through a funding agreement with WAHA. Integration of the provincially-funded James Bay General Hospital (in Moosonee) and the federally-funded Weeneebayko Health Ahtuskaywin/ Weeneebayko General Hospital (in Moose Factory) into a new hospital corporation in 2010.

Category	Organization	Activities/Mandates
		• **Sioux Lookout Meno Ya Win Health Centre** serves approximately 30,000 patients every year from the Sioux Lookout region and the 28 surrounding First Nations communities. The health centre provides acute care, continuing care, patient support, ambulatory care, and mental health and addictions services. • **Fort Frances First Nations Health Authority programs** include diabetes education and awareness and lay diabetes educator, AHWS Community Worker Healing and Wellness Community Worker supervision, and Healthy Babies and Healthy Children. The Health Authority also provides primary care services to 10 Treaty #3 First Nation communities. • **Local Health Integrated Networks (LHINs) (e.g. Aboriginal Planning Tables, Provincial Aboriginal LHINs Network)** • The Ministry funds **Ontario Telemedicine Network (OTN)** which works with Aboriginal healthcare sites, including 10 Aboriginal Health Access Centres (AHACs), 18 Métis Nations sites, three Treaty #3 sites and Six Nations of the Grand River community to enable telemedicine services. • **Ontario Health Insurance Plan (OHIP)** insured primary care services • **Ontario Drug Benefit Program** (e.g. diabetes test strips)
		Aboriginal Health Unit • Liaison between and within ministries • Aboriginal Health Action Plan in development • Works with Trilateral First Nations Health Senior Officials Committee (TFNHSOC) on priority areas
		Trilateral First Nations Health Senior Officials Committee (TFNHSOC) • First Nations Ontario Chiefs Committee on Health, Assistant Deputy Minister (ADM) of Health Canada and Assistant Deputy Minister (ADM) of Ontario Ministry of Health committee with mandate to work in collaboration on jointly determined priorities • Working groups: Mental Health Addictions, Public Health, Data Management and Diabetes Prevention/Management groups • **Keewatin Northern Committee** is being formed. • **Urban Aboriginal Committee** (formerly convened by the Ministry of Aboriginal Affairs) is no longer meeting. • **Ontario First Nations Integrated Health Promotion Strategy (OFNIHPS)** is a collaboration between Chiefs of Ontario, PTOs (Union of Ontario Indians, Nishnawbe-Aski Nation, Association of Iroquois and Allied Indians), Independent First Nations, the Province of Ontario (Ministries of Health and Long-Term Care, and Tourism, Culture and Sport) and the Government of Canada (Health Canada, First Nations and Inuit Health Branch, Ontario Region). It is instrumental in guiding the **Aboriginal Diabetes Initiative (ADI)** in Ontario.
		The Ministry of Health and Long-Term Care conducts **Health Equity Impact Assessments** of their programs and policies

Category	Organization	Activities/Mandates
Ontario Government Funded Agencies	Cancer Care Ontario	**Aboriginal Cancer Strategy III** (ACSIII) (2015–2019) helps cancer control stakeholders in Ontario to jointly develop, fund and implement Aboriginal Cancer Control policies and programs that improve the performance of the cancer system for Aboriginal peoples in a way that honours the Aboriginal Path of Well-being. Strategic priorities include relationship-building, prevention, research and surveillance, screening, supportive care, and education.
		Regional Cancer Programs • Participate in **Local Health Integration Networks (LHINs) Aboriginal planning tables** • Programs (e.g., **Underscreened/Never Screened (UNS) Worker**, seed money for prevention programs, risk identification tool) • **Regional Aboriginal Cancer Leads and Aboriginal Navigators** work with existing Aboriginal health networks to implement the Aboriginal Cancer Strategy III • **Regional First Nation, Inuit and Métis core tables** **Aboriginal Tobacco Program (TobaccoWise)** Funded by the Smoke-Free Ontario Strategy, this program's priorities include community capacity-building, youth and tobacco initiatives and providing health promotion resources. Includes a tracking database to monitor smoking rates in First Nations, Inuit and Métis communities. **Aboriginal Tobacco Program Table Partners include:** • Asthma Society of Canada • Canadian Cancer Society, Ontario Division • Centre for Addictions and Mental Health • Heart and Stroke Foundation of Ontario • Leave The Pack Behind • Ontario Lung Association • First Nations Inuit Health Branch, Health Canada • Ministry of Health and Long-Term care, Health Promotion Division • Toronto Public Health • Canadian Diabetes Association
		Collaboration with Ontario Tobacco Research Unit and the Centre for Research on Inner City Health/ Li Ka Shing Knowledge Institute on **Research on non-Traditional Tobacco Reduction in Aboriginal Communities (RETRAC)**, a research initiative to investigate the causes of smoking and smoking prevention/cessation program design
		Aboriginal Relationship and Cultural Competency (ARCC) courses Cancer Care Ontario has implemented a series of nine accredited courses that are designed to enhance knowledge of First Nations, Inuit and Métis history, culture and the health landscape to improve patient experience and person-centred care. The courses are geared to healthcare providers, professionals, administrators and others working with First Nations, Inuit and Métis communities.

Category	Organization	Activities/Mandates
	Public Health Ontario	Provides scientific and technical support to the Government of Ontario and the healthcare system, to protect/ promote the health of Ontarians and reduce health inequities. Carries out and supports activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation. Evaluated the Healthy Kids Community Challenge, including engagement with four AHACs and two CHCs.
	Public Health Units	There are **36 Public Health Units** in Ontario. Each has specific operations. A **Public Health Unit** is an official health agency established by a group of urban and rural municipalities to provide a more efficient community health program, carried out by full-time, specially qualified staff. Each health unit is governed by a Board of Health, which is an autonomous corporation under the *Health Protection and Promotion Act*, and is administered by the Medical Officer of Health who reports to the local Board of Health. The board is largely made up of elected representatives from the local municipal councils. The Ministry of Health and Long-Term Care cost-shares the expenses with the municipalities.
		Board of Health Foundational Standard (summarized) Boards of Health shall: • Assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators. • Assess trends and changes in local population health. • Use population health, determinants of health and health inequities information to assess the needs of the local population. • Tailor public health programs and services to meet local population health needs. • Provide population health information including determinants of health and health inequities. • Conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health indicators • Interpret and use surveillance data to communicate information on risks • Engage in knowledge exchange activities and support effective public health practice • Foster relationships with community researchers, academic partners, and other appropriate organizations. • Engage in public health research activities. • Monitor program activities and outcomes • Conduct program evaluations. • Facilitate public health practitioners' and policy-makers' awareness of the factors that contribute to program effectiveness. **Health Protection Requirement** The board of health shall implement and enforce the *Smoke-Free Ontario Act* in accordance with provincial protocols, including but not limited to the *Tobacco Compliance Protocol, 2008* (or as current).
Hospitals	Centre for Addiction and Mental Health (CAMH)	**Aboriginal Services Program** Assessment, counselling, telephone counselling, traditional methods

Category	Organization	Activities/Mandates
Federal Government	Health Canada, First Nations and Inuit Health Branch (FNIHB)	**First Nations, Inuit and Métis Chronic Disease Prevention Framework** (in development)
		Non-Insured Health Benefit Program (NIHB): prescription drugs, over-the-counter medication, medical travel, medical supplies, dental, vision.
		Delivery of **public health and health promotion** services in First Nations communities. For promotion of healthy living and supportive environments, focus is placed on addressing healthy eating, food security, physical activity and obesity, as well as increasing awareness of diabetes, its risk factors and complications and supporting diabetes screening and management. Activities include sharing community knowledge and promising practices, supporting community planning, and training health service providers and community workers. ***Elements*** • Health Promotion and Primary Prevention • Screening and Treatment • Capacity Building and Training (Supports training for community diabetes prevention workers including continuing education for health professionals and para-professionals working in communities in areas such as: diabetes education, health promotion, foot care, and cultural competency. Regional Multi-Disciplinary Teams provide subject matter expertise to communities in areas including diabetes, nutrition, food security and physical activity.) • Research, Surveillance, Evaluation and Monitoring ***Community-based health promotion and disease prevention programs*** • **Aboriginal Diabetes Initiative** Phase 3 of the ADI focuses on: initiatives for children, youth, parents and families; diabetes in pre-pregnancy and pregnancy; food security; and training for health professionals on chronic disease prevention and management guidelines • **Aboriginal Head Start** • **Children's Oral Health Initiative** • **Fetal Alcohol Spectrum Disorder Program** • **Home and Community Care Program** • **Brighter Futures Program** • **Building Healthy Communities Program** • **Community-based nutrition education (for Nutrition North Canada)** • **National Native Alcohol and Drug Abuse Program**

Category	Organization	Activities/Mandates
		FNIHB Program Compendium ***Healthy Child Development*** prenatal health, nutrition, early literacy and learning, physical, emotional and mental health, and children's oral health. ***Early Childhood Development*** **Aboriginal Head Start on-Reserve** (children from age zero to six years, and their families living on-reserve) ***Mental Wellness*** **Brighter Futures** To improve the quality of, and access to, culturally appropriate, holistic and community-directed mental health, child development, and injury prevention services at the community level. **Building Healthy Communities** **Substance Abuse Prevention and Treatment** Community-based programming includes prevention, health promotion, early identification and intervention, referral, aftercare and follow-up services. These services are integrated with a network of addiction treatment centres that provide culturally-relevant inpatient, outpatient and day or evening programs for alcohol, solvents and other drug addictions. **Canada Prenatal Nutrition Program** ***Healthy Living*** **Chronic Disease Prevention and Management** **Diabetes** **Environmental Health Research Program (EHRP)** The Environmental Health Research Program (EHRP) focuses on research of environmental hazards and risks—physical, chemical, biological and radiological—that affect the health of First Nations and Inuit. **Primary Care** **Non-Insured Health Benefits (NIHB)** **Health System Capacity** **Health System Transformation**

Category	Organization	Activities/Mandates
		Environmental Public Health Program: Identify and prevent environmental public health risks that could negatively impact the health of First Nations communities. Environmental Health Officers (EHOs) provide advice, guidance, education, public health inspections and recommendations to First Nations and their leadership to help them manage public health risks associated with the environment. They gather data required to analyze what steps can be taken to promote public health in First Nations communities. Some EHOs are employed by Health Canada and some by First Nations or Tribal Councils.
		FNIHB has a **Health Information, Analysis and Research Division (HIARD)** responsible for health surveillance, information, analysis, and evaluation to support policy development, programming decisions, and strategic planning.
	Health Canada (lead) • Public Health Agency of Canada • Royal Canadian Mounted Police • Canadian Border Services Agency • Canada Revenue Agency • Public Prosecutions Service of Canada	**Federal Tobacco Control Strategy (FTCS)** First Nations and Inuit component is $22 million over five years. Knowledge development initiative goals: • Support a select number of First Nations and Inuit communities/organizations to establish comprehensive tobacco control strategies and interventions aimed at reducing and preventing tobacco misuse, including reducing smoking rates; and, • Disseminate successes and knowledge acquired in the projects to other First Nations and Inuit communities in order to encourage and inform their tobacco misuse reduction strategies Accepted three-year proposals (to March 2017) that address six essential elements: protection, reducing access to tobacco products, prevention, education, cessation, data collection and monitoring.
	Public Health Agency of Canada	• **Canada's Food Guide for Aboriginal People** • **Physical Activity Guidelines** • **SummerActive and WinterActive initiatives** • **Canadian Prenatal Nutrition Program** • **Community Action Program for Children** • **Canadian Best Practices Portal** • **Pan-Canadian Healthy Living Strategy** (disease prevention, health promotion, childhood obesity)

Category	Organization	Activities/Mandates
		• **The Innovation Strategy** supports projects that promote public health in communities across Canada, and address complex health issues and their underlying causes. **Healthy Weights Connection: Working Together to Promote the Health of First Nations and Métis Children in our Communities** is one of 11 Innovation Strategy projects aimed at helping families and communities achieve healthier weights. This Ontario-based project, led by the University of Western Ontario in partnership with the Métis Nation of Ontario, N'Amerind Friendship Centre (London) and the PROPEL Centre for Population Health Impact, promotes healthier weights among First Nations and Métis children and youth by improving opportunities for local health and wellness providers to work together.
	Indigenous and Northern Affairs Canada (INAC)	INAC's health-specific responsibilities include providing safe water supplies on reserves; funding social programs such as early childhood development, housing, family violence prevention, help for persons with disabilities, and income assistance; eliminating contaminants in traditionally harvested foods; and ensuring access to healthy, affordable food in remote areas. **Nutrition North Canada (NNC)**: Subsidy program to provide northerners in isolated communities with improved access to perishable food.
	Canadian Institutes for Health Research (CIHR)	CIHR is the major Canadian funder of research in Aboriginal health. They produce a variety of publications for each of their institutes, as well as tools to support scientific mentorship and materials on ethics, knowledge translation, partnerships, research funding, and strategic initiatives. **Institute for Aboriginal Peoples' Health** Priority research areas include but are not limited to: • Culturally-relevant health promotion strategies • Identification of health advantage and health risk factors in Aboriginal populations related to the interaction of environments (cultural, social, psychological, physical, genetic) • Health determinants to elucidate the multi-dimensional factors that affect the health of populations and lead to a differential prevalence of health concerns • Disease, injury and disability prevention strategies • Social, cultural, and environmental research that will contribute to the development of appropriate health policies and health systems • Addiction and mental health strategies from prevention to intervention to policy formation; • Psychosocial, cultural, epidemiological, and genetic investigations to determine causal factors for increased prevalence of certain conditions (e.g. diabetes, heart disease, cancer, infectious diseases).

Category	Organization	Activities/Mandates
	Statistics Canada	**Aboriginal Statistics Program (ASP)** Conducts the Aboriginal Peoples Survey (APS) every five years. The ASP also has plans to conduct an Aboriginal Children's Survey (ACS) once every five years. The **Health Analysis Division** produces reports on First Nation, Inuit and Métis-related topics.
Federally-Funded Agencies	Canadian Partnership Against Cancer (CPAC)	CPAC works with partners to implement Canada's cancer control strategy by facilitating dialogue, funding pilot projects and generating new knowledge. **First Nations, Inuit and Métis Cancer Control** *Focus*: • Community-based health human resource skills and capacity • Culturally responsive cancer control resources and services • Engagement and collaboration across sectors **Prevention and Screening** *Focus:* • Multi-jurisdictional approaches • Changes in policy and practices • Screening • Quality Key initiatives involving First Nation, Inuit and Métis: • CLASP (Coalitions Linking Action and Science for Prevention) projects. **Nourishing School Communities** involves First Nations (and public) schools in a comprehensive school health approach • **CAREX Canada** is a national surveillance project that estimates the number of Canadians exposed to substances associated with cancer in workplace and community environments (including First Nation reserves)

Category	Organization	Activities/Mandates
Academic Research Centres	Centre for Studies in Food Security (Ryerson University)	The centre promotes food security through research, dissemination, education, community action and professional practice. Researchers have studied food security in First Nations communities in Ontario.
	First Nations Information Governance Centre (FNIGC)	Houses First Nations Regional Longitudinal Health Survey. Provides information, research, training, data collection, analysis, and dissemination services to First Nations.
	Indigenous Health Research Group (IHRG) (University of Ottawa)	Multidisciplinary research team focusing on Indigenous cultural practices as they relate to nutrition and physical activity. IHRG's Coalition Linking Science and Action for Prevention (CLASP) aims to reverse child and youth obesity by developing a viable, local and culturally relevant alternative food management model in Aboriginal communities. One of its unique initiatives related to physical activity is the DANCEPL3Y, a youth leadership training program.
	Institute for Clinical Evaluative Sciences (ICES)	ICES is an independent not-for-profit corporation that receives core funding from the Ontario Ministry of Health and Long-Term Care and grants from federal agencies, such as the Canadian Institutes of Health Research, and from provincial as well as international funding bodies. ICES collaborates with the **Métis Nation of Ontario** on chronic disease surveillance studies and with **Chiefs of Ontario** on health-related analyses.
	Institute for Indigenous Health (University of Toronto)	Formation of the Institute announced June 2014. Hosted Indigenous Health Conference, Nov. 2014
	Ontario Tobacco Research Unit	Research related to Aboriginal tobacco policy, programs and initiatives
	Universities	Individual investigators at Waterloo, Western, Lakehead, Trent, Laurentian, Northern Ontario School of Medicine
	Well Living House, St. Michael's Hospital, Toronto	Research centre focusing on Indigenous infant, child and family health and well-being. The new centre will advance Indigenous knowledge translation using tools such as social networks and digital media, respond to health inequities by looking at systemic barriers to care; traditional knowledge at the foundation of Aboriginal care; and expand research capacities and infrastructure. **Initiatives at the WLH include:** • **Indigenous Knowledge Network for Infant, Child and Family Health** collects oral histories and applies traditional and public health knowledge to existing programs in Ontario and Saskatchewan. • **Strengthening Health Literacy Among Indigenous People Living with Cardiovascular Disease** • **Our Health Counts: Urban Aboriginal Health Database Project**

Category	Organization	Activities/Mandates
Non-Governmental Organizations	Aboriginal Physical Activity and Cultural Circle	Non-profit network for Aboriginal people involved in sports, recreation, fitness and traditional activities. Creation of a community of mentors, leaders, participants, and supporters who promote physical activity as a way to health and wellness.
	Aboriginal Sport for Life/ Canadian Sport for Life (CS4L) Organization	CS4L Organization is a movement to improve the quality of sport and physical activity in Canada. CS4L links sport, education, recreation and health and aligns community, provincial and national programming. CS4L is led by an "un-organization" of experts from sport, health, recreation, government and academia who are employed independently of CS4L, yet work cooperatively to promote its goals. The next steps for the Aboriginal Sport for Life project are to build an Aboriginal Sport For Life Community resource, as well as an Aboriginal Long-Term Participant Development resource. Through this process, Aboriginal sport leaders and academics will ensure that an Aboriginal approach, learning style, and values are encompassed into every step. Our goal is to have these resources taught as part of the curriculum by Aboriginal leaders to build the foundation of an Aboriginal community that implements a healthy living approach, including physical activity.
	Canadian Cancer Society – Ontario Division	**Health Ambassadors** (part of the Screening Saves Lives program) focused on screening for breast, cervical and colorectal cancers in five First Nation communities in northern Ontario
	Canadian Feed the Children	Canadian charity focusing on initiatives to address food security, education and capacity-building to alleviate issues faced by children today. Programs include: • **National Aboriginal Nutrition Program** funds school breakfast and lunch programs • **First Nations School Garden Programs**
	Dietitians of Canada	National professional association representing members at local, provincial and national levels. The **Aboriginal Nutrition Network (ANN)** provides information, resources and continuing education for dietitian and nutritionists working or having an interest in Aboriginal issues. *Feeding Mind, Body and Spirit* is the ANN's key role paper documenting the impact of dietitians working in First Nation, Inuit and Métis communities.
	Food Secure Canada	**Indigenous Circle** engaged in the development of The People's Food Policy
	FoodShare Toronto	Non-profit organization working with communities and schools to deliver healthy food and food education. Initiatives include: • The **Good Food** Box: a non-profit fresh fruit and vegetable distribution system • **Community kitchens** in native communities (Partner: Aboriginal Education Centre of the Toronto District School Board)
	Health Nexus	**Aboriginal Health Promotion Consultant** promotes health and wellness through Aboriginal information resources and initiatives such as the Best Start Aboriginal Sharing Circle Network.
	Heart & Stroke Foundation	Programs include: • **Aboriginal Hypertension Management Program** • **Aboriginal Tobacco Cessation Program** • **Position Statement on Aboriginal Peoples, Heart Disease and Stroke**

Category	Organization	Activities/Mandates
	Motivate Canada and Active Circle	Canadian charitable organization specializing in improving the lives of young people by fostering civic engagement, social entrepreneurship, social inclusion and leadership among youth. In partnership with the Aboriginal Sport Circle, the Active Circle website provides information about community development, funding resources and a forum to share with communities and others engaging Aboriginal youth in physical activity.
	National Aboriginal Diabetes Association	Non-profit organization raising awareness about diabetes and Aboriginal peoples, advocating for diabetes programs and services and promoting healthy lifestyles to prevent the onset or complications of diabetes.
	ONEXONE	Canadian registered charity committed to supporting, preserving and improving the lives of children. In partnership with Breakfast Clubs of Canada and Breakfast for Learning, OnexOne delivered a **First Nations Breakfast Program** in schools.
	Ontario Collaborative Group on Healthy Eating and Physical Activity	**Ontario Food and Nutrition Strategy**: cross-government, multi-stakeholder coordinated approach to food policy development to support a productive, equitable and sustainable food system promoting the health and well-being of Ontarians
	Ontario Fruit and Vegetable Growers' Association	Partner in the **Northern Fruit and Vegetable Program** of the Ministry of Health and Long-Term Care
	Ontario Lung Association	**The Roaring Adventures of Puff** (a guide developed for healthcare professionals) by and for First Nations children: collaboration with the Public Health School Asthma Program, Keewaytinook Okimakanak Tele-Mushkiki
	Ontario Public Health Association	Provides leadership on issues affecting the public's health and to strengthen impact of people who are active in public and community health. Initiatives include: • **Nutrition Resource Centre** • **Community Food Advisor Program**
	Saint Elizabeth	**First Nations, Inuit and Métis Program** Includes the following programs related to chronic disease prevention: • E-learning events in topic areas such as cancer control and chronic disease prevention and management • Health-related courses • A national portal for sharing information and community best and wise practices • The Benefits of Physical Activity for First Nation, Inuit and Métis Communities: An interactive online course and handbook incorporating culturally- and geographically-relevant physical activity messaging, based on the Canadian Physical Activity guidelines.
Provincial Aboriginal Organizations	Chiefs of Ontario	• **Health Portal** • **Our Time, Our Health** (physical activity, nutrition and smoking cessation resources)

Category	Organization	Activities/Mandates
	Aboriginal Sport and Wellness Council of Ontario (ASWCO)	The **ASWCO** stated mission as the Provincial Territorial Aboriginal Sport Body for Ontario, is to promote the physical, emotional and cultural well-being of Ontario's Aboriginal people through increased participation in sports, recreational and cultural activities. ASWCO offers training, certification and support programs and events for Aboriginal coaches and athletes across Ontario and manages the Team Ontario entries in both the North American Indigenous Games and the National Aboriginal Hockey Championships. In 2015, ASWCO launched their Power to Play Equipment and Leadership Program, which will support and strengthen efforts at the grassroots level to support the delivery of sustainable and high-quality programs that bring sport and recreation to more Aboriginal peoples, resulting in healthier communities. The program's first intake will result in approximately $40,000 being distributed across the province for equipment purchases and leadership training and development.
	Association of Iroquois and Allied Indians (AIAI)	• **Aboriginal Healing and Wellness Strategy** • **Aboriginal Diabetes Education and Prevention/Promotion Project** • **Annual school physical activity challenge (Just Move It!)** • **Food security funding/programs** • **Training in a diabetes manual** • **Education for frontline workers (i.e. FNTI Indigenous Community Diabetes Support)** • **Sponsorship of frontline workers to attend the annual National Aboriginal Diabetes Association conference** • **Collaboration with Sustain Ontario to provide input into the Ontario Food and Nutrition Strategy** Funding is provided by the Ontario Ministry of Health and Long-Term Care to the member Nations of AIAI for the creation of diabetes education and health promotion services for First Nations people living on-reserve.
	Grand Council Treaty #3	Information not available at time of writing
	Métis Nation of Ontario (MNO)	**MNO Healthy Babies** **Aboriginal Healing and Wellness** **Canadian Prenatal / Postnatal Nutrition Program** **Chronic Disease Studies** **Community Action Plan** **Community Support Services** **Community Wellness Workers** **MNO Aboriginal Diabetes Education Project** **Research Initiatives** (Chronic Disease Surveillance, Healthy Messaging, Youth Identity Project, Our Health Counts, Indigenous Knowledge Networks) **Métis Healing Portal**

Category	Organization	Activities/Mandates
	Nishnawbe Aski Nation (NAN)	• **NAN Food Strategy** • **NAN Smoking Cessation and Prevention Community Awareness Initiative** • **NAN Food Symposium** • **Summer Food Box Pilot Project**
	Ontario Federation of Indigenous Friendship Centres	• **Aboriginal Alcohol and Drug Worker Program** • **Aboriginal Diabetes Program** • **Aboriginal Healing and Wellness Strategy** • **Child Nutrition Program** • **Life Long Care Program** • **Student Nutrition Program** • **Urban Aboriginal Healthy Living Program** • **Health Outreach Worker program** • **Akwe:go and Wasa-Nabin Program** • **Aboriginal Healthy Babies Healthy Children** • **10 Friendship Centres have a Good Food Box program** • **13 Friendship Centres run a food bank/cupboard**
	Ontario Native Women's Association	• **Aboriginal Diabetes Education Project** • **Aboriginal Healthy Babies Healthy Children** • **Community Health Outreach** • **Community Wellness Program** • **Aboriginal Women's Health, Healing and Wellness**
	Sioux Lookout First Nations Health Authority (SLFNHA)	**The Anishinabe Health Plan** was a collaborative effort by the SLFNHA and six other partner groups to develop a model of holistic, integrated primary healthcare service delivery
	Union of Ontario Indians	• **Diabetes Education Program** • **Community Wellness Workers** • **Healing Lodges** • **Healthy Babies Healthy Children Program** • **Community Development Support Program**

Category	Organization	Activities/Mandates
Collaborations	Ontario First Nations Integrated Health Promotion Strategy (OFNIHPS)	Collaboration between Chiefs of Ontario, Political Territorial Organizations, Independent First Nations, Province of Ontario and the Government of Canada The **Just Move It Ontario!** program is supported by OFNHIPS. This Ontario-wide fitness contest for children and youth is designed to raise awareness of the link between healthy living and physical activity. Includes the Just Move It Ontario! annual School Physical Activity Challenge.
	Trilateral First Nations Health Senior Officials Committee	**Trilateral Committee** helps the First Nations, ADM of Health Canada and ADM of Ontario Ministry of Health to work together.
	Healthy Living Food Box Program	Partnership of the Ontario government, and Métis and First Nations' organizations to provide fresh fruits and vegetables on a monthly basis along with basic pantry items at a nominal cost.
	First Nations Food, Nutrition, and Environment Study (FNFNES)	Partnership study of the Assembly of First Nations and the Universities of Montreal and Northern British Columbia gathered food and water samples and diet information by region and ecozone from 100 randomly selected First Nation communities across Canada to inform current status regarding traditional foods, nutrition and environmental contaminants.
	Sport Pathway for Ontario Native Wellness	The Aboriginal Sport and Wellness Council of Ontario (ASWCO) has partnered with the Ontario Ministry of Tourism, Culture and Sport through a multi-year funding agreement to support sport and recreation development for Aboriginal peoples across the province. This new funding assists the province in investing in the health and well being of Aboriginal youth across the province through ASWCO's new initiative called the Sport Pathway for Ontario Native Wellness.
	RInC Program (Recreation Infrastructure Canada)	In 2009, the governments of Canada and Ontario provided support to 53 Aboriginal community recreation projects with total funding topping $31 million through the RInC Program in Ontario and the Ontario Recreation Program (Ontario REC). The program has been discontinued.
Private Sector	Royal Bank of Canada	Supports Aboriginal community-building projects including physical activity infrastructure, waterways programs, after-school physical activity and cultural programming, and Wabano Health Centre. The Recreation for Life Foundation, established to raise funds to support Alberta Recreation and Parks Association (ARPA) programs and services, received $25,000 in funding from the **RBC Learn to Play Project** at a cheque presentation in Edmonton on December 12, 2014. The funding will help create a new Aboriginal Component for ARPA's HIGH FIVE® Program, empowering Aboriginal leaders across Alberta to enhance the quality of sport and recreation programs in their communities.

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