Niagara Priority Profiles

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To improve health and health equity, it is important to understand specific groups in the planning of programs and activities. The information in these profiles will help you understand how the different conditions and systems in which people are born, grow, work, and live affect their health. They provide some comparisons of different groups and over time. As populations change, programs can adapt to meet changing needs.

These profiles were created for Niagara Region Public Health, but can be used by anyone. You can use these profiles in planning and making decisions in any sector, department, or organization.

Intersectionality is an idea that states that people have many layers of their identity. Each person has a unique identity. That identity leads to different ways that the systems they live in benefits or harms them. Due to this, some individuals experience more health concerns than others. When you read these profiles, think about these different experiences. When planning projects, think about how you can include people with different voices and perspectives. To learn more about intersectionality, visit: NCCDH Intersectionality and Health Equity[1].

For further information, please visit:

Government of Canada Health Inequalities Data Tool[2]
Public Health Ontario Health Equity Data Tool[3]
Niagara's Village of 100[4]

Please note the date ranges used within these profiles vary based on the data available, and are included in the references. These Profiles were created in 2020, the intent is to provide an update with each census cycle. For more information or if you have any concerns, please contact healthequity@niagararegion.ca

[1] https://nccdh.ca/resources/entry/public-health-speaks-intersectionality-and-health-equity
[2] https://health-infobase.canada.ca/health-inequalities/data-tool/index
[3] https://www.publichealthontario.ca/en/data-and-analysis/health-equity
[4] https://www.niagararegion.ca/health/statistics/demographics/default.aspx

Niagara Priority Profiles

Niagara Priority Profiles: Indigenous
Version 1

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Note:
If referencing a hardcopy of this Niagara Priority Profile, please confirm that it is the most up to date version by visiting: https://www.niagararegion.ca/health/equity/priority-profiles.aspx
The version number can be found at the top of this page on each profile.

Land Acknowledgement

Niagara Region is situated on treaty land. This land has a rich history of First Nations such as the Hatiwendaronk, the Haudenosaunee, and the Anishinaabe, including the Mississaugas of the Credit First Nation. There are many First Nations, Métis, and Inuit people from across Turtle Island that live and work in Niagara today.

Niagara Priority Profiles

Preamble

The following profile must be considered in the context of the Canadian colonization of Indigenous peoples. Please read the following three excerpts from the *Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (TRCC Report) (1)

- "For over a century, the central goals of Canada's Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can best be described as 'cultural genocide'" (TRCC Report pg.1)
- "Cultural genocide is the destruction of those structures and practices that allow the group to continue as a group. States that engage in cultural genocide set out to destroy the political and social institutions of the targeted group. Land is seized, and populations are forcibly transferred and their movement is restricted. Languages are banned. Spiritual leaders are persecuted, spiritual practices are forbidden, and objects of spiritual value are confiscated and destroyed. And, most significantly to the issue at hand, families are disrupted to prevent the transmission of cultural values and identity from one generation to the next. In its dealing with Aboriginal people, Canada did all these things." (TRCC Report pg.1)
- "Despite the coercive measures that the government adopted, it failed to achieve its policy goals. Although Aboriginal peoples and cultures have been badly damaged, they continue to exist. Aboriginal people have refused to surrender their identity." (TRCC Report pg. 23)

We encourage reading the entire Introduction (TRCC Report pg. 1 – 23) which can be found here: Honouring the Truth Reconciling for the Future

Note on Indigenous Data

- “First Nations people understand their own needs and are in the best position to govern their own information. The right of First Nations communities to own, control, access, and possess [OCAP®] information about their peoples is fundamentally tied to self-determination and to the preservation and development of their culture” (First Nations Information Governance Centre: Understanding the First Nations Principles of OCAP®, 2014) (2)
- Please refer to the Health section of this profile for more information on OCAP®

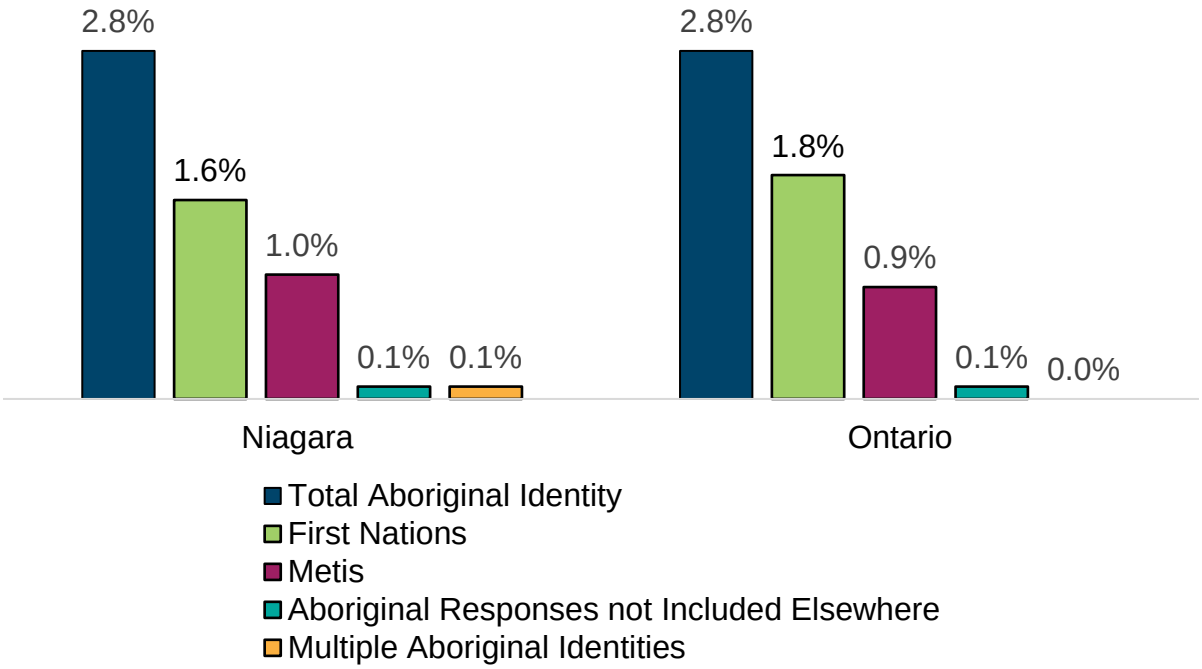
Notes on Census Data

- Indigenous Peoples are underrepresented in the Census due to the absence of a number of Indian reserves and Indian settlements in the 2016 Census of Population. Furthermore, Indigenous Peoples are less likely to participate in Census due to lack of trust of Canadian government, migration between geographical locations and unclear definitions of different Aboriginal Identity Groups within the Census
- There are multiple definitions of Aboriginal within the Census. The following definition was used in this profile:
    - 'Aboriginal identity', which includes persons who are First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who are registered or Treaty Indians (that is, registered under the Indian Act of Canada) and/or those who have membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the Constitution Act, 1982, section 35 as including the Indian, Inuit and Métis peoples of Canada (3)
- The term Aboriginal was used in the 2016 census data but currently, the more appropriate term is Indigenous, encompassing First Nations, Inuit, and Métis. All narrative information within this profile will use the term Indigenous.

Indigenous Population: Demographic Information

- In 2016, the Indigenous population for Niagara (12,250 people) represents 2.8% of total population. Within Ontario, the Indigenous population (374,395 people), also represents 2.8% of total population (Figure 1)
- From the year 2006 to 2016 in Ontario, there has been an increase in the Indigenous population by 50.3%, increasing from 242,490 in 2006 to 364,395 in 2016 (3)

Figure 1: Percent of individuals with Aboriginal identity in Niagara & Ontario (2016)



Data Source: Statistics Canada, Census Profiles (2016)

- Of those who identify as Indigenous in Niagara, most individuals identify as First Nations. However, the proportion of individuals identifying as First Nations is lower in Niagara compared to Ontario (Table 1)
- Compared to Ontario, more individuals in Niagara identify as Metis (Table 1)

Table 1: Aboriginal identity in Niagara and Ontario (count and percent) (2016)

	Niagara		Ontario	
Indigenous Identity	Number of People Identifying as Aboriginal by Indigenous Identity	% of Population Identifying as Aboriginal by Indigenous Identity	Number of People Identifying as Aboriginal by Indigenous Identity	% of Population Identifying as Aboriginal by Indigenous Identity
Total Population	12,250		374,395	
First Nations	7,200	58.8%	236,680	63.2%
Metis	4,340	35.4%	120,585	32.2%
Inuk (Inuit)	105	0.9%	3,860	1.0%
Multiple Aboriginal Responses	270	2.2%	5,730	1.5%
Aboriginal responses not included elsewhere	335	2.7%	7,540	2.0%

Data Source: Statistics Canada, Census Profiles (2016)

- The highest proportion of Indigenous people compared to municipality population is in Port Colborne at 5.2% followed by Fort Erie at 4.6% and Welland at 3.9% (Table 2)
- In 2016, 63.6% of Niagara's Indigenous population lived in St. Catharines (3,550 people), Niagara Falls (2,240 people), and Welland (2,000) (Table 2)

Table 2: Percentage Aboriginal People compared to municipality population in Niagara (2016)

Municipality	Number of Residents Identifying as Aboriginal	% Aboriginal to municipality population
Niagara Region	**12,250**	**2.8%**
St. Catharines	3,550	2.7%
Niagara Falls	2,240	2.6%
Welland	2,000	3.9%
Fort Erie	1,395	4.6%
Port Colborne	920	5.2%
Thorold	585	3.2%
Grimsby	335	1.2%
Lincoln	395	1.7%
Pelham	295	1.8%
West Lincoln	270	1.9%
Wainfleet	170	2.7%
Niagara-on-the-Lake	100	0.6%

Data Source: Statistics Canada, Census Profiles (2016)

Indigenous: Health

This section in the Indigenous Priority Profile will not present health outcome data in the same way as in the other profiles. Instead you will find information to increase awareness and understanding about the ways that the current collection, analysis, and presentation of Indigenous data reinforces the unbalanced power structures that contribute to the marginalization of Indigenous people.

As an organization, Niagara Region Public Health is learning and working with our Indigenous partners to understand Indigenous data and how it can be used to decrease health inequities. We hope that through continued learning, collaboration, and mutual trust, there will be local health data that reflects the needs and beliefs of Indigenous populations.

Learning About: Indigenous Health

> "The colonization of the lands now collectively known as Canada, and the development of the major institutions of our nation, are steeped in Christianity, capitalism, and the cultural logic of the scientific method." (Mashkiwenmi-daa Noojimowin: Let's Have Strong Minds for the Healing, pg.1) (4)

The health status of Indigenous populations has been predominantly described through a Euro-Canadian lens which puts an emphasis on objectives measurements aligned with scientific methods, and can include using indicators such as rates of disease and individual health behaviours. The Western scientific model focuses on the individual and segments health to focus on biological components. As described further in the next section, Indigenous philosophies about health wellness are complex and are based on the collective needs of all people as a whole and includes maintaining a balance of physical, mental, emotional, and spiritual elements. Due to these differences, it is unsurprising that most current health data is not inclusive and reflective of Indigenous needs.

Many of the illnesses, poor living conditions, and inequities that are experienced by Indigenous peoples today are attributed to the lasting effects of colonialization which

removed Indigenous people from traditional healing systems, their connection to the land, comprehensive social structures, food, and cultural systems. Current, ongoing injustices continue to negatively impact Indigenous wellness.

Learning About: OCAP® Principles

"First Nations people understand that information isn't just about numbers and surveys, it's about culture, identity, traditions, and self-determination." (FNIGC, Understanding the First Nations Principles of OCAP®) (2)

- "The First Nations Information Governance Council upholds the principles of OCAP® to protect First Nations ownership and jurisdiction over their information, and ensure First Nations people are the stewards of their own information" (2)
- OCAP® is an acronym of the following four principles (2)
    - Ownership of information – individually and as a community
    - Control – how information is used, by whom, and under what conditions
    - Access – right to determine and define access regardless of where it is held
    - Possession – power to use information for the benefit of their own communities

Learning About: Indigenous Health Data

- High quality health data can found in the Regional Health Survey (RHS) reports from the First Nations Information Governance Centre (FNIGC) online library. FNIGC "collects data in First Nations communities using an approach built on an inherent respect for data sovereignty as embodied by the First Nations principles of OCAP®" (please see OCAP® Principles section for more information)
    - Please note: while the term Indigenous is used to describe First Nations, Inuit, and Métis much of the following section will reference the First Nations Information Governance Centre, which is specific to First Nations
- "Wellness is a very complex and multi-layered philosophy. However, it is important to articulate the complexity of this understanding in order to understand

what questions to ask and how to interpret the information received by First Nations people. First Nations wellness encompasses Indigenous knowledge, culture, language, world view and spirituality as indicators of health." (FNIGC Regional Health Survey Phase 3, pg. 8) (5)

- The Regional Health Survey (RHS) Cultural Framework should be used in interpreting the information collected by First Nations people (5)
- The framework "is important in explaining why certain questions, such as those relating to language and culture, are included in the context of a "health" survey…It illustrates that you cannot have an indicator of wellness for First Nations health without also discussing culture, language, worldview and spirituality." (FNIGC Regional Health Survey Phase 3, pg. 8-9) (5)

Learning About: How to use Indigenous data

Data alone should not be used to make decisions. When health data, consider the principles of OCAP® and, when using health data, the Indigenous philosophies of wellness. Below are some practical considerations when using Indigenous data.

Introduction

- When choosing priorities for program planning, it is important to first understand the values and perspectives of the populations described in the data. Fulsome collaboration and consultation should be prioritized in all aspects of decision making.
- When using pre-collected data, it is imperative to view all information through the lens of colonization and the Euro-Canadian bias. Pre-collected data should be used only as a supplement to consultation.

How data is presented matters

- Typically, data is presented in a way that is not reflective of the needs and beliefs of Indigenous populations. This discrepancy usually begins with the way the data was collected and continues through to presentation.
- When using data collected through a Euro-Canadian perspective, avoid only presenting comparisons between non-Indigenous and Indigenous populations.

This reinforces power imbalances, does not take into consideration what is identified as a need or priority by the Indigenous population themselves, and does not recognize the intersectionality that shapes health outcomes.

When presenting on Indigenous populations, include a disclaimer to address:

1. Historical context
    a. Example: The health outcomes presented must be understood within the context of colonization and the disparities it created.
2. Euro-Canadian bias
    a. Example: The data sets used in the Pan-Canadian Health Inequalities Data Tool represent Euro-Canadian perspectives on health and well-being.
3. Data quality
    a. The information presented depicts only the Indigenous respondents who participated in the collection of this data.

Local Data

In Canada, people who identify as being part of the First Nations, Metis, or Inuit communities are at risk for more adverse health outcomes in most areas, related to lower incomes, poor housing, less access to health care, jobs and education, higher levels of food insecurity, and more experiences stemming from stress and trauma. This section will summarize recently collected data on Indigenous health and wellbeing.

Community Safety and Wellbeing Report

Niagara Region is working to develop a Community Safety and Wellbeing Plan that addresses root causes of social issues through a community-based approach. As part of this work, Indigenous consultation occurred through Indigenous-led sessions. At these sessions, participants were asked about their needs for a safe and well community. These findings are summarized below (6).

What does a safe and well community mean to you?

- Being taken seriously and treated with sincerity when accessing public health and safety resources such as calling 911, accessing healthcare, fire services, etc.;
- Not experiencing a lack of resources due to unaffordability of basic needs such as adequate food and housing;
- Having a safe place to celebrate our Indigenous identity and seek Indigenous-specific resources and help;
- Being able to walk outdoors safely and have an overall safe outdoor environment or neighborhood;
- Being connected, especially during the pandemic with higher rates of social isolation.

What are the safety and well-being issues facing Niagara?

- Poor responses from police, healthcare, and figures of authority when seeking help due to unresolved systemic racism;
- Gangs, drugs, addiction, violence, domestic violence, human trafficking and homelessness;
- Lack of safe spaces to express our identity and access culturally sensitive resources;
- Lack of sovereignty and collaboration/awareness with those in positions of power in order to address Indigenous needs using a realistic approach or culturally sensitive lens;
- Poor infrastructure – need more bike lanes, sidewalks, streetlights, bus shelters, public transportation and routes, affordable housing.

Creating Our Way Forward Report

The Creating Our Way Forward Report aimed to address the gaps within Niagara Region Public Health & Emergency Services programs and services for Indigenous populations. This work was conducted using an Indigenous research methodology derived from Haudenosaunee philosophy, wampum treaties and ceremonial practices enacted by a Haudenosaunee Indigenous Consultant. The data was collected through

consultation sessions with Indigenous service providers and Indigenous leaders, and an on-line survey was distributed to recipients of Indigenous services. The research questions were designed to gain an understanding of Indigenous perspectives of what well-being (health) includes, and what the most important health issues and concerns within the Niagara region are for the Indigenous population. These findings are summarized below (7).

Spiritual issues and concerns include:

- inclusion
- loss of culture
- disconnected from identity
- disconnected from spirituality
- lack of traditional teachings that inform ancestral values system

Physical issues or concerns include:

- lack of affordable and adequate housing and transportation
- lack of access to education and employment opportunities leading to poverty
- lack of proper health care & medical centres
- lack of wellness programs, (e.g., infant-, child- family- focused)
- safety from racism
- diseases (e.g., diabetes, chronic obstructive pulmonary disease (COPD), high blood pressure, cancer, heart disease)
- healthy food security (e.g., nutrition, unhealthy diets, healthy cooking)
- dental care
- family violence and domestic abuse
- personal & self-care
- sexual health (e.g., proper sex education including consent)

Mental issues and concerns include:

- lack of acceptance with cultural ways of being
- current and layered trauma (e.g., intergenerational trauma, childhood, systemic)
- unresolved intergenerational & childhood grief
- unhealthy relationships with others and self

- misdiagnosis
- illnesses (e.g., alcoholism, drug addictions, PTSD, depression, anxiety)

Emotional issues or concerns include:

- feeling: being unsupported, inadequate in dealing with life's challenges, unsafe, and unworthy

Environmental issues or concerns include:

- access to healthy foods including traditional meats
- access to healthy land & water

The view of the Indigenous community describes positive wellbeing as being happy, healthy and maintaining balance in all aspects of life including cultural practices, mental health, physical wellness, emotional stability including external resources that contribute to safety and security.

- Cultural practices that include social gatherings (e.g., drum circles) and traditional teachings (e.g., obtaining and maintaining a Good Mind, as described from Haudenosaunee philosophy)
- Mental health includes developing healthy coping skills, engaging with cultural philosophies, implementing effective reflecting processes, and fostering inclusion of community
- Physical wellness includes being able to manage symptoms
- Emotional stability includes feeling happy, content and secure about one's self and their future
- External resources needed include a healthy dependable support system, access to: exercise facilities; social and crafty events with nutritious food; health and health related services; as well as school and/or work without discrimination
- The ability to access and/or create a holistic model of self and community care in a number of domains: basic needs/mental health/physical exercise/community engagement/spiritual connected-ness

References

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