

A Stroke Resource for Health Service Providers

A Guide for Working with Aboriginal Peoples of Ontario



Preface

Purpose

This toolkit provides clinical and educational tools for health service providers. It contains **core information** related to Aboriginal history and views on health, stroke information and best practices, and listings of additional resources, which can assist health service providers to engage and offer culturally safe and effective stroke-related education and care to Aboriginal individuals, families and communities.

This toolkit was designed for **healthcare professionals** (e.g., clinicians, healers) and **health providers** (e.g., family health teams, community agencies, healing centres and hospitals) who work with Aboriginal individuals, their families and communities at any stage of stroke prevention, care or recovery. This toolkit refers to these audiences collectively as **health service providers**.

Ontario is home to a diverse mix of Aboriginal groups and cultures. There are three main Aboriginal groups in Ontario; First Nations, Inuit and Metis. For this toolkit, the term “Aboriginal” refers collectively to these Aboriginal groups and cultures living in Ontario.

Summary

There are five sections which can be **reviewed separately**, or as a whole:

Section 1: Aboriginal Cultural Safety: A practical guide to building an atmosphere of cultural safety with your client, their family and Aboriginal communities.

Section 2: Canadian Aboriginal History: A summary of major historical events which have shaped Aboriginal communities across Canada.

Section 3: Aboriginal Health Status and Beliefs: Data on the status, social determinants of health, and beliefs of Aboriginal Canadians.

Section 4: Stroke Information and Best Practices: Definitions of stroke types, risk factors as well as information on stroke prevention, care and recovery.

Section 5: Additional Resources: A compilation of additional resources which may assist you, your colleagues and/or your clients.

Contact Information

All inquires for additional or region-specific information should be directed to your regional stroke network (please see Section 5 for detailed contact information). All feedback on the content of this toolkit should be directed to the South East Toronto Stroke Network at setsn@smh.ca. This document was published by the South East Toronto Stroke Network in January, 2012.



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Kelly Brownhill & Greg McGregor

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Brenda Mason

First Nations Elder

Marilyn Morley

Ontario Aboriginal Health Advocacy Initiative

Cheryl Moher & Alda Tee

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Darren Jermyn

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Table of Contents

Section 1: Aboriginal Cultural Safety - Tools, Considerations and Guidelines for Cultural Safety

- 6 Cultural Safety
- 11 Cultural Amplifiers
- 12 Additional Considerations for the Clinical Encounter
- 12 Your Beliefs and Lens
- 13 Collaborating with Aboriginal Communities
- 14 References

Section 2: Canadian Aboriginal History

- 15 Introduction
- 15 Historical Events
- 19 Summary
- 19 References

Section 3: Aboriginal Health Status and Beliefs

- 20 Foreword
- 21 Introduction
- 21 Social Determination of Health
- 22 Demographics
- 22 Aboriginal Communities in Ontario
- 24 Philosophies on Health and Wellness - Medicine Wheel, Traditional and Sacred Medicines
- 28 Aboriginal Families and Communities
- 29 Aboriginals Today
- 31 References

Section 4: Stroke Information and Best Practices

- 32 Stroke in Aboriginal Populations
- 33 Risk Factors
- 35 Canadian Best Practice Recommendations for Stroke Care
- 35 References

Section 5: Additional Resources

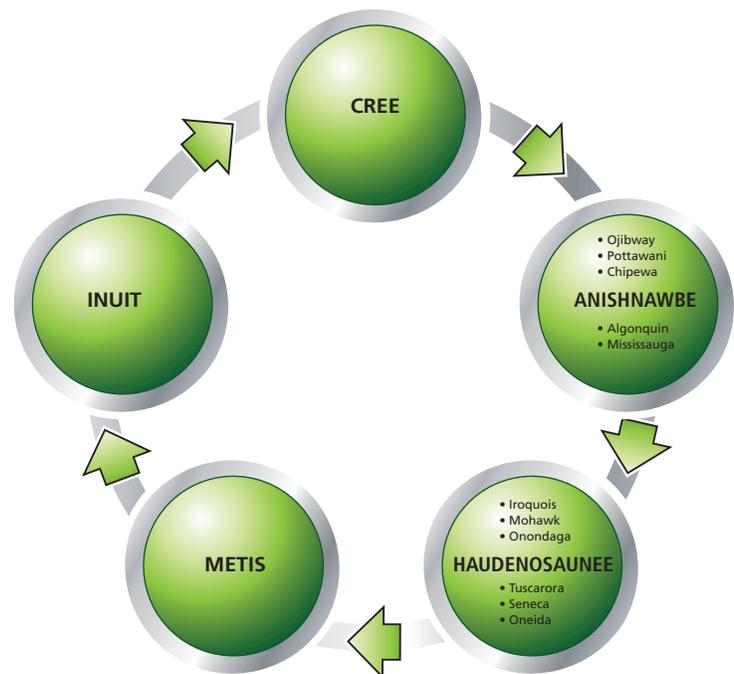
- 36 Introduction
- 36 Aboriginal Knowledge Centres
- 36 Aboriginal Services & Community Agencies
- 37 Aboriginal Health Related Strategies/Initiatives
- 38 Listing of Aboriginal Organizations
- 46 Stroke Education Resources
- 47 Stroke Services & Agencies
- 48 Stroke Networks and Related Hospitals



Section 1: Aboriginal Culture - Tools, Considerations and Guidelines for Cultural Safety

Ontario is home to a diverse mix of Aboriginal groups and cultures. There are five main Aboriginal Cultural groups living in Ontario. These include Anishnawbe, Cree, Haudenosaunee, Inuit and Metis.

It is important to remember that within the Aboriginal population there are hundreds of tribes. Each one of these tribes is similar but have a variance in their tribal belief systems, community practices and languages.



Cultural Safety

Definition and Value

As a Canadian health service provider, the services you provide to clients should be patient or client-centered. According to the Institute for Healthcare Improvement (IHI), client-centered care refers to:

Care that considers clients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the client and their loved ones an integral part of the care team who collaborate with health service providers in making clinical decisions. Client-centered care puts responsibility for important aspects of self-care and monitoring in clients' hands - along with the tools and support they need to carry out that responsibility. Client-centered care ensures that transitions between providers, departments, and health care settings are respectful, coordinated, and efficient (IHI, 2011).

Given the cultural diversity of the Canadian population, client-centered care often includes elements of cultural safety. While it is difficult to define the scope of cultural safety, Canada's National Aboriginal Health Organization (NAHO) cites the definition of culturally unsafe practices as "any actions that diminish, demean or disempower the cultural identity and well being of an individual" (2006). Cultural safety can also be extended to include an examination of the power imbalances and institutional discrimination that occur in Canadian society, or an understanding of historical elements and their relationship to current Aboriginal health status (NAHO, 2008).

Practicing Cultural Safety

There are some practical ways to provide culturally safe and culturally sensitive care. Most important is to remember the ethnic, cultural and spiritual diversity of Aboriginal peoples; rural, remote, north and south is complicated by very different histories and colonial experiences.

The guidelines presented below were compiled from three sources:

1. Guidelines for working with Aboriginal clients with chronic disease, developed by Michael Bird (2002). Bird is a social worker, Santo Domingo-San Juan Pueblo Indian, and past-president of the American Public Health Association
2. Guidelines for Aboriginal cultural competency developed by the New Zealand's Waikato District Board of Health (2002), and republished by NAHO (2008).
3. Consultation with our local Aboriginal partners.

The guidelines are grouped in the following themes:

1. Communication
2. Building Rapport
3. Understanding Health Beliefs and Practices
4. Information and Support
5. Family and Decision Making
6. Ceremony, Song and Prayer
7. Food, Toiletries and Personal Items
8. Body Parts, Tissues or Substances
9. Pending and Following Death

The policy statement, A Guide for Health Professionals Working with Aboriginal Peoples (Smylie, 2000) also highlights eight important recommendations a health service provider needs to understand when working with an Aboriginal individual and their families. These include an understanding of Aboriginal history, current sociodemographic challenges and colonization impacting Aboriginal health. These recommendations were reviewed and approved by many Political Territorial Organizations and leaders of relevant Ministries.

Always remember to become familiar with and ASK each client what their health beliefs are, if they follow traditional medicine teachings and what their preferred approach to care is. Remember not to assume that all Aboriginal clients will present or react in a specific way.

Communication

1. Establish a common communication method.

- Aboriginal communication styles are complex and variable according to the age, personal and community experiences of the individual, and perceived power imbalances.
- There can be variability in conversation pacing, verbal participation, types of speech intonation and body language.
- Pictures may be a helpful method of explaining or providing education to a client or their family.

2. Know when to use direct and indirect communication.

- Your client may exhibit a type of communication requiring you to read between the lines. Explain to your client that you will ask questions to better assess and serve his/her needs, and that it is not your intent to be insensitive or offensive when asking questions.
- Encourage your client to tell their story rather than conducting a formal assessment.

Building Rapport

1. Create an empowerment narrative.

An Aboriginal client may feel as though they have no control over their care. An empowerment narrative is an approach which places the client in control of decision making, and frames the client's experience as a combination of both external and internal factors. To do this, the client and health service provider identify external factors that have negatively affected the client (e.g., poor family support, lack of education), and focus attention toward factors that are controlled by the client (e.g., personal autonomy, personal goals and growth, ability to change one's path) (Varekamp et al., 2009; Crawford Shearer, 2009). Assist the client to recount their successes in overcoming past issues. Wherever possible, discuss their options while outlining the pros and cons of each option, and let them make a decision based on the information presented. An empowerment narrative should:

- Identify personal goals
- Recognize and reinforce personal strengths
- Identify social/community networks/resources and encourage building of social supportive networks
- Identify the client's options and rights

Understanding Health Beliefs and Practices

1. Show respect for traditional approaches to healing.

- Aboriginal clients bring their personal history, including their cultural values and beliefs to the healthcare system. Learn about your client, and the Aboriginal community you are serving, in order to offer a bicultural approach to care.
- Be aware of the important aspects of Aboriginal history and the cultural amplifiers that may affect the relationship between you and your client.
- When compiling a client history, find out what band(s) or tribe(s) they belong to.
- Without requesting details, ask your client if they use traditional healing services and medicines.
- An Aboriginal client may believe in causes and cures that do not fit with established western medical practices.
- Some Aboriginal people believe that speaking about illness may lead to its occurrence.
- Understand that for Aboriginal clients, the concept of "next of kin" may be broadly interpreted.

2. Explore the client's comfort with healthcare.

- An Aboriginal person may feel uncomfortable questioning authority. They may agree to something when they would actually prefer to decline or are unsure. The decision maker(s) should be encouraged to speak frankly with you about their preferences and opinions. If possible, give the client a copy of what you have reviewed with them for reference.
- Recognize that an Aboriginal person may be more comfortable with uncertainty regarding the long-term effects of illness and disability than the general population.
- Some Aboriginal clients will consistently minimize health problems.
- Creating an Aboriginal-friendly environment (including Aboriginal art and design) may improve your client's and their family's comfort with healthcare. They may need to see themselves reflected in the healthcare environment.

Many Aboriginal people will listen quietly and intently to the information being shared with them. It is important not to interpret this response as being "passive".

Information and Support

1. Ensure the client and their family understands the healthcare system, as well as the resources and supports that are available to them.

- Be aware of available Aboriginal resources, support groups and accommodation services in your area.
- An Aboriginal client may feel isolated and alone especially if stroke support services are not available in his/her area. If possible, create these support systems within your practice in a safe environment.
- Be aware that Aboriginal resources and support systems are often limited in rural or remote areas.

2. Refrain from judgment regarding traditional healing services and medicines the client may have accessed. A judgmental response could harm the trust and confidence you have established with your client.

- Discuss western medicine and its uses, and encourage the use of both western medicine and traditional medicine whenever possible.
- Emphasize to your Aboriginal client that traditional healing and western medicine may be more effective together, than separate.
- Aboriginal clients should be encouraged to discuss traditional medicines to reduce the risk of negative interactions with western medicines.
- Encourage and validate your client's effort to access Aboriginal-specific resources.

Family and Decision Making

1. Encourage and support the Aboriginal client and their family. Include them in all aspects of care, decision-making, and education.

- With the client's permission, share a copy of the care plan with the Aboriginal client and family.
- Ask the client and/or family if they wish to nominate a person to speak on behalf of the family. Acknowledge and involve the person nominated.
- Include appropriate Aboriginal staff in the client's care (if available). They may provide assistance with the decision-making process, if this is agreed to by the client and family.

Ceremony, Song and Prayer

1. Offer the Aboriginal client the choice of having ceremony at all stages of the care process.

- For many Aboriginals individuals, ceremony is essential in protecting and maintaining spiritual, mental, emotional and physical health.
- Allow time for ceremony and do not interrupt unless the physical care of the client is compromised.
- If there are concerns of why ceremonies cannot occur within your facility, discuss possible options with the team, client and family.
- Determine any facility specific regulations that may impact the ability to host ceremonies.

2. Be aware and respectful of sacred/ceremonial items and discuss any handling requirements with the client and/or their family.

- Participate in education and training opportunities around sacred and ceremonial processes.
- Give the family member or an Aboriginal staff member the option of caring for any items.
- Exercise particular care with gender-specific protocols for ceremonial items.
- Inform the client and/or family member of the location of the item and any risk(s) regarding storing the items.

Food, Toiletries and Personal Items

1. Become familiar with the basic principles regarding treatment of your client's food, access to traditional food and practical ways of respecting these principles.

- Aboriginal principles/beliefs will align with good health and safety procedures that should be practiced by staff. They should not cause excessive burden or variation from usual practices.
- In some cultures, menstruating women should not prepare or serve food due to their spiritual power.

Pending and Following Death

1. Learn about any family specific customs related to death. The family should be notified, supported and involved where death is expected.

- Be aware that large numbers of family members may be present.
- Provide opportunities for the family to perform cultural and spiritual rites for the deceased.
- Be respectful of ceremony and protocols, and allow time for their performance.
- Allow the family or traditional healer to prepare the body according to their customs.
- Work with the family to appoint a contact person, thus minimizing the amount of communication required. Be aware that community leaders may get involved and act as the non-family contact person.
- There are many cultural variations during and at the time of death. For example:
 - In some cultures the body is not to be left unattended following death.
 - Some Aboriginal communities believe when someone is ailing, two nurses should attend. If only one attends, the ailing person may think they are dying which may result in agitation.
 - Be aware that the family may also gather and sing at the bedside of the deceased to help the soul travel.
 - There may be a belief that when someone passes, the family or community must open a window or door to let the spirit go home.

Body Parts, Tissues or Substances

1. Fully communicate procedures and options regarding removal, retention, return or disposal of body parts/tissue/substance.

- Record and carry out the wishes of the Aboriginal client and/or family regarding these issues.
- Some families may request the return of deceased client's hair, fingernails and toenails.
- Different protocols can exist for remains and bodily fluids. For example, it is important for some cultures to dispose of hair lost through combing, in a particular manner.

Belief that death involves passage into a world that is not feared; one will meet with ancestors in the spirit world to live for eternity; dying is a time to communicate, settle differences and make peace (Turner-Weeden 1995, cited in Hotson et al 2004). An understanding of these beliefs are important so that health service providers do not accept a stereotype that Aboriginal fatalism means that Aboriginal patients are more likely to "give up" when confronted with a life threatening diagnosis.

Cultural Amplifiers

While the approaches mentioned above can assist you to provide culturally safe care, it may be valuable to consider some barriers and issues which can impede these approaches. Some of these barriers may be referred to as cultural amplifiers (i.e., cultural factors that magnify the difficulties faced by Aboriginal Peoples when accessing healthcare [Bird, 2002]).

Barriers to Accessing Healthcare (Bird, 2002)

1. Circular Migration

- An Aboriginal individual may migrate daily, weekly or several times a year from reserve/rural areas to urban areas. Migrations occur for many reasons, including family visits, ceremonies, job and educational opportunities, substance abuse and illness.

2. Distrust of Authority

- Aboriginal Peoples have a long history of mistrust of the government as a result of broken treaties, lost land, reserves and residential schools, as well as ongoing experiences with racial and ethnic discrimination.

3. Fear of Breach of Confidentiality

- Breaches of confidentiality have been a serious issue in many Aboriginal clinics. This often occurs in reserve/rural communities where rumors can spread quickly, although comparable breaches also occur in urban clinics.

4. Modesty

- Some Aboriginal individuals are modest about their bodies and find it uncomfortable to discuss their bodies or perform self-examinations. Consequently, an individual may not notice or wish to discuss personal bodily changes.

5. Language and Culture

- Many cultural elements are contained within the context of an Aboriginal language. Many words and concepts are not easily translated into English, and some cannot be translated.

6. Orientation to the Present

- Aboriginal Peoples may be oriented to living in the present, rather than focusing on the future (which is often emphasized in western culture).

7. Mortality

- High rates of mortality are a part of most family and community experiences for Aboriginal Peoples. It is not unusual for an individual to have someone in his or her family commit suicide, be a victim of a homicide, or lose a relative in a fatal automobile accident. Age standardized all-cause mortality rates among residents of reserves averaged for the years 1979 to 1983 were 561.0 per 100,000 among men and 334.6 per 100,000 among women, compared with 340.2 per 100,000 among Canadian men and 173.4 per 100,000 among Canadian women. (MacMillan et al, 1996)
- Youth suicide is a major problem for Aboriginal communities. Aboriginal men aged 15-24 are five times more likely to commit suicide, compared with non-Aboriginal men of the same age. Although suicide is more common in men, Aboriginal women aged 15-24 are seven times as likely to commit suicide, compared to their non-Aboriginal peers (Health Canada, 1993).

Current research by Brascoupé and Waters (2009) also captures cultural safety through an Indigenous lens. It explores the concept of cultural safety to improve the health of Aboriginal people and wellness in their communities. The research incorporates recommendations to shift the idea of cultural safety for individuals, to cultural safety at institutional and policy levels.

Additional Considerations for the Clinical Encounter

A number of models have been developed to assist health service providers conduct clinical interviews with Aboriginal clients. The table below presents the BELIEF, LEARN and ETHNIC models, developed by Dobbie et al. (2003), Berlin & Fowkes (1983) and Levin et al. (2000), respectively. Note: While these can help frame your clinical interview, they may not collect all the necessary information, or may include questions/areas that are irrelevant. Use as appropriate.

BELIEF Model*	LEARN Model**	ETHNIC Model***
Health B eliefs: What caused your illness/problem?	L isten to the client's perspective.	E xplanation: How do you explain your illness?
E xplanation: Why did it happen to you?	E xplain and share one's own perspective.	Past T reatment: What treatment have you tried?
L earn: Help me to understand your belief/opinion.	A cknowledge differences and similarities between these two perspectives.	H ealers: Have you sought any advice from traditional healers?
I mpact: How is this illness/problem impacting your life?	R ecommend a treatment plan.	N egotiate mutually acceptable options.
E mpathy: This must be difficult for you?	N egotiate a mutually agreed upon treatment plan.	Agree on I ntervention.
F eelings: How are you feeling about it?		C ollaborate with client, family and healers.

*Dobbie et al., 2003; **Berlin & Fowkes, 1983, ***Levin et al., 2000

Your Beliefs and Lens

Another component to delivering culturally safe and culturally sensitive care is understanding the preconceived notions and beliefs that you bring to the clinical encounter. The following questions and thoughts may help you reflect upon, and understand your "lens" as a health service provider.

1. What kind of energy are you emitting? Is it positive? Does it come from a place of compassion? Is it in the spirit of caring?
2. What prejudices do you have that could potentially block you from providing client-centre care?
3. What is the tone and rhythm of your voice? Are you speaking in a calm manner?
4. Do you understand the social issues affecting this person (e.g. social situation, housing and transportation)?
5. Has the client been treated with respect, care, compassion and dignity?
6. Have you understood the client's spiritual/religious philosophies?

Collaborating with Aboriginal Communities

As a health service provider, you may find yourself working with the Aboriginal client, their family and community in a group setting. This can be both an effective and challenging way to provide education and care (Crosato & Leipter, 2006). There are some important considerations when working with an Aboriginal community. The following guidelines were published by a group of Canadian health service providers (Kowalsky et al., 1996) and have been adapted for this document.

Specific Guidelines for Working with Aboriginal Communities

- Recognize that the Aboriginal community is in charge.
- Consider the implications of the number of clinicians.
- Be honest about your motives.
- Recognize and respect the spiritual component.
- Respect confidence and guard against taking sides.
- Follow the lines of authority and show respect.
- Be aware of general etiquette expectations.

General Guidelines for Community Collaboration

- Be yourself and participate in the community.
- Monitor your feelings.
- Be ready to teach and to share ideas.
- Be prepared for the unexpected.
- Allow for time.
- Be sensitive.
- Consider what facilitates interaction with community members.
- Enjoy and allow humor.

There may also be an opportunity for you and an Aboriginal community to collaboratively develop a stroke program or service. To guide these types of collaborations, Ontario's Aboriginal Healing and Wellness Strategy (AHWS) published *New Directions: Aboriginal Health Policy for Ontario* (1994). This document stresses the need for mutually respectful relationships with Aboriginal individuals and communities. These relationships will hopefully aid the development of effective and appropriate stroke services. Furthermore, these relationships may help mobilize the community's involvement in your stroke initiative. Below are some other collaboration principles from the AHWS:

- Incorporate Aboriginal cultural sensitivity training as a preliminary stage to community engagement activities.
- Develop an understanding of historical colonization and its impacts on the health, wellness, and spirituality of Aboriginal people, in the context of stroke.
- Encourage an empowerment process with Aboriginal collaborators, and recognize their right to decision-making.
- Encourage the development of Aboriginal-driven health programs and services.

Health empowerment in Aboriginal communities encompasses health services that are community-driven and developed by, for and with Aboriginal communities.

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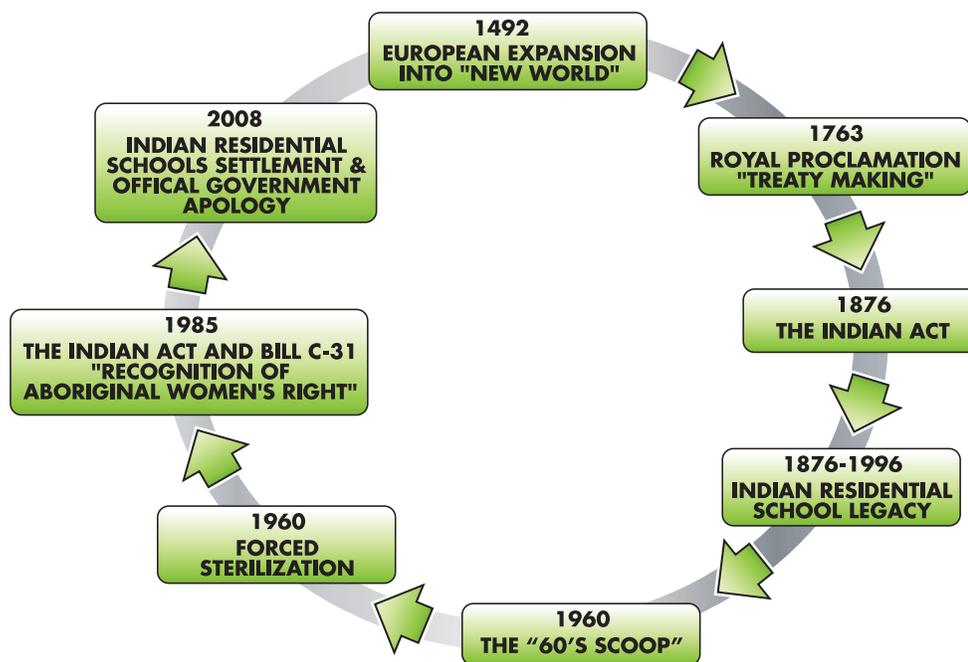
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Section 2: Canadian Aboriginal History

Introduction

It is widely accepted that Canada's history of colonization and assimilation practices toward Aboriginal Peoples has negatively impacted their ability to maintain traditional ways of life (King, Smith & Gracey, 2009). These negative impacts include loss of land, culture and language, and have been shown to have had a lasting impact on Aboriginal individual's quality of life (Hill, 2003). As a health service provider working with Aboriginal individuals, it is important to understand their history and health issues. It is equally important to remember that each individual is unique and that these events may or may not be relevant. Aboriginal history is also getting a revision and re-telling from Indigenous scholars through the Truth and Reconciliation Commission of Canada. The information presented below is taken from the Canadian First Nations History archives presented by the Government of Saskatchewan (2009) unless otherwise indicated.

Historical Events



Section 2: Canadian Aboriginal History

Before European Arrival

Aboriginal Peoples were living in North America long before Europeans arrived. While difficult to determine, it is believed that there were approximately 500,000 people living in what is now Canada (with estimates ranging from 200,000 to 2,000,000) (O'Donnell, 2008). These people were organized into approximately 600 communities (also known as tribal groups or bands). Many of these communities had similar characteristics, including being divided into clans based on lineage (i.e., the line of descendants of a particular ancestor), and holding the belief that all elements of nature were sacred. As clan members married into other clans, these communities grew. It is also believed that Aboriginal Peoples enjoyed relatively good health during this period, including control of disease, as well as high levels of physical and mental wellness.

First Interactions (1492)

When Christopher Columbus arrived in South America in 1492, the Aboriginal people were welcoming. The Spanish however, tortured, abused, killed and enslaved Aboriginal Peoples. It is estimated that the Aboriginal population was reduced by half during the first two years of Columbus' rule. The Europeans also had doubts as to whether Aboriginal people in the Americas were human (at this time only Christians were considered human). However, in 1512, Pope Julius II declared that "Indians are truly men...they may and should freely and legitimately enjoy their liberty and possession of their property; nor should they be in any way enslaved."

The Royal Proclamation (1763)

The Royal Proclamation of 1763 established British protection over unsettled land belonging to First Nations communities, and recognized First Nations ownership of land not already colonized. This Proclamation is considered to be one of the strongest guarantees of Aboriginal land rights.

Struggle to Maintain Aboriginal Identity

By the 19th century, government policies changed to reflect "colonial dominance" of the Aboriginal nations. The new Dominion of Canada no longer needed Aboriginal Peoples as allies in war, or required their skills for the fur trade. Instead, the Dominion needed land for new settlers. This led to a new goal for the Dominion: Aboriginal assimilation through legislation.

The Indian Act (1876)

The Indian Act describes the administration of almost every aspect of First Nations life. It had three main principles: 1) to civilize First Nations people, 2) to manage First Nations people and their lands; and 3) to define who could and could not hold "Indian Status."

This legislation was designed to assimilate Aboriginal Peoples into European culture. They became wards of the state, and their land became "reserves." Previously signed treaties were ignored and Indian Agents were hired to enforce the new legislation. The intent of the Indian Act is best summed up in the words of Duncan Campbell Scott, the Deputy Superintendent of Indian Affairs from 1913 to 1932:

I want to get rid of the Indian problem...Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question and no Indian department (Leslie, 1978).

Christianity was imposed on the First Nations as a means of civilizing them. Cultural ceremonies, such as Potlatches and Sun Dances were outlawed in 1884. Persons caught celebrating these events could be imprisoned. Banning these traditional gatherings assisted missionaries in their attempts to replace Aboriginal beliefs with Christian beliefs.

Potlatches are social occasions hosted by an individual to establish or uphold his status position in society. Often they were held to mark a significant event in his family, such as the birth of a child, or a son's marriage (Tweedie, 1999).

Sun Dances are cultural ceremonies arranged by an individual either as a request for supernatural aid or in response to a vision. The ceremony involves a preliminary ritual, building the sacred dance pole and lodge, and then several different dances often involving back or chest piercing as a demonstration of sacrifice (Canadian Encyclopedia, 2011).

The right to vote was a major feature of the Indian Act. If an Indian person accepted the right to vote (or own property or serve in the military), he or she had to relinquish their Indian Status. This was not changed until 1960, when the Federal Elections Act was amended to allow Indian people to vote. From then on, an Aboriginal person could retain Indian Status and be a Canadian citizen at the same time.

The Indian Act also spelled out conditions for being an Indian woman. It considered any woman married to an Aboriginal man to be an Indian, fully allowed to live and be buried on a reserve (i.e., she gained Indian Status). However, an Aboriginal woman married to a European man was considered a member of Canadian society (i.e., she and their children lost Indian Status).

Residential Schools (1840-1996)

The Indian Act required Aboriginal parents to send their children to residential schools. These schools had three objectives: 1) to convert Aboriginal Peoples to Christianity, 2) to teach reading, writing and arithmetic, and 3) to develop Aboriginal children into farmers and housekeepers.

Children were forcibly removed from their families and placed in schools located in remote areas. The use of any Aboriginal language was prohibited, and children were punished severely for speaking their language, even if they did not speak/understand English. Many children died of poor health conditions at the schools. Many ran away from school and were severely punished upon their return. Others encountered sexual abuse by school officials and/or suffered severe psychological harm as a result of their suppressed Aboriginal identity (Justice Education Society of BC, 2010).

Within these institutions, Aboriginal children lost their culture, identity and traditions, as well as trust and respect for others and themselves. These were replaced with feelings of shame and low self-worth. Furthermore, those who were not direct victims of abuse were often witnesses, and suffered the effects of intergenerational trauma.

Residential schools began a legacy of despair for Canadian Aboriginal communities. The schools had nearly destroyed Aboriginal communities by suppressing traditional language, culture and spirituality. It has been argued that many Aboriginal children lost their knowledge of traditional parenting practices during this era. The last of the 130 residential schools closed in 1996.

Reserves

In order to develop land across Canada, the government pressured Aboriginal Peoples to settle on reserves. Reserves were kept far enough apart to discourage communities from forming alliances against the government. Indian Agents were sent to reserves, where they lived and were heavily involved in many aspects of Aboriginal life:

- Provided family and marriage counseling
- Officiated marriages and funerals
- Kept law and order
- Provided public health nursing services
- Occasionally filled in as the teacher
- Granted permission for Indians to leave the reserve (doing so without permission could result in imprisonment)

During this time, the federal government also had control over the financial transactions of Aboriginals. This meant that any sales and purchases were strictly monitored under a permit system. Aboriginals needed a permit to:

- Sell cattle, grain, hay, firewood, lime, charcoal and produce grown on the reserve
- Buy groceries or clothes

As Aboriginal communities developed their own elected governments during the fifties and sixties, they eventually eliminated the role of the Indian Agent and the permit system.

Forced Sterilization

In the sixties, British Columbia and Alberta developed policies to stop “mental defectives” from having children. These policies stipulated consent was no longer required to perform sterilizations when a client was deemed mentally defective or “incapable of intelligent parenthood.” Aboriginal women became targets under this policy and a disproportionately high number of Aboriginal women were sterilized.

The Sixties Scoop (1960-1985)

The Sixties Scoop (also known as the stolen generation) refers to the adoption, under the expanded Child Welfare Act, of approximately 20,000 Aboriginal children by non-Aboriginal families across North America. To “protect” aboriginal children, welfare workers removed them from their families rather than trying other interventions or counseling. These children were often apprehended from their homes without the knowledge or consent of their families or communities and had no mechanism to contact their birth families (Philip, 2002).

Bill C-31 and Bill C-3 (1985, 2010)

According to the Indian Act, Aboriginal women lost their Indian status if they married a man who did not also have Indian Status. Her children would also not receive Indian status. However, this was in conflict with the Canadian Charter of Rights and Freedoms which guaranteed protection of rights equally for men and women. Bill C-31 (passed in 1985) amended the Indian Act to give these women and their children status. By 1992, over 81,000 people had regained status.

On March 11, 2010, the Federal Government introduced legislation to enhance gender equity in the Indian Act. Bill C-3 ensures that grandchildren of women who lost status as a result of marrying non-Indian men gain Indian Status in accordance with the Indian Act (Indian and Northern Affairs Canada, 2010).

Residential School Apology (2008)

Stephen Harper, the Prime Minister of Canada, formally apologized to the survivors of residential schools and their families on June 11, 2008. The following is an excerpt from his speech:

The treatment of children in Indian Residential Schools is a sad chapter in our history...I stand before you, in this Chamber so central to our life as a country, to apologize to Aboriginal Peoples for Canada's role in the Indian Residential Schools system. The government now recognizes that the consequences of the Indian Residential Schools policy were profoundly negative and that this policy has had a lasting and damaging impact on Aboriginal culture, heritage and language. While some former students have spoken positively about their experiences at residential schools, these stories are far overshadowed by tragic accounts of the emotional, physical and sexual abuse and neglect of helpless children, and their separation from powerless families and communities. The legacy of Indian Residential Schools has contributed to social problems that continue to exist in many communities today (Canada, 2009).

The government of Canada has also initiated the process of Truth and Reconciliation Commission. The truth telling and reconciliation is part of an overall holistic and comprehensive response to the Indian Residential School legacy. It is a sincere indication and acknowledgement of the injustices and harms experienced by Aboriginal people and the need for continued healing.

“I just want to be accepted, respected and honoured for who I am and what I do”.

Brenda Mason, First Nations Elder

Summary

Knowledge regarding the devastating impact of colonization and other historical events on Aboriginal communities is critical to understanding the current Aboriginal physical, emotional, mental and spiritual health status. These events have resulted in loss of culture, values, language and kinship between communities. They have been shown to contribute to high incidence of family violence, sexual abuse, substance abuse, suicide, social issues and widespread chronic disease for Aboriginal Canadians (discussed in depth in Sections 3 and 4).

Today, Aboriginal leaders are taking responsibility for healing the grief and loss in their communities. As well, Elders continue to pass on the knowledge and wisdom to keep Aboriginal culture and traditional healing methods alive for future generations.

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Section 3: Aboriginal Health Status and Beliefs

Foreword

My father once said, "The white people were given the gift of their medicines. We were also given the gift of our medicines. Do not reject either one. Both are good." Jakan Linklater

My father was a wise, humble and a loving human being. He was 96 years old when he went home (Spirit World).

The meaning of the medicine to the Aboriginal People goes beyond prescription; a regular doctor will prescribe a medicine to their patients to, hopefully, heal, maintain or control an ailment.

For most Aboriginal people, the definition of medicine includes the following: the connection to the earth, a sunrise, Sweat Lodge, Sacred Circle, a smudging ceremony, healing rituals, sitting down with an Elder to share is a medicine, playing with a child, seven grandfathers, sharing etc.

There are more and more Aboriginal people returning to their medicines and traditional healing ways. Many of the Aboriginal Peoples' beliefs, values, perspectives and practices about medicines can be common and unique. The practices of the Aboriginal medicines can be common and unique among different cultures.

There are Aboriginal people, who have chosen to utilize both non-Aboriginal and Aboriginal medicines. Another group will only use their doctors' medicine and yet another group will use Aboriginal peoples' medicines. For each group it works well for them. What is similar, among the people for their search for physical healing, mental, emotional and spiritual health, is also equally important.

My father had also told us long ago, "One way or the other, all those things we use to make medicines is from the earth. We were all given what we need to live on this earth".

Aboriginal Peoples' traditional practices, beliefs, values, customs, and traditional medicines have been written on paper for a number of years now. However, there are still more practices, traditional teachings, ceremonies, spiritual beliefs and medicines shared orally and not on paper

It is better to ask questions whether your patients are using Traditional Medicines such as plants, herbs. The knowledge will assist you to provide the best care and treatment.

Brenda Mason
First Nations Elder

Introduction

As a health service provider, one of the ways you can provide care in a culturally sensitive manner is by becoming familiar with each client’s customs, beliefs and values. For example, when working with an Aboriginal individual who is either at-risk of having a stroke or a stroke survivor, a general understanding of their culture, beliefs and values will likely facilitate improved communication. It will also be useful to have awareness of the social determinants of health which directly impact Aboriginal communities. This section of the toolkit will provide a summary regarding the health status of Aboriginal Peoples across Canada, as well as their culture and beliefs regarding health and medicine.

Social Determination of Health

A recent Health Canada report indicated that Aboriginal Canadians have poor health, when compared with the rest of the Canadian population. Furthermore, these health outcomes are likely somewhat due to poor social, living and economic conditions (listed below). There is also evidence that Aboriginal Canadians have more negative health behaviours than the rest of Canadians (e.g., higher rates of smoking).

Social Determination of Health is the premise that one’s health is determined by complex interactions between social and economic factors (e.g., family size, wealth and education), the physical environment (e.g., living conditions) and individual behaviour (e.g., smoking, level of physical activity) (Canada, 2009).

Social Determinants of Health Impacting Aboriginal Canadians

Social Determinant of Health	Aboriginal Population	Canadian Population
Overall smoking rate	58.8%	24.2%
Report heavy drinking on a weekly basis	16%	7.9%
Body Mass Index (BMI) = at least overweight	73%	48%
50-59 year olds who have had a mammogram	73.3%	88.3%
Holding a university certificate, diploma or degree*	5.1%	22.7%
Graduated from high school by age 20*	36%	84.6%
Unemployment rate*	27.7%	7.3%
Employment rate*	37.4%	61.7%
Median annual income*	\$10,631	\$22,274
Households below CMHC adequacy standards*	22.4%	2%

*Compared on-reserve Aboriginals with general Canadian population (Canada, 2009).



Beyond the social determinants that affect the health of all Canadians, the negative impact of certain historical events (see Section 2) on the current health status of Aboriginal Canadians is widely accepted. A literature review by King, Smith & Gracey (2009) reported that historical factors including colonization, globalization and migration have created some unique social determinants of health for Aboriginal Peoples, including loss of language, loss of culture and disconnection from the land; all of which have negatively impacted the health of Aboriginal Canadians. As an example, having a strong “connectedness with the land” has been shown to positively affect the health of Canada’s Inuit communities (Kirmayer, Fletcher & Watt, 2009).

Many Indigenous groups believe that the devastation of their lands through globalisation and commercial exploitation and climate change is equivalent to a physical assault. Kirmayer and colleagues thus point out that the widespread destruction of the environment through commercial developments should be understood as attacks on Aboriginal individuals and communities that are equivalent in seriousness to the loss of social role and status in a large-scale urban society. As traditional custodians of the land, dispossessed Indigenous peoples have lost their primary reason for being. Additionally, these investigators, in their studies of the Inuit of northern Canada, showed that mental health and healing can be powerfully affected by eating country food, hunting, and camping on the land (King, Smith & Gracey, 2009, p.81).

Demographics

The 2006 census indicated that the number of Canadians with self-reported Aboriginal ancestry was 1.17 million (representing 4% of Canada’s population). It also indicated that the Aboriginal population grew by 45% from 1996 to 2006. The biggest contributing factor to this growth was fertility, as the Aboriginal birth rate was 1.5 times the overall Canadian rate. This growth is nearly six times greater than that of the non-Aboriginal Canadian population, making the Aboriginal population one of the fastest growing population groups (Statistics Canada, 2006).

Aboriginal Population Profiles - Canada

Aboriginal Group	2006	Percent Change (1996-2006)
First Nations	698,025	45%
Métis	389,785	91%
Inuit	50,485	26%
Total	1,172,790	9%
Multiple & other*	34,500	34%

*Includes persons who reported >1 Aboriginal identity group and those who reported being a Registered Indian and/or Band member without reporting an Aboriginal Identity (Statistics Canada, 2006)

Numbers may be limited as they are based on individuals who actually identified self as Aboriginal. Data collection in 2006 differed from previous data collection. Use with caution for growth percentage.

Aboriginal Communities in Ontario

The Chiefs of Ontario map highlights the locations of Ontario’s Aboriginal communities. It can be found at: http://chiefs-of-ontario.org/Assets/2010_12_06_15_51_09.pdf

In Ontario in 2006, the census indicated there were 242,495 self-identified Aboriginal individuals (representing 2% of the Ontario population). The table below reports the Ontario population groups according to metropolitan area (Statistics Canada, 2006).

Population By Aboriginal Group, Census Metropolitan Area in Ontario (2006 Census)

Census Area	Total Population	% Increase (1996-2006)	First Nations	Métis	Inuit
Canada	31,241,030	4%	698,025	389,780	50,480
Barrie	175,335	2%	1,840	1,445	0
Brantford	122,825	3%	3,140	600	0
Greater Sudbury	156,395	6%	4,265	5,430	35
Guelph	126,080	1%	800	390	15
Hamilton	683,445	1%	6,425	1,990	50
Kingston	148,475	2%	1,895	1,130	80
Kitchener	446,495	1%	3,085	1,355	60
London	452,575	1%	4,595	1,345	80
Oshawa	328,065	1%	2,900	1,510	130
Ottawa-Gatineau*	835,470	2%	6,910	4,820	645
Peterborough	115,140	3%	2,350	1,010	35
St. Catharine's-Niagara	385,035	2%	4,350	1,930	65
Thunder Bay	121,055	8%	7,420	2,370	40
Toronto	5,072,070	1%	17,270	7,580	315
Windsor	320,730	2%	3,185	2,105	0

*Ontario only (Statistics Canada, 2006)

In 2006, approximately 65% of Aboriginal people lived in an urban area. Another 18.3% lived in non-reserve rural areas. The 2006 Ontario Aboriginal population was much younger than the non-Aboriginal population. The median age of the Aboriginal population was 29.7 years, compared with 38.9 for non-Aboriginal people (Statistics Canada, 2006).

Aboriginal Identity Population in 2006 - Ontario

2006 Population	Total	Male	Female
Total Ontario	12,028,900	5,877,875	6,151,020
Total Aboriginal Ontario	242,490	117,585	124,900
First Nations (single response)	158,400	75,955	82,440
Métis (single response)	73,610	37,025	36,580
Inuit (single response)	2,035	940	1,100
Multiple Aboriginal Responses	1,905	885	1,025
Other Aboriginal Responses	6,540	2,785	3,755
Registered Indian Status	Total	Male	Female
Registered Indian	123,595	58,780	64,815
Not a registered Indian	11,905,300	5,819,095	6,086,205
Characteristics of Aboriginal Population	Total	Male	Female
Median Age	29.7	28.5	30.8

*Ontario only (Statistics Canada, 2006)



Philosophies on Health and Wellness

Ontario is home to a variety of Aboriginal Peoples: First Nations, Inuit, Metis, Algonquin, Mississauga, Ojibway, Cree, Odawa, Pottowatomi, Delaware, and the Haudenosaunee (Mohawk, Onondaga, Onoyota'a:ka, Cayuga, Tuscarora, and Seneca) (Spotton, 2007). It is important to remember that each Aboriginal community in Ontario has unique characteristics and needs. These include different languages, spiritual beliefs, history and cultural teaching. However, there are a number of common, fundamental traditions and cultures that are listed below. Understanding and respecting the cultural practices of an Aboriginal client will help support an effective treatment plan.

Holistic Perspective

Ontario's Aboriginal population has a holistic perspective on health and wellness. This means that physical, emotional, mental and spiritual wellness are each a component of good health. Restoring and respecting Aboriginal knowledge is also a valued component of good health. When these components are balanced, an individual is in harmony with nature. Aboriginal cultural also includes the concept of connectiveness, which describes the connection between the Aboriginal people and Mother Earth.



Aboriginal Connectiveness – Aboriginal individuals, families, Communities and nations are connected in the Sacred Circle. An emotional, physical, mental and spiritual imbalance affects everyone.

It is important to recognize that every treatment has a cultural component. Western medicine is primarily focused on diagnosis and cure as an outcome, whereas Aboriginal medicine focuses more on the environment in which the patient may recover.



Inukshuk, the singular of inuksuit, means "in the likeness of a human" in the Inuit Language. They are monuments made of unworked stones that are used by the Inuit for communication and survival. The traditional meaning of the inukshuk is "Someone was here" or "You are on the right path."

www.inukshukgallery.com

The Sacred Medicine Wheel

Numbers have always played a significant role in traditional Aboriginal culture. The number four, for example, is one of the most sacred. The Medicine Wheel is a ceremonial healing tool built around the number four. The Aboriginal population values the Medicine Wheel as a holistic and sacred symbol, given to them by the Creator.

How it works: The wheel revolves endlessly in a clockwise direction, symbolizing the continuous cycles of life. It also symbolizes the Powers of the Four Directions and the interrelatedness of all life's elements.

How it was taught: The Medicine Wheel was originally explained with a circle being drawn in the earth. The symbols were then gradually drawn as their meanings were explained by an elder. The elder would begin with an explanation of the four directions: north, east, south and west. He may then have gone on to explain some of the following concepts:

- The changing seasons: fall, winter, spring and summer.
- The four stages of life: childhood, adolescence, adulthood and old-age.
- The races: red, white, black and yellow.
- The four elements: water, air, fire, and earth.
- The four sacred medicines: tobacco, cedar, sage and sweetgrass.



The Medicine Wheel can be expanded to include other wheels, such as the emotions wheel, or the mind wheel. These wheels may be used to explain or examine emotions that impede personal growth. It requires many years to learn each wheel's teachings. Collectively, the wheels symbolize that an individual must balance wellness of mind, body and spirit, as well as live in harmony with the natural environment. An Aboriginal client may consider illness to be the result of an imbalance in one or more of these areas.

Traditional Medicine

Aboriginal populations use a variety of natural resources to create medicines. The four sacred medicines include tobacco, cedar, sage and sweetgrass, and can be used as part of a healing practice or ceremony. These medicines, healing practices and ceremonies are often collectively referred to as traditional Aboriginal medicine. The World Health Organization (WHO) defines traditional Aboriginal medicine as:

The sum total of knowledge, skills and practices based on the theories, beliefs and experiences Indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness (WHO, 2000, p.1).

Canada's Royal Commission on Aboriginal Peoples (RCAP) defined traditional healing as:

Practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western 'scientific' bio-medicine. When Aboriginal Peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders (Canada, 1996).

Aboriginal medicine contains remedies and treatments passed down over time. Many of these medicines are found in, and form the basis of current Western pharmaceutical treatments.

The Four Sacred Medicines

There are four sacred medicines that are used in ceremonies and everyday life:

Tobacco (the East) is always used first as an offering for everything and in every ceremony. Tobacco was given to the Aboriginal Peoples so they may communicate with the spirit world. It opens up the door to allow that communication to take place. Offering Sacred Tobacco is a way of giving thanks in advance of a request. Tobacco is generally not smoked, except on special ceremonial occasions.

Sweetgrass (the North) is used for purification of thoughts and the environment.

Cedar (the South) is used for purification of the home and protection. It also had restorative medicinal uses. Cedar grows during the winter months reminding the Aboriginal People that medicines are always available. When cedar is put into the fire with tobacco, it crackles, calling the attention of the spirits.

Sage (the West) is used to prepare people for ceremonies and teachings. Sage is used for releasing what is troubling the mind and for removing negative energy. It is also used for cleansing the homes and sacred items.

Adapted from Aboriginal Perspectives on Health and Wellness, Marilyn Morley, Webinar Series, 2009.

For further information, please also go to http://www.med.uottawa.ca/sim/data/Aboriginal_Medicine_e.htm

“You have to use them (tobacco plants) with respect, as prayers and offerings in ceremonies, so they’ll reward you. But if you use them without respect, if you smoke them like cigarettes, their power will kill you.”

(Winters, 2000)

The Canadian Encyclopedia (2010) reports some traditional Canadian Aboriginal medicines, along with their use, preparation technique and medicinal content.

Plant / Medicine	Use	Preparation	Medicinal Content
Balsam Fir	Colds	Inhale Vapors	Monoterpenes - Nasal Stimulant
Cascara	Constipation	Tea From Bark	Anthracenes - Cathartics
Gold Thread	Mouth Sores	Tea From Roots	Alkaloid - Antibacterial
Kinnikinnick	Kidney Ailments	Tea From Branches	Glycoside - Diuretic
Red Oak	Diarrhea	Tea From Bark	Tannins - Astringents
Poplar	Back Pain	Tea From Roots	Salicin - Analgesic

It is important to note that most substances (e.g., traditional medicines/medication) have active ingredients which can affect health and interact with other medicines/medication.

Similar to the health service providers who practice western medicine (i.e., modern practices aimed at restoring and maintaining health by preventing and treating illness), traditional medicine is usually provided by a number of specialized Aboriginal practitioners. A publication by Canada's National Aboriginal Health Organization (NAHO) describes the following roles of these practitioners (Hill, 2003). The Helper description was gathered from the Alberta College of Social Workers' Aboriginal Social Work Committee (Gladue et al., 2008).

Spiritualist – An individual who focuses on the spiritual health of an individual and intervenes on his or her behalf. Diagnosis often includes lifestyle changes of the individual or family and offerings to various benevolent spirits. This person can serve as a counselor, mentor or teacher to individuals and families. Their primary focus is on the spiritual well-being of people. Their knowledge of cultural spiritual practices is expansive and highly respected by the community.

Herbalist – A person who emphasizes botanical and pharmacology knowledge of the indigenous plants and fauna. These individuals work closely with other Indigenous doctors and assist in providing remedies for individuals whom they or others have diagnosed. Their practice can be highly specialized in one field, such as remedies for snakebites, or as diverse as the illnesses themselves.

Diagnosis specialist – A practitioner that communicates with spirits, the supernatural and the physical entities that assist in diagnosis. Diagnosticians are the “seers” or communicators through ceremony who identify the ailments, remedies or ceremonies that are required to restore good spiritual, emotional, and physical health, and well-being. They often require referrals from other specialists.

Medicine man/woman – An individual that may possess all of the previously listed gifts and more. Their work usually engages in ritual, ceremonial activity and prayer. In some societies they are identified as “medicine men/women” because they possess sacred bundles, sacred pipes, sacred masks, and the rights to rituals, songs and medicines that have been inherited from their parents, grandparents, or that they earned through apprenticeship with a respected medicine man or woman. Depending on their nation, they are also conductors of community ceremonies such as Sundance, Dark Dances, Horse Dance, False Face, Shaking Tent, and Sweat Lodge, to name a few. It is common for these individuals to sacrifice their daily lives to ritual, prayer and healing.

Healer – A gifted individual who may heal in a variety of ways, including all of the above and or a “gift” of touch, or energy work – meaning that ritual is not always needed. Healers can be ritualistic, but also may have an ability to use a variety of therapies to heal people spiritually, emotionally or physically.

Midwife – These practitioners are often women with specialized knowledge in prenatal care, birthing assistance and aftercare. The midwife may employ the use of massage, diets, medicines and ritual, prayers and/or counseling. Traditional midwifery exists worldwide and involves a variety of skills, often biophysical, but can also include spiritual and ritual activity as well.

Helper – Aboriginal Helpers are identified by community, Elders or family. Aboriginal community members all have responsibilities to society as “helpers” and work in various environments ranging from spiritual to community without boundaries by sector. Helpers see themselves as “social workers” in the modern context but not in terms of a “qualified, licensed practitioner.” They possess life-long learnings of Aboriginal knowledge that researchers and scholars struggle to preserve.

Aboriginal Peoples may utilize both traditional and western health services to meet their wellness needs. These needs include broad aspects of Aboriginal health, such as culture, language and geographical location. This is true to the extent that a 2002 survey by NAHO found that 60% of the Aboriginal sample indicated loss of land and culture to be a significant contributor to poor health (NAHO, 2008).



Aboriginal Families and Communities

Depending on the situation of your Aboriginal client, the term “family” may only refer to immediate relatives, such as a spouse, parents, siblings or children. However, “family” may also include an extended network of grandparents, aunts, uncles and cousins. In many Aboriginal communities, members of the same clan are considered family, linked through a common ancestry.

According to the rules of clan membership, each member is required to marry outside the clan to which they belong. Over generations, this may result in each family in a community being related by descent or marriage. In rural clans, where membership has remained stable over time, family and community often represent the same group. Aside from descent and marriage, Aboriginal Ontarians may be related through adoption. It is still common practice in many communities for parents to give a child to another family in the clan. In some cases, a fertile couple would agree to have one of their children adopted at birth by a childless couple. These two families would then contract a special bond with each other for life.

Similar to contemporary Canadian families, each Aboriginal family is responsible for nurturing children and preparing them to function well in society. While this goal is similar, the process is likely different:

When a young man goes out on a hill to seek the vision of who he is to be and what gifts are uniquely his, it is not because he is preparing to go out into the world and seek his fortune. Rather, he comes back to the camp or the village to obtain advice from his uncles or grandfather on the meaning of his experience, and to exercise his medicine (or personal power) in the service of his family and community.

(Brenda Mason, First Nations Elder)

Elders

Aboriginal communities have great respect for the wisdom gained over the course of one’s life. Individuals recognized as Elders have earned the respect of their community and are people whose actions and words convey consistency, balance, harmony and wisdom in their teachings. They hold invaluable knowledge and skills (NAHO, 2009).

Chief

The Chief is the elected leader of an Aboriginal community or clan (similar to a mayor for non-Aboriginal communities). Along with the other elected council members, the Chief leads all governance, decision-making and administration of various community services. The Chief also represents the community’s interests at the provincial/territorial level.

Decision Making

Every Aboriginal family member usually has a responsibility in decision making. Furthermore, there may be no family leader who makes decisions independently. In the event that an Aboriginal stroke survivor requires a substitute decision-maker, it may be important that all family members are included in the process, understand what decision needs to be made and are given time for contemplation. See Section I for suggestions regarding supporting decision making with Aboriginal families.

Aboriginal People Today

Aboriginal people have made and continue to make important contributions to Canada ranging from treaties, military service, and justice, through to arts, media, literature, education, sports and culture. Many of these contributions have not been recognized as being contributions of Aboriginal people. Through the persistence of identity, determination and the adaptability of Aboriginal peoples, they are now increasingly being recognized for their contributions both past and present.



These contributions are highlighted in “Hidden in Plain Sight” (Newhouse, 2004) and have led to an Aboriginal society that is coming to terms with what has happened to it and a society that is determined to overcome its colonial legacy. It is a new movement of talent, competence and hope.

The recent federal election voted in the highest number of Aboriginals, totaling seven Members of Parliament across Canada (Shah, 2011). Leaders are emerging within Aboriginal communities and moving into decision-making positions to affect change (Newhouse, 2004). These leaders have increasing input and control into programming and addressing the disparities in health and wellness. The Aboriginal Healing and Wellness Strategy, for example, is a partnership of five provincial ministries that combine dollars to fund culturally directed and competent programming to improve access to health care, wellness and reduce family violence in Aboriginal communities. The Truth and Reconciliation Commission of Canada is an initiative that has a mandate to learn the truth about what happened in the residential schools and to inform all Canadians about what happened. An important part of this initiative is providing a holistic, culturally appropriate and safe setting for former students, their families and communities to share their experiences of residential schools.

There are currently over 200 Aboriginal medical doctors across Canada and graduation rates continue to rise (Shah, 2011). An increasing number of Aboriginal people are choosing academic careers and are attending post secondary institutions in Canada (Newhouse, 2004). There is now one Aboriginal University and 17 Aboriginal-controlled post secondary institutions. Recent statistics demonstrate: the number of young Aboriginal adults who completed college education increased from 15% in 1986, to 20% in 1996; the percentage of those with a degree doubled from 2% to 4%; and the proportion of young Aboriginal people with less than a high school diploma fell from 60% to 45% (Shah, 2011).



The Urban Aboriginal Peoples Study (2010) echoes the positive strides Aboriginal people are making. The study sought to uncover the values, experiences, identities and aspirations of urban Aboriginals. Person to person interviews were conducted with 2,614 Aboriginals across 11 cities in Canada. These interviews highlighted urban Aboriginal peoples as complex individuals and communities, facing challenges, but also in many cases portraying a hopeful picture. Some of the highlights of the study included:

- Urban Aboriginal peoples retain a strong sense of connection to their ancestral communities or places of origin. There is great reverence for their heritage and they express strong indigenous pride
- Urban Aboriginal peoples are seeking to become a significant and visible part of the urban landscape
- The city is a venue for creative development of Aboriginal culture, becoming stronger rather than weaker in the last five years. Residents are more aware of Aboriginal culture activities and participate in them more frequently
- Urban Aboriginal seem fairly confident in their ability to maintain their cultural identity in an urban setting

It is hopeful that as Aboriginal history and cultural sensitivity becomes more prominent, that the legacy of the past can be overcome. There is now a solid foundation of hard won legal rights, locally controlled institutions, pride, a renewed sense of capacity and a strong desire to address some of the health and wellness concerns of today, and to maintain and enhance Aboriginal identities.

“Aboriginal people, to thrive today, need significant change from government and society, from the policies of assimilation and colonization, in order to recover from the past, and build a brighter future. It took a country to create the mess; it will take the country to clean up the mess. In order to create equity and equitable access to services, we have to provide for differences. Aboriginal people have a unique history that affects their perspectives today. To truly serve people, any people, you need to consider their perspectives, not your own.”

Kelly Brownhill, Aboriginal Partner



The Metis Sash

The most prominent symbol of the Métis Nation is the brightly coloured, woven sash. In the days of the Voyageur, the sash was both a colourful and festive belt and an important tool worn by the hardy tradesmen, doubling as a rope when needed. Not only functional, the sash is colourful and identifiable as Métis apparel. The sash could serve as a key holder, first aid kit, washcloth, towel, and as an emergency bridle and saddle blanket. The sash has acquired new significance in the 20th century, now symbolizing pride and identification for Métis people.

www.metisnation.org/culture--heritage/symbols-and-traditions.aspx

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Section 4: Stroke Information and Best Practices

Stroke in Aboriginal Populations

Research has shown that Canadian Aboriginal Peoples are twice as likely to die from stroke (71.5 per 100,000) when compared with the general Canadian population (34.2 per 100,000). They are also more prone to obesity with a risk just over 1.5 times that of the general population. Furthermore, the rate of diabetes among Aboriginal people in Canada is three to five times that of the general population (Heart and Stroke Foundation, 2010). Consequently, it is important to understand not only the warning signs for stroke, but also the risk factors for stroke and the impact of stroke on the person, their family and the community.

As described in Section 3, there is increasing evidence that certain historical events and changes in Aboriginal lifestyle have a negative impact on the health of today's Aboriginal communities. Furthermore, the higher prevalence of stroke and the risk factors that lead to stroke can be traced to these events and lifestyle transitions. These include:

- **Changes in Diet:** A traditional Aboriginal diet consisted largely of meat and vegetables. Today, the most readily available food on-reserve contains excessive sugar, starch and oil.
- **Changes in Geography:** The Indian Act makes Aboriginal healthcare a federal responsibility, and the federal government largely delivers this care through on-reserve Aboriginal-led governments. However, with growing off-reserve Aboriginal populations, the federal government has difficulty providing access to appropriate health services. This contributes to poorer health status for Aboriginals who live in the cities with adequate health services.
- **Changes in Occupation:** It has been suggested that the higher rates of smoking, alcoholism and illegal drug abuse in Aboriginal communities may be indicative of an occupational shift, particularly for Aboriginal men. Industrialization, technology and globalization have made many traditional Aboriginal occupations unsustainable. Poor access to education is also common for many Aboriginal communities. These issues have led to low self-esteem, lack of a cultural identity and negative health behaviours.

These are just some of the examples of how history has led to higher risk factors for stroke in Aboriginal communities (History of Canada Online, 2011). A discussion with your client around his/her history will inform which of these factors should be considered when developing a prevention or treatment plan.

The information presented below has been independently researched, written and reviewed by the Heart and Stroke Foundation (2010, 2010a) and is based on scientific evidence, unless otherwise noted.

Definitions

Stroke - A stroke is a brain attack. It occurs when blood flow to the brain is interrupted or when a blood vessel ruptures. Cells in and around the stroke site begin to die and part of the brain stops working. Basic functions, such as communicating, walking, thinking, and personality, may be changed.

Ischemic Stroke - Ischemic stroke is caused by an interruption in the flow of blood to the brain (as from a clot blocking a blood vessel).

Hemorrhagic Stroke - A hemorrhagic stroke is a stroke caused by the rupture of a blood vessel with bleeding into the tissue of the brain.

Transient Ischemic Attack (TIA), also known as a "mini-stroke" – TIA is a sudden but temporary period of decreased blood flow somewhere in the brain causing stroke-like signs and symptoms (e.g. difficulty speaking or moving one side of the body) from a few minutes up to 24 hours. Also known as a "TIA", this is a major warning sign of a potential full stroke.

Warning Signs for Stroke & TIA



Sudden weakness, numbness or tingling



Sudden trouble speaking or understanding



Sudden vision changes



Sudden headache



Sudden loss of balance

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Risk Factors

Non-Modifiable Factors (Meaning they cannot be controlled)

1. Age

Although stroke can occur at any age, most strokes affect people aged 65 and older.

2. Gender

Until women reach menopause they have a lower risk of stroke than men. As time goes on, more women than men die of stroke.

3. Family History

Risk of a stroke is higher if close family such as parents, sisters or brothers have had a stroke before the age of 65.

4. Family Background

First Nations, Inuit or Métis are more likely to have high blood pressure and Type II diabetes, and as a result are at greater risk of heart disease and stroke than the rest of the population.

5. Prior heart attacks, strokes or TIAs

Modifiable Factors (Meaning they can be controlled)

6. High Blood Pressure (also known as Hypertension)

High blood pressure occurs when the force of blood pushing against artery walls is too high. Constant high pressure will eventually cause damage to the artery wall and weaken it. A person cannot tell they have high blood pressure. It must be measured by a health service provider. High blood pressure is the number one risk factor for stroke and therefore it must be kept in control to reduce the risk of stroke. Medications must be taken exactly as prescribed.

FACT: Depending on the Aboriginal subgroup being surveyed, high blood pressure has been found to be almost twice as common in Canadian Aboriginal Peoples when compared to the rest of Canada, (Macmillan et al., 1996). Higher rates of obesity and smoking (which are associated with higher rates of hypertension) make high blood pressure a significant risk factor for stroke in Aboriginal communities.

7. Lack of Physical Activity

People who do not participate in regular physical activity have a higher risk of stroke. An active, healthy lifestyle can assist in managing high blood pressure, high blood cholesterol, excess weight and stress. Adults should participate in 30 to 60 minutes of moderate physical activity every day. It is important to start an exercise program slowly and increase the level of activity over time. Consider choosing activities that are enjoyable and fun and can be done with family and friends.

FACT: Only 21.3% of First Nations adults living on-reserve get sufficient physical activity (i.e., greater than 30 minutes of moderate to vigorous activity for four or more days per week) (Canada, 2009).

8. Overweight

Being overweight places more strain on the heart and is associated with high blood pressure. People that are overweight carry a higher risk of having a stroke. Some of the things that people trying to lose weight should consider include: eating a healthy diet including foods that are lower in fat, losing weight slowly, avoiding “fad” diets, using less fat in cooking and managing the size of food portions.

FACT: Approximately 37% of Aboriginals over 18 years old are overweight, and another 36% are obese. This is striking when compared to the rest of Canada, where 33% are overweight, but only 15% are obese (Canada, 2009). Overweight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI).

9. Smoking

People that smoke or are exposed to second-hand smoke have an increased risk of stroke.

The bad health effects of smoking include:

- The build up of plaque in the arteries
- Higher risk of blood clots
- Lower oxygen levels in the blood
- Strain on the heart

Smokers should be encouraged to quit and be provided with the appropriate resources/tools.

FACT: In 2003, only 41.6% of First Nations adults living on-reserve were non-smokers, whereas 75.8% of the rest of Canadians were non-smokers (Canada, 2009).

10. Diabetes

Diabetes develops when the body has a problem with a hormone called insulin. Insulin helps move sugar (known as glucose) in food from the blood into the cells of the body where it can be used as energy. If the body cannot produce insulin or does not respond properly to insulin, then glucose builds up and damages blood vessel in the body. Damaged blood vessels can cause problems with heart disease, strokes, kidney disease, and damage to the eyes and nerves.

FACT: First Nation, Inuit and Métis are at higher risk of developing Type II diabetes, a serious medical condition that may lead to heart disease and stroke. It is important for Aboriginal adults to be tested for Type II diabetes every one or two years if they are overweight or obese, if they are not physically active, or if they eat unhealthy foods. Individuals with a waist measurement more than 40 inches/102 cm for men, and 35 inches/88 cm for women are at high risk for Type II diabetes. Furthermore, a 1996 study found that diabetes (both Type I and II) affects 6% of Aboriginal adults, compared with 2% of all Canadian adults (MacMillan et al., 1996)

Canadian Best Practice Recommendations for Stroke Care

The Canadian Stroke Strategy evidence-based Canadian Best Practice Recommendations for Stroke Care are intended to help reduce practice variations and close the gap between evidence and practice. The purposes of the recommendations are to ensure that stroke care continues to reflect contemporary stroke research evidence and expert opinion.

The update Best Practice Recommendations 2010 content focuses on:

- Public Awareness of Stroke
- Prevention of Stroke
- Hyperacute Stroke Management
- Acute Stroke Management
- Stroke Rehabilitation
- Managing Stroke Care Transitions
- Cross-Continuum Topics in Stroke Management

These guidelines can be found on-line at: www.strokebestpractices.ca

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Section 5: Additional Resources

Introduction

This section presents a variety of resources that will assist you to provide care and education for an Aboriginal individual and their family, who are at risk or have sustained a stroke. These resources include educational material, best practice guidelines and a list of community service agencies that can be accessed for client support or programs.

Aboriginal Knowledge Centres

Za-geh-do-win Information Clearinghouse

This centre 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.

Website: www.za-geh-do-win.com

Information Centre on Aboriginal Health (ICAH)

ICAH is a service provided by the National Aboriginal Health Organization (NAHO). ICAH is a database of information on bibliographic and web-based resources, programs and services, health careers, and scholarships and bursaries.

Website: <http://www.naho.ca/>

Aboriginal Services & Community Agencies

Aboriginal Health Access Centres

These centres offer a blend of traditional Aboriginal approaches to health and wellness and contemporary primary health care in a culturally appropriate setting. Programs include: pre and post-natal care, nutrition, health education, disease prevention, and counseling. Ontario's Aboriginal Health Access Centres are listed in the following pages.

Website: www.aohc.org

Ontario Federation of Indian Friendship Centres (OFIFC)

OFIFC is a provincial Aboriginal organization representing the collective interests of the 27 centres located throughout the province. The OFIFC administers a number of programs (which are delivered by local Friendship Centres) supporting health, justice, family support, employment and training. Friendship Centres also develop and deliver local initiatives in areas such as education, economic development, children's and youth initiatives, and cultural awareness. OFIFC organizations are listed in the following pages

Website: <http://www.ofifc.org/>

Keewaytinook Okimakanank Telemedicine (KOTM)

KOTM deliver clinical, educational and administrative videoconferencing and communication services to First Nation communities in Ontario.

Website: <http://telemedicine.knet.ca>

Métis Nation of Ontario (MNO)

MNO celebrates and advocates for Métis culture, heritage and values. MNO provides programs on employment, education, health (including long-term care, healing, wellness, pediatric and child health, responsible gambling, diabetes awareness), economic development, housing and community access.

Website: www.metisnation.org

National Aboriginal Health Organization (NAHO)

NAHO is an Aboriginal body committed to influencing and advancing the health and well-being of Canadian Aboriginal Peoples by carrying out research, advocacy and education.

Website: <http://www.naho.ca/>

Ontario Native Women's Association (ONWA)

ONWA was established to promote the advancement and equality of Native women. Founded in 1972, ONWA works to address political, social, educational, economic and justice issues. ONWA has over 80 volunteer groups, made up of both on and off reserve communities. ONWA offers programs related to diabetes awareness, gambling awareness, human resource development, aboriginal women's leadership development, housing, aboriginal and healing wellness, health policy, mental health, community health outreach, community wellness and community development.

Website: www.onwa-tbay.ca/index.htm

Aboriginal Canada Portal (Government of Canada)

The Aboriginal Canada Portal provides information related to First Nations, Métis and Inuit online resources and government programs and services. The website contains government and non-government reports, projects and services in the health and social services fields. It also contains links to Aboriginal health-related associations and research centres.

Website: www.aboriginalcanada.gc.ca

First Nations, Inuit and Aboriginal Health (Health Canada)

This website provides information on Health Canada's work to improve the health of First Nations and Inuit people. Together with Aboriginal organizations and communities, Health Canada carries out activities focused on health promotion, infection control and chronic disease prevention.

Website: www.hc-sc.gc.ca/fniah-spnia/index-eng.php

Indian and Northern Affairs Canada (INAC, Government of Canada)

INAC supports both Aboriginal Canadians and northerners to improve social well-being and economic prosperity, develop healthier, more sustainable communities, as well as participate more fully in Canada's political, social and economic development.

Website: www.ainc-inac.gc.ca/ai/index-eng.asp

Aboriginal Health Related Strategies/Initiatives

Aboriginal Healing & Wellness Strategy (AHWS)

The goal of the AHWS is to improve the health of Aboriginal individuals, families, communities and nations. The AHWS is designed, delivered and controlled by Aboriginals, but administered by the Government of Ontario. The AHWS informs health policy and health service delivery regarding Aboriginal services in Ontario.

Website: www.ahwsontario.ca

Chiefs of Ontario

The Chiefs of Ontario is an organization that discusses the planning, implementation and evaluation of all local, regional and national matters affecting the First Nations people of Ontario.

Website: <http://chiefs-of-ontario.org>

Aboriginal Tobacco Program (ATP)

Led by Cancer Care Ontario, the ATP works with Aboriginal communities to decrease and prevent the misuse of tobacco. Many Aboriginal communities have a unique and sacred relationship with traditional tobacco. In those communities, the ATP does not seek to create "tobacco free" communities; rather they want to create "tobacco wise" communities that use tobacco in a sacred way, and not to feed into a powerful and deadly addiction.

Website: www.tobaccowise.com

Southern Ontario Aboriginal Diabetes Initiative

The Southern Ontario Aboriginal Diabetes Initiative is funded by the Ontario Ministry of Health and Long-term Care for the development, and enhancement of programs and services focusing on the education, prevention, and management of diabetes in Aboriginal communities, both on and off-reserve. The high prevalence of diabetes in Aboriginal society has placed it among the top health priorities.

Website: www.soadi.ca



Listing of Aboriginal Organizations (by City)

Atikokan

Atikokan Native Friendship Centre

P.O. Box 1510
307-309 Main Street West
Atikokan, ON P0T 1C0
Tel: (807) 597-1213
Fax: (807) 597-1473
Web: www.ininewfriendshipcentre.ca

Barrie

Barrie Area Native Advisory Circle

84 Cedar Point Drive, Unit 1405
Barrie, ON L4N 5R7
Tel: (705) 734-1818 ext. 225
Web: www.banac.on.ca

Belleville

First Nations Technical Institute

3 Old York Road
Belleville, ON
Tel: (613) 396-2122

Brandford

Pine Tree Native Centre of Brant

25 King St
Brantford, ON N3T 3C4
Tel: (519) 752-5132
Fax: (519) 752-5612
Web: www.ininewfriendshipcentre.ca

Cobalt

Temiskaming Métis Council

P.O. Box 84, 38 Silver St.
Cobalt, ON P0J 1C0
Tel: (705) 679-1192
Web: <http://tmcc.iwireweb.com>

Atikokan

Atikokan & Surrounding Area Interim Métis Council

Box 11630, 33 Birch Rd.
Atikokan, ON P0T 1C0
Tel: (807) 597-2954
Web: www.metisnation.org

Barrie

Enahtig Healing Lodge & Learning Centre

RR1, 4184 Vasey Road
Victoria Harbour, ON L0K 2A0
Tel: (705) 534-3724
Fax: (705) 534-4991
Web: www.enahtig.ca

Belleville

Chapleau Métis Council

P.O. Box 641
Chapleau, ON P0M 1K0
Web: www.chapleaumetis.org

Bruce Mines

North Channel Métis Council

9190 Hwy. 17
Bruce Mines, ON P0R 1C0
Tel: (705) 785-3500
Fax: (705) 785-3505

Cochrane

Ininew Friendship Centre

190 Third Avenue
Cochrane, ON P0L 1C0
Tel: (705) 272 4497
Fax: (705) 272-3597
Web: www.ininewfriendshipcentre.ca

Barrie

Barrie Native Friendship Centre

175 Bayfield Street
Barrie, ON L4M 3B4
Tel: (705) 721-7689
Fax: (705) 721-7418
Web : www.bnfc.ca

Belleville

Aboriginal Resource Centre

Loyalist College
Wallbridge-Loyalist Road
Belleville, ON
Tel: (613) 969-1913 x 2250

Brampton

Brampton Métis Council

170 Steelwell Rd #102
Brampton, ON L8T 5T3
Tel: (905) 454-8951
Fax: (905) 796-2978
Web: www.metisnation.org

Buckhorn

Lovesick Lake Native Women's Group

RR#1
Buckhorn, ON K0L 1J0
Tel: (705) 657-9456
Fax: (705) 647-2032
Web: llnwaltc@xplornet.com

Cochrane

Northern Lights Métis Council

P.O. Box 2690
275 Fifteenth Ave.
Cochrane, ON P0L 1C0
Tel: (705) 272-3883
Web: www.metisnation.org

Listing of Aboriginal Organizations (by City)

Cornwall

Kanonkwa'tesheio:io Social (Aboriginal Health Access Centre)

P.O. Box 579
Cornwall, ON K6H 5T3
Tel: (613) 575-2341
Fax: (613) 575-1311
Web: <http://www.ahwsontario.ca>

Cornwall

lethinisten:ha lethinonronhkawa

P.O. Box 579
Cornwall, ON K6H 5T3
Tel: (613) 937-4322
Fax: (613) 937-4979
Web: <http://ahwsontario.ca>

Cutler (Elliot Lake, Blind River)

N'Mninoeyaa: Community Health Access

Serpent River First Nation
49 Indian Road, P.O. Box 28
Cutler, ON POP 1B0
Tel: (705) 844-2021
Fax: (705) 844-2844
Web : <http://www.mamaweswen.ca>

Dryden

Dryden Native Friendship Centre

53 Arthur Street
Dryden, ON P8N 1J7
Tel: (807) 223-4180
Fax: (807) 223-6275
Web: <http://ofifc.org>

Dryden

Northwest Métis Council

34A King Street
Dryden, ON P8N 1B4
Tel: (807) 223-8082
Fax: (807) 223-8083
Web: www.metisnation.org

Fort Erie

Fort Erie Indian Friendship Centre

796 Buffalo Road
Fort Erie, ON L2A 5H2
Tel: (905)-871-8931
Fax: (905)-871-9655
Web: www.fenfc.org

Fort Frances

Sunset Country Métis Council

PO Box 403
426 Victoria Avenue
Fort Frances, ON P9A 3M7
Tel: (807) 274-1386
Toll Free: (888) 793-3334
Fax: (807) 274-1801
Web: www.metisnation.org

Fort Frances

United Native Friendship Centre

P.O. Box 752,
516 Portage Avenue
Fort Frances, ON P9A 3N1
Tel: (807) 274-3762
Fax: (807) 274-4110
Web: <http://unfc.org>

Fort Frances

Gizhewaadiziwin Access Centre

P.O. Box 686
Fort Frances, ON P9A 3M9
Tel: (807) 274-3131
Fax: (807) 274-6280
Web: www.gjzhac.com

Geraldton

Thunderbird Friendship Centre

301 Beamish Ave. West
P.O. Box 430
Geraldton, ON P0T 1M0
Tel: (807) 854-1060
Fax: (807) 854-0861
Web : www.greenstone.ca/residential-life/communityorganizations/thunderbirdfriendshipbrcentre.aspx

Geraldton

Geraldton & Area Métis Council

205 Clarke Ave
P.O. Box 825
Geraldton, ON P0T 1M0
Tel: (807) 854-0439
Web: www.metisnation.org

Georgian Bay

The Enaahtig Healing Lodge and Learning Centre

R.R. #1, 4184 Vasey Road
Port McNicoll, ON L0K 1R0
Tel: (705) 534-3724
Fax: (705) 534-4991
Web: www.enaahhtig.ca

Georgian Bay

Georgian Bay Native Women's Association

317 Midland Ave
Midland Ave ON L4R 3K5
Tel: (705) 527-7043

Hamilton

Hamilton Native Women's Association

1900 King Street East
Hamilton, ON L8K 1W1
Tel: (905) 664-1114
Fax: (905) 664-1101

Hamilton

Hamilton Regional Friendship Centre

712 Main Street East
Hamilton, ON L8M 1K8
Tel: (905) 548-9593
Fax: (905) 545-4077
Web: <http://hric712.tripod.com>



Listing of Aboriginal Organizations (by City)

Hamilton

De dwa da dehs nye>s Aboriginal Health Centre

678 Main Street East
Hamilton, ON L8M 1K2
Tel: (905) 544-4320
Fax: (905) 544-4247
Web: www.aboriginalhealthcentre.com

Kapuskasing

Kapuskasing Friendship Centre

41 Murdock Street
Kapuskasing, ON P5N 1H9
Tel: (705) 337-1935
Fax: (705) 335-6789
Web: <http://ofifc.org>

Kenora

Kenora Métis Council

70 Park St.
Kenora, ON P9N 1Y6
Tel: (807) 468-2034
Fax: (807) 468-1979
Web: www.metisnation.org

Kingston

Katarokwi Native Friendship Centre

50 Hickson Ave
Kingston, ON K7K 2N6
Tel: (613) 548-1500
Fax: (613) 548-1847
Web: <http://ofifc.org>

London

N'Amerind Friendship Centre

260 Colborne St
London, ON N6B 2S6
Tel: (519) 672-0131
Fax: (519) 672-0717
Web: www.namerind.on.ca

Hamilton

Hamilton-Wentworth Métis Council

445 Concession St.
Hamilton, ON L9A 1C1
Tel: (905) 318-2336
Toll Free: (888) 546-3847
Fax: (905) 318-6512
Web: www.metisnation.org

Keewatin

Wassay-Gezhig Na-Nahn-Dah-We-Igamig

Obashkaandagaang First Nation
P.O. Box 320
Keewatin, ON P0X 1C0
Tel: (807) 543-1065
Toll Free: (800) 656-9271
Fax: (807) 543-1126
Web: www.kahac.org

Kenora

Nanaandawe'iyewigamig

c/o Kenora Area Health Access Centre
212 Fourth Ave S
Kenora, ON P9N 1Y9
Tel: (807) 467-8770
Web: www.kahac.org

Kitchener

Grand Lakes Métis Council

76 Buttonwood Dr
Kitchener, ON N2M 4R1
Web: www.grandrivermetisCouncil.com

London

Ganaan De We O Dis ^Yethi Yenahwahse (SOAHAC)

425-427 William Street
London, ON N6B 3E1
Tel: (519) 672-4079
Fax: (519) 672-6945
Web: www.soahac.on.ca

Hastings-Highlands

Baptiste Lake Métis Council

General Delivery
Maynooth, ON K0L 2S0
Tel: (613) 338-3111
Fax: (613) 338-3165
Web: www.metisnation.org

Keewatin

Wassay-Gezhig Na-Nahn-Dah-We-Igamig

P.O. Box 320
Keewatin, ON P0X 1C0
Tel: (807) 543-1065
Fax: (807) 543-1126
Web: www.kahac.org

Kenora

Ne'Chee Native Friendship Centre

P.O. Box 241,
1301 Railway Street
Kenora, ON P9N 3X3
Tel: (807) 468-5440
Fax: (807) 468-5340
Web: www.nechee.org

Little Current

Noojmowin Teg Health Access Centre

Aundeck Omni Kaning
48 Hillside Road
Hwy 540, Bag 2002
Little Current, ON P0P 1K0
Tel: (705) 368-2182 ext. 204
Fax: (705) 368-2229
Web: www.noojmowin-teg.ca

London

Kii-kee-wan-nii-kaan Munsee-Delaware Nation

R.R. #1, Jubilee Road
Muncey, ON N0L 1Y0
Tel: (519) 289-0148
Fax: (519) 289-0149
Web: www.swrhl.ca

Listing of Aboriginal Organizations (by City)

London

Association of Iroquois and Allied Indians

387 Princess Avenue
London, ON N6B 2A7
Tel: (519) 434-2761
Toll Free: (888) 269-9593
Fax: (519) 679-1653
Web: www.aiai.on.ca

Midland (Georgian Bay)

Georgian Bay Métis Council

355 Cranston Cr.
P.O. Box 4
Midland, ON L4R 4K6
Tel: (705) 526-6335
Fax: (705) 526-7537
Web: www.georgianbaymetisCouncil.com

Moosonee

Weeneebayko Health Ahtuskaywin

P.O. Box 664
Moose Factory, ON P0L 1W0
Tel: (705) 658-4930
Fax: (705) 658-4917
Web: www.wha.on.ca

North Bay

North Bay Indian Friendship Centre

980 Cassells Street
North Bay, ON P1B 4A6
Tel: (705) 472-2811
Fax: (705) 472-5251
Web: www.nbifc.org

Northbrook

Seven Rivers Métis Council

P.O. Box 74
Northbrook, ON N0H 2G0
Tel: (613) 336-9501

Marathon

Biidaaban Healing Lodge

Pic River First Nation
P.O. Box 219
Heron Bay, ON P0T 1R0
Tel: (807) 229-3592
Toll Free: (888) 432-7102
Fax: (807) 229 0308
Web: www.biidaaban.com

Mississauga

Credit River Métis Council

1515 Matheson Blvd. E. #103
Mississauga, ON L4W 2P5
Tel: (905) 629-9644
Web: www.creditrivermetisCouncil.com

Moosonee

Mushkegowuk Council

P. O. Box 370, 12 Centre Road
Moose Factory, ON P0L 1W0
Tel: (705) 658-4222
Fax: (705) 658-4250
Web: www.mushkegowuk.ca

North Bay

North Bay Métis Council

243-101 Worthington E
North Bay, ON P1B 1G5
Tel: (705) 474-0393
Fax: (705) 474-8154
Web: www.metisnation.org

Oshawa

Oshawa & Durham Region Metis Council

1288 Ritson Rd N, Ste 356
Oshawa, ON L1G 8B2
Tel: (905) 725-1635
Web: www.oshawametisCouncil.piczo.com

Midland (Georgian Bay)

Georgian Bay Native Friendship Centre

175 Yonge St,
Midland, ON L4R 2A7
Tel: (705) 526-5589
Fax: (705) 526-7662
Web: www.gbnfc.com

Moosonee

Mooseonee Native Friendship Centre

P.O. Box 489
31 Ferguson St
Moosonee, ON P0L 1Y0
Tel: (705) 336-2808
Fax: (705) 336-2929
Web: www.onlink.net/~mcap

Niagara On The Lake

Niagara Regional Native Centre

382 Airport Road R.R.#4
Niagara-on-the-Lake, ON L0S 1J0
Tel: (905) 688-6484
Fax: (905) 688-4033
Web : <http://niagara.cioc.ca/record/NIA1081>

North Bay

Shawanaga First Nation Healing Centre

R.R.#1, 2 Village Rd
Nobel, ON P0G 1G0
Tel: (705) 366-2526
Fax: (705) 366-2740
Web: www.shawanaga.ca

Ottawa

Wabano Centre for Aboriginal Health

299 Montreal Rd
Ottawa, ON K1L 6B8
Clinic Tel: (613) 748-5999
Program Tel: (613) 748-0657
Fax: (613) 748-9364
Web: www.wabano.com

Listing of Aboriginal Organizations (by City)

Ottawa

Odawa Native Friendship Centre

12 Stirling St
Ottawa, ON K1Y 1P8
Tel: (613) 722-3811
Fax: (613) 722-4667
Web: www.odawa.on.ca

Ottawa

Métis Nation of Ontario

500 Old St. Patrick St
Ottawa, ON K1N 9G4
Tel: (613) 798-1488
Toll Free Tel: (800) 263-4889
Fax: (613) 722-4225
Web: www.metisnation.org

Ottawa

Ottawa Regional Métis Council

1938 Ranchwood Way
Ottawa, ON K1C 7K7
Tel: (613) 263-5059
Web: www.ottawametis.ca

Owen Sound

M'Wikwedong Native Cultural Resource Centre

1723 8th Ave East
Owen Sound, ON N4C 3C2
Tel: (519) 371-1147
Fax: (519) 371-6181
Web: <http://mwikwedong.com>

Owen Sound

Great Lakes Métis Council

380 9th St E
Owen Sound, ON N4K 1P1
Tel: (519) 370-0435
Fax: (519) 370-043
Web: www.greatlakesvoyageurs.com

Parry Sound

Mental Health - B'saanibamaadsiwin

26 James St
Parry Sound, ON P2A 1T5
Tel: (705) 746-2512
Fax: (705) 746-9590
Web: www.mpscmhs.on.ca

Parry Sound

Parry Sound Friendship Centre

13 Bowes St
Parry Sound, ON P2A 2K7
Tel: (705) 746-5970
Fax: (705) 746-2612
Web: <http://ofifc.org>

Peterborough

Nogojwanong Friendship Centre

223 Aylmer St. N. - Suite B1
Peterborough, ON K9J 3K3
Tel: (705) 775-0387
Fax: (705) 775-0389
Web: <http://ofifc.org>

Peterborough

Nijkiwendidaa Anishnaabekwewag Services Circle

295 Stewart Street
Peterborough, ON K9J 3N2
Tel: (705) 741-0900

Peterborough

Wapiti Métis Council

5 Filman Cres.
Peterborough, ON K3J 6X4
Tel: (705) 324-9144

Red Lake

Red Lake Friendship Centre

Box 244, 1 Legion Road
Red Lake, ON P0V 2M0
Phone: (807) 727-2847
Fax: (807) 727-3253
Web: <http://ofifc.org>

Roseneath

Northumberland Métis Council

140 Elder Rd., R.R. 4
Roseneath, ON K0K 2X0
Tel: (905) 352-3124
Web: www.northumberlandmetiscouncil.org

Sarnia

Sarnia - Lambton Native Friendship Centre

1077 Tashmoo Avenue
Sarnia, ON N7T 7H5
Tel: (519) 332-6164
Web: <http://ofifc.org>

Sarnia

First Nation's Student Centre

1457 London Road
Sarnia, ON N7S 6K4
Phone: (519) 542-7751 ext.3494
Fax: (519) 541-2442

Sault Ste Marie

Sault Ste. Marie Indian Friendship Centre

122 East St
Sault Ste. Marie, ON P6A-3C6
Tel: (705) 256-5634
Fax: (705) 942-3227
Web: <http://ofifc.org>

Listing of Aboriginal Organizations (by City)

Sault Ste Marie

Historic Sault Ste Marie Métis Council

26 Queen St. East
Sault Ste. Marie, ON P6A 1Y3
Tel: (705) 254-1768
Fax: (705) 254-3515
Web: www.members.shaw.ca/mno-ssm/index.htm

Sioux Lookout

Sioux Lookout First Nations Health Authority

61 Queen Street
P.O. Box 1300
Sioux Lookout, ON P8T 1B8
Tel: (807) 737-1802
Toll free: (800) 842-0681
Fax: (807) 737-1076
Web: www.nodin.on.ca

Sudbury

N'Swakamok Friendship Centre

110 Elm St
Sudbury, ON P3C 1T5
Tel: (705) 674-2128
Fax: (705) 671-3539
Web: <http://communities.mysudbury.ca/sites/nswakamok%20native%20friendship%20centre/default.aspx>

Thunder Bay

Thunder Bay Native Friendship Centre

401 N. Cumberland St
Thunder Bay, ON P7A 4P7
Tel: (807) 345-5840
Fax: (807) 344-8945
Web: <http://ofifc.org>

Thunder Bay

Thunder Bay Métis Council

226 May Street South
Thunder Bay, ON P7E 1B4
Tel: (807) 624-5022
Toll Free: (800) 265-2595 (807 area only)
Fax: (807) 623-7036
Web: www.metisnation.org

Sioux Lookout

Nishnawbe-Gamik Native Friendship Centre

P.O. Box 1299
52 King Street
Sioux Lookout, ON P8T 1B8
Tel: (807) 737-1903
Fax: (807) 737-1805
Web: <http://ofifc.org>

Sioux Lookout

Equay-wuk (Women's Group)

16 Fourth Avenue N.
Sioux Lookout, ON P8T 1C4
Tel: (807) 737-2214
Fax: (807) 737-2699
Web: www.equaywuk.ca

Sudbury

Sudbury Métis Council (AHWS)

260 Alder Street
Sudbury, ON P3C 5P4
Tel: (705) 671-9855
Toll Free: (866) 339-2531
Fax: (705) 671-9415
Web: www.sudburymetiscouncil.org

Thunder Bay

Nishnawbe Aski Nation (NAN)

100 Beck Street. Unit 200
Thunder Bay, ON P7J 1L2
Tel: (807) 623-8228
Fax: (807) 623-7730
Web: www.nan.on.ca

Thunder Bay

Aboriginal Responsible Gambling Strategy (ARGS)

c/o NAN
Thunder Bay, ON
Tel: (807) 623-8228
FAX: (807) 625-4930
Web: www.nan.on.ca

Sioux Lookout

Sunset Women's Aboriginal Circle

72 Front St, 2nd Floor
Sioux Lookout, ON P8T 1A5
Tel: (807) 737-7922
Fax: (807) 737-7031
Web: www.onwa-tbay.ca

Sioux Lookout

Sioux Lookout Meno Ya Win

Health Centre
P.O. Box 909
Sioux Lookout, ON P8T 1B4
Tel: (807) 737-3030
Web: www.slmhc.on.ca

Sudbury

Shkagamik-Kwe Health Centre

161 Applegrove Street
Sudbury, ON P3C 1N2
Tel: (705) 675-1596
Fax: (705) 675-8040
Web: www.shkagamik-kwe.org

Thunder Bay

Ontario Native Women's Association (ONWA)

380 Ray Boulevard
Thunder Bay, ON P7B 4E6
Tel: (807) 623-3442
Fax: (807) 623-1104
Web: www.onwa-tbay.ca

Thunder Bay

Anishnawbe-Mushkiki (Aboriginal Health Access Centre)

29 Royston Court
Thunder Bay, ON P7A 4Y7
Tel: (807) 343-4843
Fax: (807) 343-4728
Web: www.anishnawbe-mushkiki.org



Listing of Aboriginal Organizations (by City)

Thunder Bay

Eastern Healing Lodge c/o ONWA

380 Ray Boulevard
Thunder Bay, ON P7B 4E6
Tel: (807) 623-3442
Fax: (807) 623-1104
Web: www.onwa-tbay.ca

Timmins

Misiway Eniniwuk Health Centre

P.O. Box 842,
137 Pine Street South
Timmins, ON P9N 7G7
Tel: (705) 264-2200
Fax: (705) 267-5688
Web: <http://atlohsa.com/links.html>
<http://www.ahwsontario.ca/>

Timmins

Timmins Métis Council

347 Spruce St. South
Timmins, ON P4M 2N2
Tel: (705) 264-3939
Toll Free: (888)497-3939
Fax: (705) 264-5468
Web: www.metisnation.org

Toronto

Aboriginal Legal Services

415 Yonge Street
Toronto, ON M5B 2E7
Tel: (416) 408-3967
Fax: (416) 408-4268
Web: www.aboriginallegal.ca

Toronto

Native Women's Resource Centre of Toronto

191 Gerrard Street East
Toronto, ON M5A 2E5
Tel: (416) 963-9963
Fax: (416) 963-9573
Web: www.nativewomenscentre.org

Thunder Bay

Fort William First Nation

Ste. 200 – 90 Anemki Drive
Fort William First Nation
Thunder Bay, ON P7J 1L3
Tel: (807) 623-9543
Fax: (807) 623-5190
Web: www.fwfn.com

Timmins

Kapashewekamik Hostel

3255 Airport Road
Timmins, ON P4N 7C3
Tel: (705) 264-8549
Fax: (705) 264-8572
Web: www.ahwsontario.ca/programs/hostel.html

Timmins

Nishnawbe Aski Nation (NAN)

Timmins Office
145 Wilson Ave
Timmins, ON P4N 2T2
Tel: (705) 360-5502
Toll Free: (866) 737-0737
Fax: (705) 360-1863
Web: www.nan.on.ca

Toronto

Anishnawbe Health Toronto

225 Queen Street East
Toronto, ON M5A 1S4
Tel: (416) 360-0486
Fax: (416) 365-1083
Web: www.aht.ca

Toronto

Toronto Métis Council

404-103 Richmond Street E.
Toronto, ON M5C 1N9
Tel: (416) 977-9881
Web: www.metisnation.org

Thunder Bay

Dilico Anishinabek Family Care

200 Anemki Place
Fort William First Nation
Thunder Bay, ON P7J 1L6
Tel: (807) 623-8511
Toll Free: (800) 465-3985
Fax: (807) 626-7999
Web: www.dilico.com

Timmins

Timmins Native Friendship Centre

316 Spruce St. South
Timmins, ON P4N 2M9
Tel: (705) 268-6262
Fax: (705) 268-6266
Website: www.tnfc.ca

Timmins

Nishnawbe Aski Development Fund

251 Third Ave., Ste. 9
Timmins, ON P4N 1E3
Tel: (705) 268-3940
Toll Free: (800) 461-9858
Fax: (705) 268-4034
Web: www.nadf.org

Toronto

Native Child and Family Services of Toronto

30 College Street
Toronto, ON M5G 1K2
Tel: (416) 969-8510
Fax: (416) 928-0706
Web: www.nativechild.org

Toronto

Ontario Federation of Indian Friendship Centres

219 Front Street East
Toronto, ON M5A 1E8
Tel: (416) 956-7575
Toll Free: (800) 772-9291
Fax: (416) 956-7577
Web: <http://ofifc.org>

Listing of Aboriginal Organizations (by City)

Toronto

2 Spirited People of the First Nations

593 Yonge St., Ste. 202
Toronto, ON M4Y 1Z4
Tel: (416) 944-9300
Fax: (416) 944-8381
Web: www.2spirited.com

Toronto

Anduhyaun (Native Women's Shelter)

106 Spadina Road
Toronto, ON M5R 2T8
Tel: (416) 920-1492
Toll Free Tel: (888) 466-6684
Fax: (416) 977-9911
Web: www.cfis.ca/xanduhyaun.htm

Windsor

CanAm Indian Friendship Centre of Windsor

3837 Wyandotte Rd E
Windsor, ON N8Y 1G4
Tel: (519) 253-3243
Fax: (519) 253-7876
Web: <http://ofifc.org>

Toronto

Native Canadian Centre of Toronto

16 Spadina Rd
Toronto, ON M5R 2S7
Tel: (416) 964-9087
Fax: (416) 964-2111
Website: www.ncct.on.ca

Washago

Moon River Métis Council

7678 McNiece Cres., Box 386
Washago, ON L0K 2B0
Tel: (705) 689-3941
Web: www.moonrivermetis.com

Windsor

Windsor-Essex Métis Council

145-600 Tecumseh Rd E.
Windsor, ON N8X 4X9
Tel: (519) 974-0860
Toll Free Tel: (888) 243-5148
Fax: (519) 974-3739
Web: www.metisnation.org

Toronto

Council Fire Native Cultural Centre

439 Dundas St East
Toronto, ON M5A 1B1
Tel: (416) 360-4350
Fax: (416) 360-5978
Web: www.councilfire.ca

Welland

Niagara Region Métis Council

46 King St
Welland, ON L3B 3H9
Tel: (905) 714-9756
Toll Free: (866) 826-2116
Fax: (905) 735-1161
Web: www.metisnation.org

Stroke Education Resources

Heart and Stroke Foundation of Ontario (HSFO)

HSFO offers a wide variety of resources related to stroke and cardiovascular health for education and clinical practice. Some specifically address Aboriginal issues, and all are available online, free of charge. Below is a sample of HSFO resources. **Website:** www.heartandstroke.com.

- Taking Control: Lower your risk of heart disease and stroke - A Guide for Aboriginal Peoples
- Are you at risk of heart attack or stroke?
- Let's Talk About Stroke
- Health Information Catalogue
- HSFO Professional Resource guide
- Get your Blood Pressure Under Control
- Living with cholesterol

Northwestern Ontario Regional Stroke Network

In partnership with HSFO and the Ontario Stroke Strategy (OSS), the Northwestern Ontario Regional Stroke Network produced videos addressing Aboriginal stroke. These videos are available online, free of charge. **Website:** www.nwostroke.ca

Heartbeat of the Anishnawbe Nation

Learning about stroke and blood pressure management by means of both medical and Aboriginal traditions. This video will help an individual to understand how stroke and blood pressure are affected by smoking, diet, exercise, alcohol and medication. The language of the video is Ojibwe and dubbed in Oji-Cree and English. (19 Minutes)

As the Rivers Flow: Brain Attack

Following the path of the river, this DVD uses Aboriginal (or the animal system) and medical teachings to understand the symptoms of a stroke. The nature of warning signs and where to go for help are also discussed. The available languages of the video are Ojibwe, Oji-Cree and English. (17 Minutes)

Canadian Stroke Strategy

The Canadian Stroke Strategy produces best practice guidelines which span the continuum of stroke prevention, care and recovery. These guidelines are available for clinicians in full and in summary, as well as in simplified language for patients. **Website:** <http://canadianstrokestrategy.com> and www.strokebestpractices.ca

Smoking Cessation

Smoker's Helpline

Provides tips and tools to help individuals to quit successfully. Services are free, personalized and non-judgemental. 1 877 513 5333 www.smokershelpline.ca

Tobacco Wise

The Aboriginal Tobacco Program explains the differences between sacred tobacco and commercial cigarettes. www.tobaccowise.com

Clinical Tobacco Prevention

The CTI Program has developed a "Compendium of Smoking Cessation Programs and Services". Practitioners can use these resources to help identify local cessation options for patients. Organized geographically by health unit territory, the Compendium is a compilation of documents listing local smoking cessation programs and services. <http://www.omacti.org/cessation/cessation.html>

Related Resources

Nutrition & Hypertension

Health Canada Food Guide for First Nations, Inuit and Métis
www.hc-sc.gc.ca/fn-an/food-guide-aliment/fnim-pnim/index-eng.php

2010 Recommendations for Management of Blood Pressure

www.hypertension.ca/chep

Diabetes (Government of Canada)

Diabetes Among Aboriginals People in Canada: The Evidence
www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/_diabete/2001_evidence_faits/index-eng.php

Aboriginal Diabetes Initiative: Prevention and Promotion Program

www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/_diabete/2000_moauipp-ppmahrimu_program/index-eng.php

Diabetes Fact Sheet: First Nations and Inuit Communities

http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/_diabete/2000_reserve-program/index-eng.php

Stroke Services & Agencies

March of Dimes / Stroke Recovery Canada

March of Dimes is the largest rehabilitation organization in Ontario, and serves people with physical disabilities of all ages. Their mission is “to maximize the independence, personal empowerment and community participation of people with physical disabilities”. Stroke Recovery Canada® was created to help stroke survivors and their families regain independence, find support and learn to survive and thrive after stroke. Each local program offers peer and post recovery support, education and community integration services for stroke survivors, their caregivers, families and health care providers. Website: www.marchofdimes.ca

Ontario Stroke System (OSS)

OSS is a Ministry of Health and Long Term Care initiative that promotes access to evidence-based care and strives to improve outcomes for stroke survivors. The OSS spans the continuum of care from prevention to community re-integration. The OSS is made up of 11 regions and provides services through **regional stroke centres, district stroke centres and secondary prevention clinics**. Regional and district stroke centres provide expertise in stroke care, and access to hyper-acute treatment. These centres also have a coordination and leadership role in the creation of an integrated stroke system. Secondary prevention clinics provide interdisciplinary stroke prevention services to those people who have had a transient ischemic attack (TIA) or are at high risk for a stroke. The clinics also provide triage for urgency cases, assessment services, treatment plans and patient education. Services vary by location. Feel free to contact the appropriate centre or clinic listed on the following pages, to access specific services or resources in your area.



Stroke Networks and Related Hospitals (By City)

City/Area	Hospital	Address	Type*	Website
Barrie	Royal Victoria Regional Health Centre	201 Georgian Drive, Barrie, ON, L4M 6M2 phone: (705) 728-9090 x 46300 fax: (705) 728-2408	RSC, SPC, Central East Stroke Network	www.cesnstroke.ca
Belleville	Quinte Health Care	245 Dundas St. East, Suite 405, Belleville, ON, K8N 5K5 phone: (613) 969-7400 x 2874 fax: (613) 961-2544	DSC, SPC	www.qhc.on.ca
Brantford	Brantford Community Health System	200 Terrace Hill St. Brantford, ON, N3R 1G9 phone: (519) 751-5544 x 4451 fax: (519) 752-3123	DSC	www.bchsys.org/ bchpandv/Stroke
Chatham	Chatham Kent Health Alliance	80 Grand Ave West, Chatham, ON, N7M 5L9 phone: (519) 352-6401 x 6900 fax: (519) 436-2500	DSC, SPC	www.ckha.ca
Hamilton	Hamilton Health Sciences	237 Barton St. E., General Campus 1E, Hamilton, ON, L8L 2X2 phone: (905) 527-4322 x 44425 fax: (905) 577-1455	RSC, SPC, Central South Stroke Network	www.heartandstroke. on.ca/atf/.../2009col. outcome.Central% 20South.pdf
Huntsville	Huntsville District Memorial Hospital	100 Frank Miller Dr. Huntsville, ON, P1H 1H7 phone: (705) 789-0022 x 503 fax: (705) 789-4728	DSC	www.mahc.ca
Kingston	Kingston General Hospital	Doran 3 - Rm 313, 76 Stuart St. Kingston, ON, K7L 2V7 phone: (613) 549-6666 x 3562 fax: (613) 548-2454	RSC, SPC, South East Ontario Stroke Network	www.stroke strategiese.ca
Kitchener	Grand River Hospital	835 King St. West. Kitchener, ON, N2G 1G3 phone: (519) 749-4300 x 2605 fax: (519) 749-4399	DSC, SPC	www.grhosp. on.ca/
London	London Health Sciences Centre	Rm. A10-004, 339 Windermere Rd., London, ON, N6A 5A5 phone:(519) 685-8500 ext. 32214, 32264 fax: (519)663-3753	RSC, SPC, South West Ontario Stroke Network	www.swostroke.ca
Mississauga	Trillium Health Centre, West Toronto Site	170 Sherway Dr. Main Level Rm. 1480, Etobicoke, ON, M9C 1A5 phone: (905) 848-7580 x 5476 fax: (416) 521-4185	RSC, SPC West GTA Stroke Network	www.trillium healthcentre.org/

Stroke Networks and Related Hospitals (By City)

City/Area	Hospital	Address	Type*	Website
Niagara Falls	Niagara Health System	205-5673 North St. Niagara Falls, ON, L2G 1J4 phone: (905) 378-4647 x 55557 fax: (905) 358-4966	DSC, SPC	www.niagarahealth.on.ca/services/stroke_centre.html
North Bay	North Bay General Hospital	720 McLaren St. North Bay, ON, KP1B 5A4 phone: (705) 474-8600 x 4194 fax: (705) 472-5761	DSC, SPC	www.nbgh.ca/
Oshawa	Lakeridge Health Corporation	1 Hospital Ct. Oshawa, ON, L1G 2B9 phone: (705) 728-9090 x 46300 Stroke Prevention Clinic phone: (705) 576-8711 ext 3792	DSC, SPC	www.lakeridgehealth.on.ca/article.php?id=AR1-1PQ
Ottawa	The Ottawa Hospital	Civic Campus, CPC Main, Box 6081053 Carling Ave Ottawa, ON, K1Y4E9 phone: (613) 798-5555 x 16167 fax: (613) 761-5009	RSC, SPC Champlain Regional Stroke Network	www.ottawahospital.on.ca/
Owen Sound	Grey Bruce Health Services	1800 8th St East, Box 1800, Owen Sound, ON, N4K 6M9 phone: (519) 376-2121 x 2920 fax: (519) 372-4062	DSC, SPC	www.gbhs.on.ca/
Pembroke	Pembroke Regional Hospital	705 Mackay St. Pembroke, ON, K8A 1G8 phone: (613) 732-3675 x 7310 fax: (613) 732-6356	DSC	www.pemreg.hos.org/
Peterborough	Peterborough Regional Health Centre	1 Hospital Dr. Rm. A205 Peterborough, ON, K9J 7C6 phone: (705) 743-2121 x 3946 fax: (705) 876-5139	DSC, SPC	www.prhc.on.ca
Richmond Hill	York Central Hospital	10 Trench St. Richmond Hill, ON, L4C 4Z3 phone: (905) 883-1212 x 3882 fax: (905) 883-2026	DSC, SPC	www.yorkcentral.com
Sarnia	Bluewater Health	89 Norman St. Sarnia, ON, N7T 6S3 phone; (519) 464-4400 x 4465 fax: (519) 464-4440	DSC, SPC	www.bluewaterhealth.ca/

Stroke Networks and Related Hospitals (By City)

City/Area	Hospital	Address	Type*	Website
Sault St. Marie	Sault Area Hospital	969 Queen St. East. Sault St. Marie, ON, P6A 2C4 phone: (705) 759-3434 x 5288 fax: (705) 759-3681	DSC, SPC	www.sah.on.ca/
Stratford	Stratford General Hospital	46 General Hospital Dr. Stratford, ON, N5A 2Y6 phone: (519) 272-8210 x 2298 fax:(519) 272-8242	DSC, SPC	www.hpha.ca/
Sudbury	Ramsey Lake Health Centre Health Sciences North	41 Ramsey Lake Rd. Sudbury, ON, P3E 5J1 phone: (705) 523-7100 x 1586 fax: (705) 523-7170	RSC, SPC North East Ontario Stroke Network	www.neostrokestrategy.com
Thunder Bay	Thunder Bay Regional Health Sciences Centre	201-984 Oliver Road Thunder Bay, ON, P7B 7C7 phone: (807) 684-6702 fax: (807) 684-5883	RSC, SPC North West Ontario Stroke Network	www.nwestroke.ca
Timmins	Timmins and District Hospital	700 Ross Ave East, Timmins, ON, P4N 8P2 (705) 267-2131 x 3202 (705) 267-6337	DSC, SPC	www.tadh.com
Toronto	Sunnybrook Health Sciences Centre	C Wing, Room C404A, 2075 Bayview Ave. Toronto, ON, M4N 3M5 phone: (416) 480-6100 x 7300 fax: (416) 480-4260	RSC, SPC North and East GTA Stroke Network	www.gtarehabnetwork.ca
Toronto	St. Michael's Hospital	70 Bond St. - Basement Toronto, ON, M5B 1X3 phone: (416) 864-6060 x 3537 fax: (416) 864-5737	RSC, SPC South East Toronto Stroke Network	www.setsn.ca
Toronto	Toronto Western Hospital	399 Bathurst Street, 5WW-445 Toronto, ON, M5T 2S8 phone: (416) 603-5076 fax: (416) 603-7733	RSC, SPC Toronto West Stroke Network	www.tostroke.com
Windsor	Hotel-Dieu Grace Hospital	1030 Ouellette Ave. Rm. 1-516, Windsor, ON, N9E 1A1 phone: (519) 973-4411 x 3082 fax: (519) 255-2285	DSC, SPC	www.hdgh.org/

*Regional stroke centre (RSC), District stroke centre (DSC), Secondary prevention clinic (SPC)

Notes



