

# *Our Health, Our Seventh Generation, Our Future*

2015 ABORIGINAL HEALTH ACCESS CENTRES REPORT



Ontario's Aboriginal  
Health Access Centres

Centres autochtones d'accès  
aux soins de santé de l'Ontario

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# The Genesis of Aboriginal Health Access Centres

In 1994, the Province of Ontario initiated the Aboriginal Healing and Wellness Strategy (AHWS) to promote healing and health among Aboriginal<sup>1</sup> people as a commitment to address the alarmingly poor health and high incidence of family violence resulting from colonialism.

Prior to colonization, the first peoples of this place now called Canada had a good life thanks to their interdependent relationship with the land and their ways of knowing and doing.

For many Aboriginal communities in the province, healing has meant recovering from the complex impacts of colonization which have adversely affected the lives of Aboriginal peoples for many generations.

Wellness refers to maintaining and enhancing the health and wellbeing of individuals, families, communities, as well as nations.

One of the pillars of AHWS was the creation of the Aboriginal Health Access Centres (AHACs), with the objective of providing culturally-appropriate health care and an emphasis on tradition, healing, wellness, and delivering quality and culturally relevant health care.

The healing and wellness sought by many Aboriginal people is about returning to traditional spiritual values and knowledge that promotes self-determination. AHACs play a central role in this process. The programs and services designed and delivered by Aboriginal people for Aboriginal people in these centres are aimed at healing intergenerational trauma by fostering healthy individuals, families and communities.

AHWS RELIED  
ON TWO KEY  
CONCEPTS:  
HEALING AND  
WELLNESS.

<sup>1</sup> The term "Aboriginal" includes Métis, Inuit and First Nations, regardless of where they live in Canada and whether they are registered under the *Indian Act*.

# Introduction to the AHACs

Ontario's ten Aboriginal Health Access Centres were founded to address the impacts of colonization and inter-generational trauma and play a powerful role in the healing, health and wellbeing of Aboriginal peoples in Ontario.

Unique in Canada and made in Ontario, AHACs are community-led, primary health care organizations. They provide a comprehensive array of health and social services to Aboriginal peoples across the province. These services include: primary care, traditional healing, mental wellness, cultural programs, health promotion programs, community development initiatives and social support services.

AHACs approach health and wellbeing in a holistic way, providing not only clinical services, but also community designed teachings, languages, medicines and ceremonies.

For AHACs, culture is treatment. Through this approach, AHACs have earned trust and credibility in the communities they serve.

Because of increasing demand for services and programs, the AHACs grew from 1995-2005. By 2005, it was clear that the demand for services

outpaced funding levels. Continuing to the present day, wait lists grow and centres struggle. The core health funding inequities AHACs face in relation to their Community Health Centre (CHC) counterparts are crippling. Some progress has been made toward funding parity as the result of rigorous advocacy over many years. However, major inequities continue and funding parity is crucial for the AHACs' success.

Despite these challenges, AHACs reconnect Aboriginal peoples with the practices, sense of community and cultures that were taken away through the course of centuries. AHACs are community health spaces that offer a sense of belonging. As spaces of respect, truth, humility, honesty, courage, love and wisdom, AHACs are making a difference to healing, health and wellbeing among Aboriginal communities across Ontario.

AHACs recognize the need to expand Aboriginal health in the province of Ontario. The AHACs work in parallel to the collective efforts of the grass roots people, leaders and health custodians in their efforts to gain equitable access to health care, respectful of cultural inclusion.

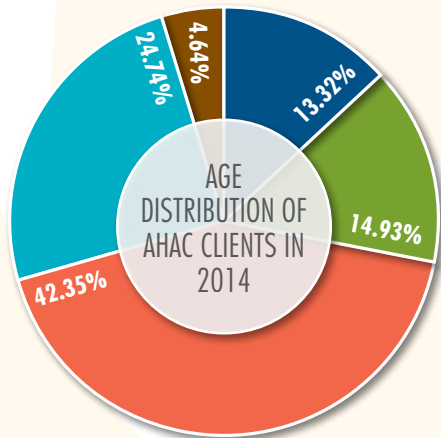


“HEALTH CARE SERVICES FOR ABORIGINAL PEOPLE MUST BE PLANNED, DESIGNED AND DEVELOPED BY ABORIGINAL PEOPLE AND BE AVAILABLE IN LOCATIONS IDENTIFIED BY FIRST NATION/ABORIGINAL COMMUNITIES.

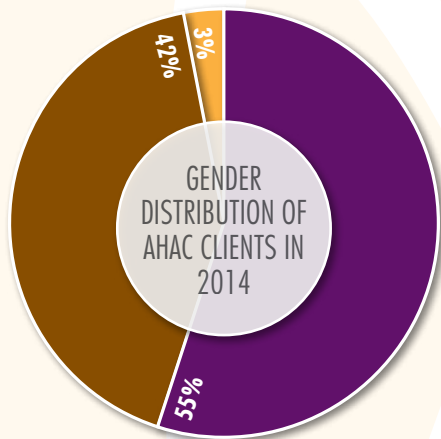
THESE PROGRAMS AND SERVICES MUST RESPECT, ACCEPT AND INCORPORATE ABORIGINAL VALUES AND BELIEFS AND MUST BE FLEXIBLE IN ORDER TO SUPPORT CULTURALLY-SPECIFIC APPROACHES TO COMMUNITY HEALTH...”

*Aboriginal Health Policy for Ontario*

# AHAC Sector in a Snapshot



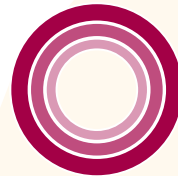
- Children 0-9
- Youth: 10 to 19
- Adults: 20 to 49
- Elders: 50+
- Undisclosed



- Female
- Male
- Undisclosed



In 2014, AHACs served **over 50,000** Aboriginal people in Ontario.<sup>2</sup>



AHACs provide an **interprofessional circle of care** with providers as diverse as clinicians, mental health providers, traditional healers using a common Electronic Medical Record (EMR), which is Nightingale on Demand (NOD).

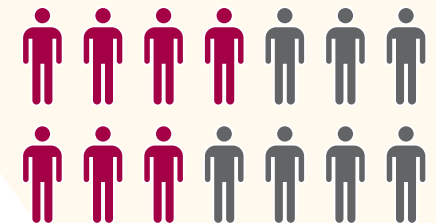
AHACs provide health services in the following languages: **Oji-Cree, Cree, Inuktitut, Iroquois, Mohawk, Ojibway, sign language.**



**Approximately 80%** of the First Nations communities in Ontario have had First Nations members access AHAC services.

**1/3**

About **a third of those** served are in the centres' catchment areas.<sup>3</sup>



About **half** of the AHACs serve non-insured clients.

<sup>2</sup> This count is based on clients with and without Ontario Health Insurance Plan (OHIP).

<sup>3</sup> There are 133 First Nations communities in Ontario. It was determined that the AHACs provide service to at least one or more clients from approximately 106 different communities. At the time when the analysis was conducted there was no mechanism to determine which community(ies) use AHAC programs and services the most.



# AHACs in Ontario

Ontario

**WAASEGIZHIG  
NANAANDAWE'YEWIGAMIG**

**CENTRAL SERVICE  
LOCATION: KENORA**

**CATCHMENT AREA:** DALLES, GRASSY NARROWS, NORTHWEST ANGLES (NO. 33, AND NO. 37), WASHAGAMIS BAY, SHOAL LAKE AND ISKATEWIZAAGEGAN, WHITEDOG, WHITEFISH BAY, RAT PORTAGE, KENORA, MINAKI, WABIGOON

**ANISHNAWBE MUSHKIKI**

**MAIN OFFICE:** THUNDER BAY  
**CATCHMENT AREA:** THUNDER BAY AND AREA

**N'MNINOYAA**

**MAIN OFFICE:** CUTLER  
**CATCHMENT AREA:** NORTH SHORE OF LAKE HURON, BETWEEN SUDBURY AND SAULT STE. MARIE, ALONG HIGHWAY 17 AND THE CITY OF SAULT STE. MARIE

**SHKAGAMIK-KWE**

**MAIN OFFICE:** SUDBURY  
**CATCHMENT AREA:** CITY OF GREATER SUDBURY, WAHNAPIATAE, HENVEY INLET, MAGNETAWAN

**WABANO CENTRE FOR  
ABORIGINAL HEALTH**

**MAIN OFFICE:** OTTAWA  
**CATCHMENT AREA:** NATIONAL CAPITAL REGION

**MOHAWK COUNCIL OF  
AKWESASNE**

**MAIN OFFICES:** AKWESASNE ONTARIO  
**CATCHMENT AREA:** AKWESASNE, ONTARIO  
AKWESASNE, QUÉBEC  
AKWESASNE, NEW YORK

**GIZHEWAADIZIWIN**

**MAIN OFFICE:** FORT FRANCES  
**CATCHMENT AREA:** RAINY RIVER DISTRICT, FORT FRANCES, EMO, RAINY RIVER

**NOOJMOWIN TEG**

**MAIN OFFICE:** AUNDECK OMNI KANING FIRST NATION  
**CATCHMENT AREA:** MANITOULIN ISLAND, WHITEFISH RIVER, ESPANOLA AND SEVEN FIRST NATIONS

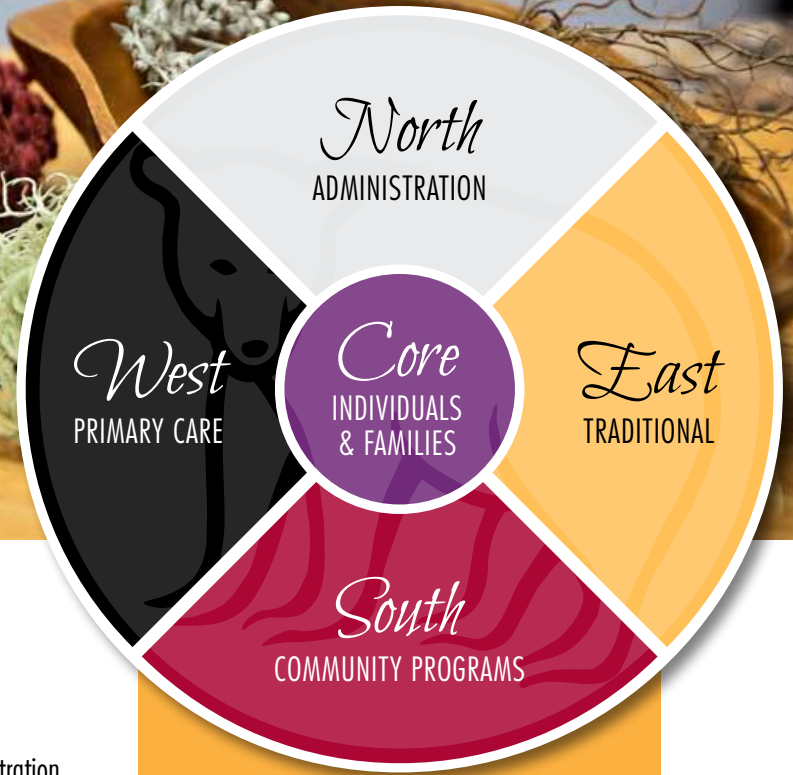
**DE DWA DA DEHS NYE>S**

**MAIN OFFICE:** HAMILTON  
**CATCHMENT AREA:** BRANTFORD, HAMILTON WITH OUTREACH TO THE NIAGARA REGION

**SOUTHWEST ONTARIO  
ABORIGINAL HEALTH  
ACCESS CENTRE  
(S.O.A.H.A.C)**

**MAIN OFFICE:** LONDON  
**CATCHMENT AREA:** LONDON, CHIPPEWAS OF THE THAMES, WINDSOR, OWEN SOUND





# The AHAC Framework

AHACs operate from a wholistic Aboriginal health framework. Recognizing Aboriginal rights to self-determination in health, the framework focuses on the restoration and rebalancing of the physical, mental, emotional and spiritual wellbeing of Aboriginal peoples, families, communities and nations.

With individuals and families at the centre, the framework incorporates Aboriginal traditional healers and healing approaches, prevention and promotion community programs,

culturally safe primary care, and effective administration and community governance. Due to its vital importance, mental wellness is addressed in many quadrants, including traditional, community programs and primary care.

Through this framework, AHACs strive to address the comprehensive continuum of care from promotion and prevention to treatment and rehabilitation, through all the stages of life from pre-natal to elder. The framework also recognizes the importance of the interconnectedness of people, nature and the spirit world. Culture surrounds all that AHACs do.

In the following pages, you will find more information about the work that AHACs do following the four cardinal points of the medicine wheel.

CULTURAL PRACTICE IS KEY, AS REFLECTED THROUGH THE TEACHINGS OF THE MEDICINE WHEEL AND THE FOUR DIRECTIONS OF CREATION.



# *Traditional: Creating a Place of Healing and Belonging Where Culture Is Treatment*

Traditional programs are the foundation for healing in AHACs, who offer Aboriginal traditional healing services delivered by elders, healers, medicine people, helpers.

Between 2013 and 2014, **over 30,000** Aboriginal and non-Aboriginal clients were seen by the AHACs for traditional programs.

Here are a few examples of **traditional healing** services:

- Storytelling
- Ceremonies, including:
  - seasonal
  - rites of passage
  - healing
  - sweat lodges
- Feasts
- Traditional arts and crafts
- Drumming
- Dancing
- Traditional teachings
- Circles, including:
  - teaching
  - talking
  - healing
- Traditional medicines, doctoring, counselling, one-to-one visits, medicine walks



# Community Programs: Helping Rebuild Our Communities

The AHAC sector offers the following wholistic **community programs** to build healthy communities, families and people:

- Mental wellness
- Trauma-based therapies
- Senior's physical activity
- Frail seniors
- Senior's social isolation
- Childhood physical activity
- Childhood nutrition
- Healthy babies
- Early years
- Housing
- Food security
- Harm reduction
- Concurrent disorders
- Homelessness
- Oral health screening
- Tobacco/smoking cessation
- Cultural programming
- Workplace safety
- Education
- Fetal Alcohol Spectrum Disorder (FASD)
- Diabetes education
- Chronic disease management
- Rehabilitation services
- On-reserve Aboriginal personal development groups (PDGs)
- Healthy choices
- Choices Program for youth at risk
- Parent support programming
- Community kitchens

# Primary Care: Culturally Competent Primary Care within an Aboriginal-Specific Model



The AHACs had **over 102,000** clinical encounters per year.<sup>4</sup>

**Over 20,000** unique clients accessed primary care services since the transition to Nightingale on Demand (NOD).<sup>5</sup>

**6.72** is the average number of visits per client per year.<sup>6</sup>

**4,570** clients had more than 10 encounters per year.<sup>7</sup>

The **top reasons** for clients accessing primary care services:

- Diabetes (Type II)
- Mental health
- Hypertension
- Well care

Training and supervision of clinical providers **ensure culturally competent primary care**, furthering the journey to cultural safety.

Most AHACs also provide **home and community visits** for primary care.

The clients that they typically see are:

- Frail seniors
- Those requiring palliative/end-of-life care
- Those with mental health problems
- Those with a disability
- Isolated/remote

In 2014, about 75% of AHACS offered **advanced access**.

<sup>4</sup> Between 2013 and 2014. As AHACs went live on NOD at different times, it means that some of them had more available data than others for the above-mentioned timeframe.

<sup>5</sup> Between 2013 and 2014. Also, AHACs had different transition times to NOD throughout 2013; last AHAC completing transition towards end of January 2014.

<sup>6</sup> Between 2013 and 2014. 6.72 represents the total number of encounters divided by number of unique clients served in the last year.

<sup>7</sup> Between 2013 and 2014.



# Administration: Interconnected and Interdependent

## AHACs have partnerships with:

- Ministry of Health and Long-Term Care (MOHLTC)
- Local Health Integration Networks (LHINs)
- Ministry of Children and Youth Services (MCYS)
- Ministry of Community and Social Services (MCSS)
- Aboriginal Healing and Wellness Strategy (AHWS)
- Federal government (Health Canada)
- Band councils
- Health Force Ontario (HFO)
- Health Quality Ontario (HQO)
- Ontario Federation of Indian Friendship Centres
- Municipalities
- Health Links
- Community Care Access Centres (CCACs)
- Public health units
- Ontario Trillium Foundation (OTF)
- Social Planning and Research Council
- Right to Play International
- Local and regional hospitals
- Aboriginal Community Health Centres (CHCs) – Anishnawbe Health Toronto, Misiway Milopemahtesewin and Chigamik
- Association of Ontario Health Centres (AOHC)
- Cancer Care Ontario (CCO)
- Canadian Centre for Accreditation (CCA)
- School boards
- Civic organizations (service clubs)
- Charitable organizations
- Community foundations
- Food security organizations

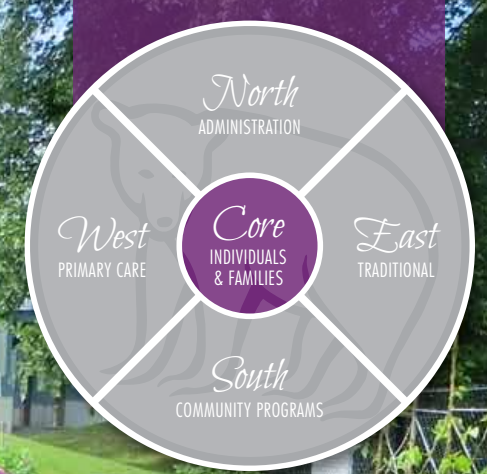
On average, the base funding that an AHAC receives is **in the area of \$2M.**

Over **250 volunteers** contributed with over 15,000 hours of service in the AHACs between 2013 and 2014.

Some of the AHACs are already **accredited** by the Canadian Centre for Accreditation. The whole sector is working towards accreditation.

The majority of AHACs have processes to assess **client experiences.**

Most of the AHACs have mechanisms in place to **obtain input from caregivers** regarding clients' treatment plans and decisions related to their health.



# *Individuals and Families: Creating a Place of Healing and Belonging Where Our Voices Are Heard*

At the **core of the circle** are the individuals and families we are committed to serving. All quadrants of the circle work together in building healthy communities.

# VOICES HEARD

Very genuine, kind, and caring. Health practitioners get to the root of the problem instead of just offering band aid solutions.

The nurses are awesome; very friendly, compassionate, and thorough.

They are in the community so we have easy access to their services.

They are always here when I need them!

Everything I needed, they took care of.

Mix of non-native and Anishinaabe ways, respectful of both workers.

Traditional Healing is done really well.

Outreach services to the First Nations is successful.

**What AHAC clients are saying about service quality, service coordination and culture in these organizations.**

FN people can't afford to go to Kenora. Having FN people working with their own is a strength. Proud of the people that are educated in the medical field.

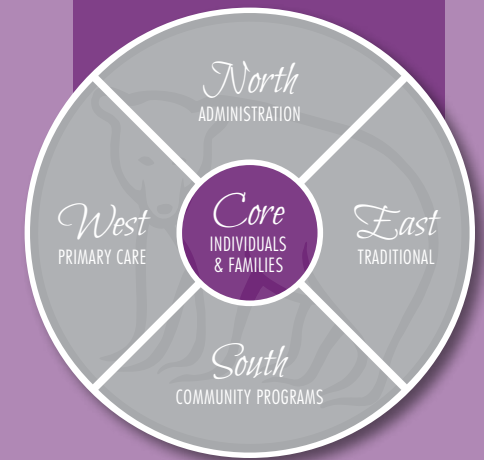
We are very grateful and pleased with the service provided.

It's good to know Anishinaabe are helping one another for services.

I felt comfortable talking to you because it helps me heal.

Thank you so much for everything. Your staff are amazing to me and my daughter.

You are doing an excellent job. It's about time Aboriginal needs are met in our own unique element! Miigwetch!



# *Our Seventh Generation, Our Future*

We are collectively working toward a self-determined, independent future – free from addictions and avoidable illness – in which all Aboriginal people feel able to achieve their full potential. This will be enhanced when we receive equitable funding, and recognition that culture is healing – that our ways of knowing and doing are equal to those of all other nations.





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