Montreal Urban Aboriginal Health Centre

Project proposal of the Montreal Urban Aboriginal Health Committee

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Cover art by Martin Dubé
To Whom It May Concern;

The Montreal Urban Aboriginal Health Committee (MUAHC) is a working committee of the Montreal Urban Aboriginal Community Strategy Network (NETWORK). The MUAHC is composed of a maximum of thirteen members from various Aboriginal and non-Aboriginal organizations, government representatives, and community members. Its vision is to empower the Aboriginal community by working together towards healing; its mission is to achieve a culturally safe, holistic health service delivery model that is accessible to all Aboriginal people, within the urban setting of Montreal and surrounding areas, where emphasis is placed on quality and continuity of care.

In 2011-2012, the MUAHC successfully completed a two-phase project, funded by Aboriginal Affairs and Northern Development Canada and the Public Health Agency of Canada, which included developing and implementing a needs assessment on Aboriginal health in Montreal, and an extensive review of available health and social service organizations in Montreal to create an online database of resources available to the urban Aboriginal community. What was discovered was a need for culturally safe and appropriate health services for urban Aboriginals that includes child, youth and family services, primary care services, chronic disease management, infectious disease services, mental health and addictions services, homelessness and housing services, and social services.

The Montreal Urban Aboriginal Health Needs Assessment represented a timely and important opportunity for Aboriginal organizations and their partners to consider how best to resolve some of the gaps and inequities in health service delivery in Montreal. In the short-term, this initiative intended to provide evidence-based recommendations to fill the gaps in the delivery of culturally sensitive and holistic health services to the Montreal urban Aboriginal population. In the long-term, this needs assessment supports the creation of a fully functional holistic Aboriginal health centre in Montreal.

The accompanying executive summary and full proposal and plan detail the development of a holistic health centre for urban Aboriginals in Montreal. Phase I is the implementation and evaluation of primary care services to then expand, in Phase II, to the establishment of a fully functioning, culturally safe, health centre.

We invite you to read the accompanying documentation and look forward to meeting with you to discuss a successful partnership.

Sincerely,

The Montreal Urban Aboriginal Health Committee
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Executive Summary

I. Situational analysis:
i. What is the current situation of Aboriginal people in Montreal? What are the health and social services available to them?

- Off-reserve Aboriginals represent the fastest growing population in Canada; between 2001 and 2011, the Aboriginal population of the Montreal Census Metropolitan Area (CMA) grew by 135%;
- As of 2011, the Aboriginal population of the Montreal CMA is 26,280 and 10,505 on the island of Montreal; the median age of CMA Montreal Aboriginals is 37 years old. Notably, 63% of this population are identified as First Nations or other Aboriginal groups, while 34% are identified as Métis, and 3% as Inuit;
- According to the 2011 Canadian National Household Survey, the majority of urban Aboriginal people of Montreal live in the southwest region of the city (see Annex 2 for the geographical distribution of this population);
- Various community and other non-governmental organizations offer limited services that are also open to urban Aboriginal people of Montreal. However, these are a patchwork of social services, with little cultural adaption, and integration into the health and social services system. Presently, no organization offers or plans to offer inclusive holistic health and social services to all Aboriginal people of Montreal.
- In 2012, the Montreal Urban Aboriginal Health Needs Assessment conducted interviews and focus groups among 89 urban Aboriginal people, who had utilized some form of health and/or social services in Montreal. The assessment examined perceived health and wellness, and access to health and social services for Aboriginal people in Montreal. In addition, 94 health service providers were also interviewed and took part in focus groups. Major findings of this assessment are:
  - The majority of the urban Aboriginal population sampled rated their own health as low;
  - 50% of Aboriginal interviewees were dissatisfied with the existing health services;
  - Numerous difficulties of access to mainstream health care services were reported. A number of identified barriers included: inadequate cultural safety, in particular, perceived discrimination, language barriers, limited access to appropriate mental health services, lack of RAMQ coverage, lack of identification papers, and prohibitive costs associated with health care (e.g. transport);
  - Respondents also identified inadequate access to traditional healing services in Montreal;
  - The majority of respondents indicated the need for a centrally located, culturally safe holistic health centre, offering physical, mental, emotional, and spiritual health services to the urban Aboriginal people of Montreal.

ii. What is the health status of Aboriginal people in Quebec and Canada?

The data presented here are mainly for Aboriginal people living on reserves or in territories. Comprehensive epidemiological data of urban Aboriginals in Quebec and
elsewhere in Canada are lacking. The following findings, however, are likely also reflective of the status of the urban Aboriginal population of Montreal, due to a variety of factors including similar socioeconomic status (i.e. of on and off reserve Aboriginal people), and the urban Aboriginal people’s frequent movement between urban and reserve settings.

• Type 2 diabetes is 3-5 times more prevalent in First Nations populations compared to the general Canadian population;
• Life expectancy is 8.1 years lower in Aboriginal males and 5.5 years lower in Aboriginal females compared to the general Canadian population;
• Tuberculosis, sexually transmitted infections (STIs), and HIV/AIDS are considered public health epidemics in the Aboriginal population of Canada;
• Suicide rates are 3 times higher in the general Aboriginal population and 6 to 11 times higher in the Inuit population as compared to the general Canadian population.

II. What are we proposing?

In order to address the needs of the Aboriginal people, the Montreal Urban Aboriginal Health Committee (MUAHC) propose the development of an urban holistic health centre, which offers accessible and quality health and social services to Aboriginal people of Montreal. Our proposal consists of two phases.

Goals of this proposed intervention are to:
1. Increase equitable access to culturally safe, holistic health services for urban Aboriginal people of Montreal
2. Improve health and reduce health disparities of the urban Aboriginal people of Montreal

Objectives of this service model:
• Provide a culturally safe environment for Aboriginal people to seek care
• Provide access to primary health care and traditional healing services
• Increase usage of primary health care and preventive services by urban Aboriginal people
• Collaborate with regional and provincial public health authorities for efficient infectious disease case, contact and outbreak management.

III. Why is an Aboriginal holistic health centre needed to reduce health disparities in Montreal?

In May 2014, the UN Special Rapporteur on the Rights of Indigenous Peoples indicated important disparities in health and social determinants among Aboriginal people of Canada, particularly in terms of lower life expectancy and higher rates of chronic illness, infectious diseases, and injuries. Moreover, in 2011, the Directeur de santé publique de Montréal highlighted the ongoing health and social inequities for urban Aboriginal people in Montreal. The Directeur noted that the Aboriginal
people of Montreal do not have easy access to health and social services, and stressed that without appropriate support these inequities can deepen.

It is important to note that the current evidence clearly indicates that improving access to primary health care services can improve health equity and reduce disparities in health for vulnerable populations (6, 8-13). In fact, the Alma-Ata declaration of 1978 and the World Health Organization's report on primary care (2008) both highlight the importance of engagement of community stakeholders in enhancing accessible and population-centered primary care in achieving health equity and social justice (8,14).

The Ottawa Charter also emphasizes the importance of community participation in supporting culturally appropriate health services that address the needs of individuals and the communities for a healthier life.6

IV. What are the existing service models in holistic health and social services for urban Aboriginal people in the rest of Canada?

More than 12 cities across Canada (e.g. Vancouver, Winnipeg, Hamilton, Kenora, London, Manitoulin Island, Mohawk Council of Akwesasne, North Shore Tribal Council, Ottawa, Rainy River, Sudbury, Thunder Bay, and Toronto) have holistic health centres for the urban Aboriginal population. In 1995, the Ontario government mandated 10 Aboriginal Health Access Centres (AHACs) in the cities noted above. These were based on two successful community health centre models (CHCs) established previously, Anishnawbe Health Toronto and Misiway Milopemahteswin in Timmins.7 These CHCs provided strong evidence to empower Aboriginal peoples and improve health and well-being of Aboriginal communities throughout Ontario. By 2000, all 10 AHACs were fully operational and provided clinical care services, chronic disease prevention and management, family-focused materials, child health care, addictions counselling, traditional healing, mental health care, youth empowerment, amongst a multitude of other programs. Anishnawbe Health Toronto recently performed a client survey, in which the vast majority of their Aboriginal clientele indicated that accessing cultural, traditional and other services, in a single culturally safe location was important. Moreover, Wabano Centre for Aboriginal Health in Ottawa recently completed a large-scale ultra-modern expansion, demonstrating the success of community health centres.

V. Our proposed plan:

The proposal is divided into Phase I and Phase II. Phase I is an interim solution to address the urgent primary health care and public health needs of the urban Aboriginal people of Montreal, pending the implementation of a “holistic health centre”, as elaborated in Phase 2.

Phase I (interim primary health services):

Due to the current lack of accessible primary health care services for Aboriginal people of Montreal, and pending the development of the holistic health centre, we recommend implementing urgent temporary clinical services, with the following characteristics:
• A clinic space associated with a CSSS, which is located in the southwest region of the city;
• Clinic services would be available to all Aboriginal people, including those without a RAMQ card.
• The service delivery model of this clinic is based on the Groupe de médecine de famille (GMF) and Services courants models of care that are often utilized in the province of Quebec. The proposed model includes (please also refer to the attached strategic plan on page 12):
  o Nurse-run clinic with weekday appointment and walk-in services (after hours and weekend/holiday needs will be directed to other appropriate service providers);
  o Physician consultation 1-3 days per week;
  o Culturally safe primary care services, including primary care management of mental health, infectious diseases and chronic illnesses;
  o Referrals to specialized health services, including addiction services;
  o A cultural worker to facilitate access to appropriate, existing traditional health services such as Elders, Traditional Healers and ceremonies;
  o Collaboration with outreach workers (e.g. Médecins du Monde) to promote and facilitate access to services to all Aboriginal people, including the most vulnerable street population. Currently, some of the most vulnerable subset of the population cannot seek care due to a variety of factors, including the lack of a health card. An outreach worker would also facilitate obtaining RAMQ cards for these individuals;
  o Access to interpreters;
  o Collaboration with regional (and extra-regional) public health departments in infectious disease outbreak case and contact management.

• Throughout implementation of interim health services, there will be ongoing monitoring and evaluation:
  o We plan to measure utilization rates of the interim primary health care clinic as a proportion of Montreal’s Aboriginal population;
  o We plan to use clientele satisfaction surveys to assess the frequency of service use and satisfaction with health services including health needs met and cultural appropriateness of services.

Phase II (the holistic Aboriginal health centre):

The second phase of this proposal involves the development of a “holistic health centre” for Aboriginal people of Montreal. The centre’s role shall go beyond primary clinical services of the interim Phase 1, to encompass a wide range of culturally appropriate primary health care, traditional healing and social services offered in one accessible locality in Montreal. The primary health care service delivery model will be adopted from the GMF and the Services courants models, as explained in Phase 1.

The MUAHC has already started negotiating an appropriate physical location for this centre with various stakeholders in Montreal, including the CSSS de la
Montagne and CSSS Sud-Ouest Verdun. In fact, the future Village Santé des Grands-Jardins is a potential site for this holistic health centre.

The operational model and proposed services at the holistic health centre are summarized below (please also refer to the attached strategic plan on page 12):

- The centre’s services would be available to all Aboriginal people, including those without a RAMQ card;
- The health centre will be offering walk-in and appointment services five days a week. The centre will also be offering urgent primary care services (including mental health and counseling) during evenings and weekends;
- The centre will be staffed by a multidisciplinary holistic health team including nurses, physicians, cultural health professionals, social workers, other allied health care professionals (including those skilled in mental health and addiction care), and outreach workers;
- A number of planned services at the centre are listed below. The centre will also facilitate referrals to culturally safe, specialized medical, social and traditional care, when indicated.
  - Primary health care and social services;
  - Culturally appropriate health promotion services and activities;
  - Primary mental health and addiction care (including counseling);
  - Traditional health services;
  - Infectious disease care;
  - Chronic disease management;
  - Primary addictions care;
  - Child, youth and family services;
  - Homelessness and housing services;
  - Collaborative services with regional public health departments in outbreak case and contact management;
  - Collaborative health, social and traditional healing services with other regional and extra-regional Aboriginal entities.
- Ongoing monitoring and evaluation of the health centre’s services will be performed using a variety of methods, a number of which are listed below. We plan to work with independent monitoring and evaluation groups (e.g. evaluation teams from academic institutions) and Aboriginal community representatives (e.g. an Aboriginal advisory committee) to ensure the accessibility and cultural appropriateness of services offered, and eventually the impact of services on the clientele’s health outcomes.
  - We plan to measure utilization rates of the centre’s services as a proportion of Montreal’s Aboriginal population;
  - We plan to use clientele satisfaction surveys to assess the frequency of service use and satisfaction with health, social and traditional care services including health needs met and cultural appropriateness of services;
  - An Aboriginal advisory committee (composed of local Aboriginal Elders, leaders, youth, etc.) can oversee the operation of the centre. This committee can examine the results of monitoring and evaluation for
cultural interpretation, and provide recommendations for improving cultural safety and traditional healing services at the centre (including referrals).

VI. Conclusion

It is evident that there are significant needs to be addressed in relation to health equity for the urban Aboriginal population of Montreal. A patchwork of services open to Aboriginal people currently exists, but they are dispersed across the city and are neither holistic, nor culturally adapted. Developing a culturally safe holistic health centre, will help to enhance and empower the Aboriginal community within the multicultural framework of Montreal. We also believe that providing accessible and quality primary health and social services at the centre will help to improve health outcomes and decrease health disparities for this historically vulnerable population over time.
Strategic Plan to Develop an Aboriginal Holistic Health Centre

**Vision:** The vision of the Montreal Urban Aboriginal Health Centre is to ensure the provision of culturally appropriate and effective health services to Aboriginal people through a holistic approach offered in a culturally safe environment.

**Mission:** To improve the health outcomes, quality of life and social determinants of health of Aboriginal people in Montreal through a culturally competent, holistic health service delivery model that is accessible to all Aboriginal people, within the urban setting of Montreal and surrounding areas where emphasis is placed on quality and continuity of care.

**Target population:** Aboriginal people, which include First Nations, Inuit and Métis (herein referred to as urban Aboriginal people of Montreal) residing and/or visiting in the greater Montreal area.

**Strategic goals:**
1) Increase access to culturally safe, holistic health services for urban Aboriginal people of Montreal
2) Improve health and reduce health disparities of the urban Aboriginal people of Montreal

Phase 1: Planning and implementation of an INTERIM culturally safe primary health care clinic for Aboriginal people of Montreal
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Start date</th>
<th>End date</th>
<th>Expected outcome</th>
<th>Resource(s)</th>
<th>Monitoring &amp; evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide a culturally safe environment for Aboriginal people to seek care</td>
<td>1. Acquire service mandate from the ASSS to offer urgent primary health care services to the Aboriginal population through a local CLSC</td>
<td>October 2013</td>
<td>August 2014</td>
<td>• Accessible location for the interim primary health care clinic for Aboriginal people</td>
<td>• Physica l space at a CLSC</td>
<td>• Utilization rates of the interim primary health care clinic will be measured as a proportion of Montreal’s Aboriginal population.</td>
</tr>
<tr>
<td>• Facilitate access to primary health care and traditional healing services</td>
<td>2. Negotiate clinical space with an existing CLSC using the acquired mandate from the Agence</td>
<td>January 2014</td>
<td>Septem ber 2014</td>
<td>• All urban Aboriginal people of Montreal, including those without RAMQ and the most vulnerab le, will have access to culturally safe primary health services in one location</td>
<td>• Clinic materia ls (e.g. consultation rooms, stretch ers, exam light, culture tubes etc.)</td>
<td>• A clientele questionnaire will be used to assess frequency of service use, satisfaction with health services including health needs met and cultural appropriateness of services</td>
</tr>
<tr>
<td>• Increase utilization of primary health care and preventive services by Aboriginal people</td>
<td>3. Opening of the INTERIM urban Aboriginal health clinic at a local CLSC</td>
<td>Septem ber 2014</td>
<td>Until opening of holistic health centre (Phase 2 - estimat ed date July 2017)</td>
<td>• Effective case and contact management among urban Aboriginal people of Montreal in collabor ation with</td>
<td>• Office materia ls (e.g. comput ers, fax)</td>
<td></td>
</tr>
<tr>
<td>• Collaborate with regional &amp; Provincia l public health authoritie s for efficient infectious disease case, contact and outbreak management</td>
<td>4. Interim clinic offering NURSE-run walk-in and appointment primary health care services with PHYSICIAN consultations 1-3 times a week. Services will include: • Urgent primary health services • Preventive (primary, secondary and tertiary) health services (including chronic disease, infectious disease and primary mental health management). • Referral to appropriate traditional health services • Basic culturally-</td>
<td>Will be ongoing</td>
<td>July 2017</td>
<td>• Financial resourc es</td>
<td>• Nurse s • prima ry care physici ans • outre ach worke rs • social worke rs • Financi al resourc es</td>
<td></td>
</tr>
</tbody>
</table>
Phase 2: Planning and implementation of the HOLISTIC health centre for Aboriginal people of Montreal
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Start date</th>
<th>End date</th>
<th>Expected outcome</th>
<th>Resources</th>
<th>Monitoring &amp; evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide a culturally safe environment for Aboriginal people to seek care</td>
<td>1. Consultations with the City of Montreal and the CSSS de la Montagne (and other regional stakeholders) to determine an appropriate location for the holistic health centre</td>
<td>August 2013</td>
<td>July 2015</td>
<td>Accessible location for the holistic health centre</td>
<td>Physical space (to be determined) for example at the future Village Santé of the CSSS de la Montagne</td>
<td>Utilization rates of health centre services will be measured as a proportion of Montreal’s Aboriginal population</td>
</tr>
<tr>
<td>• Facilitate access to primary health care and traditional healing services</td>
<td>2. Assign a manager to oversee the full implementation of the holistic health centre project</td>
<td>January 2015</td>
<td>Will be ongoing</td>
<td>Effective management of health centre development and operations</td>
<td>Designated centre space and necessary materials for cultural and traditional health practices</td>
<td>A client-based survey will be used to assess frequency of service use (including follow-up) and satisfaction with health services including health needs met and cultural appropriateness of services</td>
</tr>
<tr>
<td>• Increase utilization of primary health care and preventive services by Aboriginal people</td>
<td>3. Transfer existing services from interim clinic to the holistic health centre</td>
<td>July 2017</td>
<td>July 2017</td>
<td>High utilization rates of centre’s services and high follow-up rates by Aboriginal people of Montreal</td>
<td>Clinic materials (e.g. consultation rooms, stretchers, exam light, culture tubes etc.)</td>
<td>Other methods to evaluate the utilization rates of centre’s services by Aboriginal people, including application of surveys and focus groups of random samples of Montreal’s Aboriginal population</td>
</tr>
<tr>
<td>• Collaborate with regional and Provincial public health authorities for efficient infectious disease case, contact and outbreak management</td>
<td>4. Official opening of the Montreal Urban Aboriginal Health Centre</td>
<td>July 2017</td>
<td>Will be ongoing</td>
<td>High satisfaction rates of Aboriginal clientele with centre’s accessibility and quality of services</td>
<td>Office materials (e.g. computers, fax)</td>
<td>Collaboration with independent monitoring/evaluation groups to examine the effectiveness</td>
</tr>
<tr>
<td>• Operational health centre providing walk-in and appointment services in a culturally safe environment. The services will include: • Primary care and social services • Primary mental health care • Infectious disease care • Chronic disease care • Primary addictions</td>
<td>5. Operational health centre providing walk-in and appointment services in a culturally safe environment. The services will include: • Primary care and social services • Primary mental health care • Infectious disease care • Chronic disease care • Primary addictions</td>
<td>July 2017</td>
<td>July 2017</td>
<td>High utilization rates of centre’s services by more vulnerable Aboriginal people (e.g. street-involved), and those without RAMQ.</td>
<td>Human Resources will include: • Health centre management, committee, and staff • Cultural health professionals • Nurses</td>
<td></td>
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Literature Review

Making a case for offering traditional services

The Aboriginal definition of health is to strike a balance between mind, body, spirit, emotion, and environment. Practitioners of traditional medicine, known as Traditional Healers, Medicine People, or Elders, look at healing through a lens of physical, mental, emotional, and spiritual health both on an individual level, and a community level. Practitioners frequently organize ceremonies, which include Shaking Tent, Sun Dances, and Sweat Lodges. These traditional healing services are an integral part of Aboriginal cultural identity.

Literature suggests that the presence of Aboriginal organizations or health centres result in the clustering of the community around these establishments. Available evidence indicates that participation in traditional Aboriginal culture can empower and foster pride among the Aboriginal people and such practices may be a protective factor associated with prevention and reduction of substance abuse. As individuals move from a rural setting towards large metropolises, such as Montreal, traditional cultural markers are more difficult to find. Other literature has shown that the affirmation of an Aboriginal cultural identity creates a cultural foundation, which empowers an individual to effectively address particular health issues. This is the basis of a culturally appropriate health care model.

Health Disparities of the Aboriginal Population

According to the recently released United Nations Report on the Rights of Indigenous Peoples, the health of the Aboriginal population in Canada “is a matter of significant concern”. Despite some recent improvement in overall health indicators, the report outlines the continuing significant disparities in health outcomes between Aboriginal and non-Aboriginal Canadians particularly in terms of life expectancy, infant mortality, suicide, injuries, communicable and chronic diseases.

Current evidence points to the disproportionately high rates of illness and injury, higher mortality rates, and lower life expectancy. Chronic diseases, such as diabetes and cardiovascular disease are all too common. Aboriginal people have a 1.5 times greater risk of developing heart disease. Type 2 diabetes is 3 to 5 times higher in First Nations populations. Life expectancy is 8.1 years lower for males and 5.5 years lower for females as compared to the general Canadian population. Aboriginal people of Canada also suffer from a disproportionate burden of infectious diseases, whereby tuberculosis rates are 8 to 10 times higher than the general population, and sexually transmitted infections and HIV/AIDS are considered public health epidemics. These excessively high rates of illness are associated in large part to social and economic inequities, particularly, poverty, unemployment, social marginalization, and poor living conditions. Historical trauma has also played a substantial role in the resulting physical, mental, emotional, and spiritual health concerns of the Aboriginal population. Suicide rates are three times higher, and six to eleven times higher when comparing
specifically the Inuit population to the general population.\textsuperscript{20} This suggests extreme social stress, disempowerment, and mental health and addictions challenges within the Aboriginal population in Canada.

In addition to more upstream socioeconomic disparities, studies from across the country indicate important barriers to access to conventional health services for Aboriginal people. In fact, Aboriginal populations have been found to be one-third less likely than the non-Aboriginal population to receive appropriate health care services in Canada.\textsuperscript{13, 21}

There are unique needs to consider for Aboriginal populations when planning and delivering health care services. Highly structured programs, short consultation times, not taking into consideration the family and community structures when providing care for individuals, utilising a uniquely biomedical approach to providing care, and not recognising Aboriginal approaches to health and wellness are all methods that do not lead to successful participation and health outcomes in Aboriginal health care.\textsuperscript{22} It is of particular importance to note that simply understanding the dominant non-Aboriginal language does not mean that effective communication is happening with regards to culturally-specific Aboriginal understandings of health and illness treatment.\textsuperscript{22}

The situation in Montreal

An examination of the main Aboriginal services available in Montreal produced the following:

- Native Friendship Centre of Montreal: Friendship centre located in downtown Montreal offering cultural services to Aboriginal and non-Aboriginal Montrealers;
- Montreal Native Community Development Centre: located in the eastern part of Montreal offering cultural services to First Nations and non-Aboriginal Montrealers;
- First Nations Human Resources Development Commission of Quebec: promote, encourage, support and advance all human resources development initiatives directed by the First Nations;
- Aboriginal Student Resource Centre at Concordia: An on-campus resource for First Nations, Métis, and Inuit students studying at Concordia University;
- First Peoples’ House at McGill: Provide academic support and linkages to Aboriginal culture for First Nations, Métis, and Inuit students studying at McGill University;
- Ivirtivik Centre: Inuit centre providing adult vocational training;
- CPE (Centre de la petite enfance) Rising Sun Childcare Centre: A daycare for First Nations, Métis, and Inuit children also offering parenting workshops, which include health and wellness;
- Native Women’s Shelter of Montreal: Emergency shelter and supportive services for Aboriginal women and children;
- Projets Autochtones du Québec: Temporary shelter and referral services offered to homeless Aboriginal men and women;
- Médecins du Monde: A non-governmental organization offering mainly STI screening and treatment on a weekly basis at the Native Friendship Centre of Montreal.
In Montreal, mainstream primary care and prevention services are limited in meeting the needs of the urban Aboriginal population due to cultural, language, structural, and financial barriers (including non-insured health benefits), lack of knowledge about existing services, mistrust of doctors and nurses and other non-Aboriginal service providers, and the historical relationship of inequality. For the past few years, Médecins du Monde (MdM), a non-governmental organization, started to offer limited services, mainly with regard to prevention and control of STIs, in two Aboriginal venues in Montreal: the Native Friendship Centre of Montreal and the Native Women’s Shelter of Montreal (NWSM). MdM has recently withdrawn the monthly clinic at the NWSM due to inability to meet the significant burden of health needs of the clientele. Currently, the only clinical health service available at the NWSM is a monthly, 2-hour maximum visit by a nurse from the CLSC Métro. This service has the specific and limited mandate of prevention of STIs (including vaccination for hepatitis A and B) for the NWSM clientele who hold a valid RAMQ card only. Many of the NWSM clients do not have a valid RAMQ card and are not eligible for this care. Evidently, services offered by MdM and CLSC Métro, although helpful, are very limited, temporary solutions and cannot respond to the complex health needs of this historically vulnerable population.

**Best Practices, Successes, and Other Models of Care**

Community organizations and individuals working in the field of Aboriginal health are advocating for culturally safe, holistic health care services for the Aboriginal population in Canada, denoting services within an environment that is observant and respectful of the cultural beliefs and practices of the client.

Building links with the Aboriginal community when planning and delivering health services, primarily through using Aboriginal staff has resulted in an increase in community utilisation of health services. In addition, it has been shown numerous times that when comprehensive health-care services are delivered in one location, Aboriginal access to and utilisation of health services are increased.

The United Nations has noted the success, since changes were put into place, in terms of service delivery for Aboriginal populations in Manitoba. Since a memorandum of understanding was signed in 2000 between the province and the Manitoba Métis Federation, child and family services have been delivered using a community-based and culturally appropriate model, and this is now seen as having a positive impact on the population.

**Community Impact of Culturally Safe, Holistic Health Centres**

Over 12 cities across Canada have established community-based holistic health centres, which include Vancouver, Winnipeg, Hamilton, Kenora, London, Manitoulin Island, Mohawk Council of Akwesasne, North Shore Tribal Council, Ottawa, Rainy River, Sudbury, Thunder Bay, and Toronto. In 1995, the Ontario government mandated 10 Aboriginal Health Access Centres (AHACs) in the cities noted above. These were based on two successful community health centre models (CHCs) established previously,
Anishnawbe Health Toronto and Misiway Milopemahteswin in Timmins. These CHCs provided strong evidence to empower Aboriginal peoples and improve health and well-being of Aboriginal communities throughout Ontario. By 2000, all 10 AHACs were fully operational and provided clinical care services, chronic disease prevention and management, family-focused materials, child health care, addictions counselling, traditional healing, mental health care, and youth empowerment, amongst a multitude of other programs.

Anishnawbe Health Toronto believes strongly in the circle of care, providing a multidisciplinary approach of Traditional Healers, cultural, and biomedical services in a patient-centred, holistic manner. In 2013, a client survey was performed with 191 respondents at Anishnawbe Health Toronto. 71% of respondents felt that services based on a cultural approach and tradition were very important. 54% stated that ceremony was beneficial to their health and well-being, noting that they provided a sense of belonging, faith, balance, and increased self-esteem. Many felt that culturally-safe care had a strong impact on their life by re-connecting them to their cultural roots and allowing them the opportunity for spiritual and emotional growth through healing. 91% of respondents felt it was important they receive care at Anishnawbe Health Toronto because of Native-specific themes, the presence of multiple services in one place, non-discrimination, and the ability to take part in ceremonies and traditional services.

The Wabano Centre for Aboriginal Health in Ottawa, Ontario also believes in a multidisciplinary approach to care offering traditional, cultural, and biomedical services, as well as outreach services to meet individuals where they are and surround them with the support they require. Wabano is currently performing a client satisfaction survey. A recently-completed 25,000 square-foot expansion and many health programs already at full-capacity, indicate the positive impact this centre has had on the community.
Needs Assessment

The Montreal Urban Aboriginal Health Needs Assessment was initiated to answer the following questions:

- What is the nature and the importance of health needs (spiritual, physical, emotional, mental) and health services/healing needs for the Montreal urban Aboriginal population?
- What determines the health needs of the Montreal urban Aboriginal population?
- What determines the response to expressed health needs by the Montreal urban Aboriginal population?
- How can these health needs be met in light of Montreal’s current context of services?

As in many large urban centres in Canada, Montreal attracts people from a variety of backgrounds and for a variety of reasons; Aboriginal peoples are no exception to this trend. Many Aboriginal people come to Montreal from their home communities, or smaller urban centres, in order to look for work, educational opportunities, health services, or many other services and opportunities that aren’t available in the communities from which they migrated. Others left their communities in order to get away from a living situation that no longer satisfied their basic needs, whether that need was security, social inclusion, self-definition, or any other reasons deemed important enough to leave their families and friends. The reasons for arriving in Montreal are as diverse as the Aboriginal peoples who come to the city. Many leave their communities and stay in Montreal for the rest of their lives, others go back and forth from their communities and the city regularly, while some only make it to Montreal for events, such as conferences, and only spend a few days in the city every so often. Regardless, of the situation that brings Aboriginal people to Montreal, all of them have the right to access services that address their specific needs, whether they are culturally specific or mainstream services. This holds true for Aboriginal people that come from Montreal, whose ancestors may have been here long before the arrival of Europeans, and who have every right to culturally relevant services as every citizen of the city lives on their traditional territory.

Montreal urban Aboriginal people who were interviewed in this survey identified the importance of having a strong social network as the key to maintaining good health and well-being. Hence, connection to their communities and origins are important, but also a challenge. A health centre, such as the one planned for by the MUAHC, should therefore take into account this need to reconnect with one’s culture and people by providing family and social support as well as access to traditional foods and ceremonies. Mainstream services appear to meet the overall needs of the community, although cultural competency is limited, whereby a lack in traditional responses to concerns exists. Although services provided to the Montreal urban Aboriginal community presented many barriers, they nonetheless appeared to meet the overall needs of the population. Challenges remained, however, in the access to mainstream services, as well as in their cultural safety and integration of traditional healing. Hence, educational
campaigns on Aboriginal health issues and vision of well-being, history and culture appear to be needed. In addition, service providers seem to know little about how to promote health and support the strength and resilience inherent in Montreal Aboriginal people. Future training of mainstream service providers should also focus on this issue, especially in terms of the reinforcement of cultural connectedness, and Aboriginal identities.

In order to best respond to the health needs of Montreal's urban Aboriginal population, the MUAHC consulted Aboriginal service users and service providers who work with an Aboriginal clientele. The dissatisfaction with health services expressed by both users and providers was largely related to access to services. While certain complaints, such as access to a family physician, affect all residents of Montreal, others such as the lack of mental health and drug and/or rehabilitation services have resulted in many Aboriginal people being lost-to-follow-up. Part of this dissatisfaction is due to discrimination towards Aboriginal people, which has discouraged users from accessing mainstream services. Other service users have been refused access to services because of a lack of identification papers and have thereafter seen their health deteriorate without the support they may need to improve their situation. In order to respond to these difficulties, the Montreal Urban Aboriginal Health Centre will assist Aboriginal people in obtaining their required documentation while offering on site health services, which are sensitive to traditional teachings and to the specific needs of Aboriginal people.

Results of the Needs Assessment show some convergence in the concerns between the survey, narratives and focus groups with the Montreal urban Aboriginal community and with service providers. Many community members who were interviewed were not born in Montreal nor did they have plans to go back to their home communities. However, they maintained close ties to their communities and participated in their communities or in Aboriginal cultural events. Even if Montreal was perceived as a city offering opportunities, it also presented a series of challenges that may explain some of the health concerns identified by both service users and service providers.

Montreal is a culturally diverse city, which can make it difficult for an Aboriginal person to establish roots, or at least, find markers in order to ground him/herself. This is particularly important to retain as a health determinant since traditional healing and finding a "home" were identified as key elements in maintaining one's health and well-being. Even if equilibrium in all aspects of life was rated high by the surveyed Aboriginal community, their general health was however rated low. For those who did manage to find traditional services, they appeared to be dissatisfied with these services. In the narratives with community members and in the focus group with service providers, it was expressed that some people preferred to go back to their home communities for traditional healing services, but this brings forward the difficulty of finding transportation to leave Montreal. Most importantly, community members and service providers (qualitatively and quantitatively) identified mental health needs as one of the most important concerns for First Nations, Métis and Inuit people. One may question if the additional concerns for tobacco, drug and alcohol consumption, the urban stresses, or
more deeply rooted historical injuries, may contribute to the perpetuation of such mental health problems. The importance given to sleeping difficulties, and to a certain degree, bodily aches and pains, further supports this hypothesis.

Half of the service users interviewed, as well as service providers, were not satisfied with how services in Montreal are administered, and felt that Aboriginal people were not involved in the management of health services, nor as partners in their relationship with healthcare providers. Difficulty in accessing services and experiences of discrimination in mainstream services were raised, especially finding appropriate responses to mental health, and drug and/or alcohol rehabilitation needs. However, when people did manage to access services for their most important concerns, they appear to be satisfied, even though a lack of cultural sensitivity was highlighted.

While satisfaction levels are high during service use, most Aboriginals had experienced at least one barrier prior to accessing services, especially in the case of women and 25-44 year olds who had difficulty finding doctors and nurses, as well as in men who preferred not to seek services possibly because they feared discrimination. Alternately, the Inuit respondents had encountered difficulties due to a lack of identification papers. Knowing about or accessing traditional healing services was also a concern, especially during pregnancy, delivery or for young children. Although long waiting lists are a common problem in mainstream services in Montreal, other barriers are of importance such as services being disconnected from traditional Aboriginal healing. Aboriginal service users who were surveyed further identified experiences of poor treatment based on their Aboriginal origins. Social class and language discrimination were not far behind as reasons for poor treatment. This situation supports what service providers expressed: a general lack of knowledge and preconceived ideas and discrimination exist in mainstream services. As explained in the focus group, this situation has a negative impact on levels of trust some Aboriginal people may have towards mainstream services. It further undermines the already fragile patient-doctor relationship, and hinders adherence to treatment. Finally, it may limit further and future healthcare consultations by Aboriginal people.

In this context of diverse cultural, social and historical backgrounds, the MUAHC strives to develop a global perspective of the needs of Montreal’s urban Aboriginal population. Having consulted Aboriginal people from many backgrounds, the MUAHC has concluded that one of the most widely sought after needs is that of culturally safe services that offer traditional healing practices, traditional medicines and cultural activities. Those who expressed an interest in these services during the illness narratives segment of the research spoke of the need to reconnect with their culture, to create roots, and to gain cultural-esteem. Having access to traditional healing services would allow certain Aboriginal people in Montreal to improve their spiritual health, in addition to their mental and emotional health, through sharing and community building. In addition to culturally safe mainstream health services, which will answer many of their physical health needs (e.g. primary and infectious disease care, chronic disease management, and health promotion and prevention), these are the fundamental pillars
on which the MUAHC plans to develop the future Montreal Urban Aboriginal Health Centre.

The next step for the MUAHC is to use the conclusions from the Montreal Urban Aboriginal Health Needs Assessment 2011-2012 to support its recommendations and design policy briefs to make the holistic health centre a reality for the Montreal urban Aboriginal community. In the design of the future Montreal Urban Aboriginal Health Centre, the MUAHC will need to take into account gender, age and Aboriginal groups’ differences, in particular women’s health, where the most concerns were identified (e.g. midwifery and access to traditional foods). If women and children are the future of this community, efforts to reconnect with the community and culture should start from the womb. The involvement of the Montreal urban Aboriginal community, in all its diversity, is a key to the health centre’s success; they will contribute to bridging traditional and mainstream services.
Vision and Mission

The vision of the Montreal Urban Aboriginal Health Centre is to ensure the provision of culturally-appropriate and effective health services to Aboriginal people through a holistic approach offered in a culturally safe environment. Services will include:

- Primary care and social services
- Mental health services
- Infectious disease services
- Chronic disease services
- Addictions services
- Traditional health services
- Children, youth and family services
- Homelessness and housing services
- Cultural safety services

The mission of the Montreal Urban Aboriginal Health Centre is to improve the health outcomes, quality of life and social determinants of health of Aboriginal people in Montreal through a culturally competent, holistic health service delivery model that is accessible to all Aboriginal people, within the urban setting of Montreal and surrounding areas where emphasis is placed on quality and continuity of care.

Priorities and Objectives of the Health Centre

Priorities

In the interim, until the health centre is created, the main priority for improving the health of the Aboriginal population of Montreal is to improve the way services in Montreal are administered by involving the community in the management of health services as partners in their relationship with healthcare providers. The Montreal Urban Aboriginal Health Needs Assessment found that Aboriginal people who sought health services felt services provided were not appropriate (average score of between 3 to 4 on a scale of 0/not at all appropriate to 10/entirely appropriate) and almost half (48.2%) felt that services they sought were not at all appropriate (0 on a scale from 0-10).³

Due to high rates of dissatisfaction with access to services and reports of discrimination in mainstream services (especially finding appropriate responses to mental health and drug and/or alcohol rehabilitation needs), Aboriginal people need to be involved in all levels of planning and development of a health centre. Reports of widespread insensitivity to Aboriginal cultures in the current health care system highlights the need for more interventions at this level and also supports the creation of the proposed health centre. The Montreal Urban Aboriginal Health Needs Assessment reports that 30% of respondents felt they had been treated badly by a healthcare professional. The most common reason identified was that the individual was First Nations, Métis or Inuit (52%). Other important reasons included spoken language (32%), physical appearance (24%), and social class (16%).³
Traditional healing services appear to be lacking and are generally under-funded. To improve the quality of health care in Montreal, the health centre must offer a balance of traditional and mainstream services that address health holistically.

**Objectives**

Objectives of this health centre are to:
- Provide a culturally safe environment for Aboriginal people to seek care
- Provide access to primary health care and traditional healing services
- Increase usage of primary health care and preventive services by urban Aboriginal people
- Collaborate with regional and provincial public health authorities for efficient infectious disease case, contact and outbreak management
Figure 1: Planned development and evaluation timeline for Phase I and Phase II
Phase I: Implementation of basic health services and Evaluation

An interim temporary solution to meet the urgent primary health care and public health needs of urban Aboriginal people in Montreal.

The first phase of the development of a health centre is the implementation of basic health services for the Aboriginal population. Currently, no comprehensive primary health care services exist that directly target the Aboriginal population in Montreal. As noted above, this population is reluctant to seek care in clinics and hospitals due to the many barriers they face. Clinical services will be established that emphasize primary care, and the prevention and treatment of infectious diseases and chronic diseases will be offered when possible in a central location and/or through referrals to other service providers when necessary (see page 46 for a list of other health and social service providers that will be part of the service corridor for this clinic).

Proposed Phase 1 services:

A clinic space located in the south-west area of the city where the urban Aboriginal population is most concentrated (see Annex 2a and 2b) in order to increase its accessibility.

The functioning of this clinic, as described below, is similar to the Groupe de médecine de famille (GMF) and Services courants models of care operating in the province of Quebec and will have the following characteristics:

• The clinic will offer culturally safe primary care services including primary management of mental health and infectious and chronic diseases. Referrals to specialists, including addictions services, will be offered when necessary;
• The clinic will initially offer appointments and walk-in services during weekdays. After hours and weekend/holiday service needs will be directed to other identified appropriate service providers within the local health network;
• All clients will begin their service with a nurse and, with client consent, will be triaged to the appropriate service, be it social, nursing, or physician. An outreach worker will facilitate access to appropriate, existing traditional health services such as Elders, Traditional Healers and ceremonies;
• The clinic will employ full time nursing staff and a rotation of volunteer consulting physicians 1 to 3 days per week. A local network of physicians, many who regularly work in Northern Aboriginal communities, have been identified who would be willing to volunteer their services for this interim measure;
• The clinic services will be available to all Aboriginal people, including those without a RAMQ card. Currently, the most vulnerable subset of the population cannot seek care due to the lack of a health card. An outreach worker will facilitate obtaining RAMQ cards for these individuals. As the physicians will be working on a volunteer basis, their salary can be used in-part, along with government and private funding, to fund services to patients without a RAMQ card, and subsequent tests or prescriptions;
• Staff at the clinic will be motivated and preferably experienced in working with Aboriginal people. The interim clinic will also provide access to interpreters and culturally safe social and liaison services.

Evaluation
There will be continual monitoring and evaluation throughout the implementation of interim health services;
• Utilization rates of clinic services will be measured as a proportion of the urban Aboriginal population of Montreal;
• Clientele questionnaires will be used to assess frequency of service use, satisfaction with health services offered, health needs addressed, and cultural appropriateness of services.

Phase II: Implementation of a holistic health centre
The development of a holistic health centre providing culturally safe and appropriate health and social services meeting the current and ongoing needs of the urban Aboriginal population. Please see the Strategic Plan on page 12 for a comprehensive explanation of Phase II.

The objectives of the Montreal Urban Aboriginal Health Centre will be to:
• Provide a culturally safe environment for Aboriginal people to seek care;
• Facilitate access to primary health care and traditional healing services;
• Increase utilization of primary health care and preventive services by Aboriginal people;
• Collaborate with regional and Provincial public health authorities for efficient infectious disease case, contact and outbreak management.

Phase 2 will be carried out from August 2014 to July 2017 and will consist of the following activities:
• Consultations with the City of Montreal and the CSSS de la Montagne (and other regional stakeholders) to determine an appropriate location for the holistic health centre;
• Assign a manager to oversee the full implementation of the holistic health centre;
• Transfer existing services from interim clinic to the holistic health centre;
• Official opening of the Montreal Urban Aboriginal Health Centre;
• Operational health centre providing culturally safe walk-in and appointment services;
• Collaboration with independent monitoring and evaluation bodies (e.g. an Aboriginal advisory committee, academic institutions) to ensure quality and culturally responsive services.

In order to meet these needs, the health centre will offer the following services and facilitate referral when appropriate:
• Primary health care and social services;
• Primary mental health care;
• Primary infectious disease care, including close collaboration with regional and Provincial public health authorities in case, contact and outbreak management;
• Primary chronic disease care;
• Primary addictions care and treatment;
• Traditional healing services;
• Child, youth and family services;
• Homelessness and housing services;
• Cultural safety services
• Referrals to appropriate specialized medical and traditional care when needed
• Collaborative services with regional (and extra-regional) public health departments in outbreak case and contact management
• Collaborative services and bi-directional referrals with other regional and extra-regional Aboriginal entities
Operational and Theoretical Logic Model of the Montreal Urban Aboriginal Health Centre

Development of a holistic health centre providing culturally safe and appropriate care for urban Aboriginals in Montreal

Primary and Social  |  Children, Youth, Family  |  Infectious Diseases  |  Chronic Diseases
Cultural Safety  |  Mental Health  |  Homeless and Housing
Traditional  |  Addictions

Production objectives

Increase in culturally competent health professionals
Increased access to health services for Aboriginals
Increased usage of health services by Aboriginals
Increased usage of traditional healing services

Intervention Hypothesis

Improvement of health outcomes
Culturally safe care

Causal Hypothesis

Improved quality of life and social determinants of health

3

Figure 2: Operational and theoretical logic model of the Montreal Urban Aboriginal Health Centre

Principles of the Service Model
The MUAHC envisions a service model merging the integrated approach to care of Wagner’s Chronic Care Model and Aboriginal Traditional Healing of the medicine wheel. The Chronic Care model integrates community involvement into care management to develop a health-literate, proactive community working with proactive health professionals. The medicine wheel is based on the ideology of health being physical,
mental, spiritual, and emotional. By combining these two approaches to care, we have a model that is holistic, culturally safe, and integrated into the community, thus easily accessible.

The following are the principles of this service model:

• The Montreal Urban Aboriginal Health Centre will ensure the delivery of health and social services to the urban Aboriginal population of Montreal and to Aboriginal people in transit in Montreal;
• The Montreal Urban Aboriginal Health Centre will be an important partner in providing services to youth but recognizes the importance of partnerships in the protection of youth;
• Services offered through the Montreal Urban Aboriginal Health Centre will contribute to the well-being and improvement of the quality of life of the Aboriginal population of Montreal while striving to become the main health service organization for this specific population;
• While recognizing the importance of other community organizations in the delivery of services to Aboriginal people in Montreal, the Montreal Urban Aboriginal Health Centre will make every effort to work in collaboration with these organizations to avoid the duplication of services;
• The Montreal Urban Aboriginal Health Centre will strive to develop an organization offering culturally safe care and services, and one that pools the collective expertise of all its partners;
• Health and social services provided to the Aboriginal population of Montreal by the Montreal Urban Aboriginal Health Centre must take into account all health and social issues and priorities specific to this population;
• Complementarity of services involves referrals to needed services, continuity and coordination of services;
• The Montreal Urban Aboriginal Health Centre will commit to overseeing the coordination, development and adaptation of required services. The organizational model must therefore be adapted to the ever-changing health and social service needs of the Aboriginal population of Montreal.
• The Montreal Urban Aboriginal Health Centre will commit to developing and implementing an action plan that takes into consideration the resources and expertise of its partners; identifying additional resources required to achieve short and long-term objectives; and identifying the financial requirements to ensure the sustainability of services.

**Services Offered**

**Primary Care and Social Services**
The Montreal Urban Aboriginal Health Centre will offer primary health care and social services through a multidisciplinary team in order to meet the ongoing and urgent care needs of the Aboriginal population, regardless of culture or registered status. As well as having been shown to improve some health outcomes in Aboriginal populations, offering these services in one dedicated location will promote continuity of care in a culturally safe environment. Wabano Centre for Aboriginal Health and Anishnawbe Health Toronto provide strong examples of health and social services under one roof, meeting the needs of the urban Aboriginal populations in Ottawa and Toronto respectively.

**Key objectives to meet the primary care and social services needs of Aboriginal people:**

- Improve accessibility for the Aboriginal population to culturally relevant psychosocial services, general health care and primary care interventions
- Improve access for Aboriginal people to general practitioners and implement interventions for people to consult before their health deteriorates
- Offer adequate services which are sensitive to the specific needs of Montreal urban Aboriginal people; culturally relevant training will allow for a better understanding of the various historical, legal, political, cultural, economic and social challenges and realities experienced by the Aboriginal population
- Develop projects geared towards the prevention of psychosocial difficulties and the empowerment of service users
- Ensure that quality health and social services are offered to the Aboriginal community of Montreal
- Improve continuity of care in physical health services
- Establish collaborations that promote the continuity of services between the Montreal Urban Aboriginal Health Centre and other community organizations
- Promote awareness of Aboriginal health issues to health and social service providers, and the general population

**To achieve these objectives, we propose the following:**

- Provide access to family doctors to ensure quality and continuity of care
- Develop a specific action plan to enable Aboriginal people to have access to the care of a physician and/or nurse, to prevent health deterioration due to lack of access to these services
- Create a multidisciplinary team composed of a nurse and a human relations agent to offer frontline services to the Aboriginal population of Montreal. The services will focus primarily on frontline nursing care and frontline psychosocial interventions.
- Facilitate access to traditional Aboriginal medicines for the urban Aboriginal community of Montreal
- Develop a health profile of the Aboriginal population of Montreal and update periodically
• Provide liaison services to maximize access for Aboriginal people to frontline services, hospital care, mental health services, housing/shelter services to persons with loss of autonomy associated with aging
• Offer referral services and assist/accompany individuals who require important medical follow-up
• Hire a Liaison Officer who will be responsible for ensuring continuity of services between the Montreal Urban Aboriginal Health Centre and other local community organizations (Aboriginal and non-Aboriginal) to facilitate access to Aboriginal services and to facilitate the resolution of problematic situations. She/he will establish liaison mechanisms between Aboriginal and non-Aboriginal service providers to facilitate access to Aboriginal services; ensure the continuity of services amongst Aboriginal and non-Aboriginal organizations; facilitate the resolution of operational issues; and inform the community of new services
• Lobby with Ministère de la Santé et des Services Sociaux and Agence de la santé et des services sociaux de Montréal for access to services
• Ensure that all employees of the Montreal Urban Aboriginal Health Centre are knowledgeable of Aboriginal issues
• Provide cultural safety and cultural competency training in the community to non-Aboriginal organizations to strengthen partnerships between stakeholders and to enhance the professional practice of stakeholders when working with an Aboriginal clientele

**Infectious Disease Services**

The Montreal Urban Aboriginal Health Centre will offer programs and services developed to reduce the incidence and transmission of vaccine-preventable diseases,
Tuberculosis, influenza, and sexually transmitted and blood-borne infections (STBBIs) such as HIV and Hepatitis. This will be done in part through the implementation of community programs and activities that promote healthy lifestyles and disease prevention through education and awareness around risk factors and risk reduction.

According to the Montreal Urban Aboriginal Health Needs Assessment, 75% of service users had been sexually active in the past year; 36.5% of these respondents were concerned about pregnancy and/or sexually transmitted infections (STIs). Montreal’s Aboriginal population is a vulnerable population for the transmission of HIV, Hepatitis C, and STIs due to high rates of injection drug use and risky sexual behaviors. On a provincial level, there are 12 to 16 times more cases of syphilis and chlamydia in the Aboriginal population as compared to the general population.

**Key objectives to meet the health needs of Aboriginal people with infectious diseases**

- Ensure continuity of care in physical health services
- Improve access for Aboriginal people to immunization services and screening for infectious diseases
- Improve access to diagnosis, care, treatment and support
- Increase awareness and knowledge around prevention of infectious diseases while taking into consideration the unique realities of the Aboriginal population

**To achieve these objectives, we propose the following:**

- Provide access to family doctors to ensure quality and continuity of care
- Develop a specific action plan to enable Aboriginal people to have access to immunization services and access to the care of a physician and/or nurse, to prevent health deterioration due to lack of access to these services
- Ensure that quality health and social services are offered to the Aboriginal community of Montreal including traditional and cultural services
- Provide liaison services to maximize access for Aboriginal people to frontline services, hospital care, mental health services, housing/shelter services
- Offer referral services and assist/accompany individuals who require important medical follow-up
- Facilitate community programs and activities that promote public education and awareness to encourage healthy choices and prevent the spread of infectious diseases
- Offer educational workshops and training around issues related to the prevention of infectious diseases

**Mental Health Services**

Mental health issues are highly prevalent in society, where it is estimated that one in five Canadians experience a mental health problem in a given year. This mainly affects youth between the ages of 15 to 24 and individuals from the lowest income group. In the
Aboriginal population, mental health issues are more prominent than in the general population. Suicides are over five times greater for First Nations males compared to non-Aboriginal males, and 7 times greater for First Nations females compared to non-Aboriginal females.35.

Many factors are associated with the onset of mental health problems. These include socioeconomic factors, such as employment opportunities and housing, education, social factors, such as family relationships, and biological factors, such as chronic illness or substance abuse. Mental health services for the general population are currently offered through mainstream health establishments: CLSCs, hospitals, and private clinics. It is evident that mental health problems are exacerbated in the Aboriginal population and services directly serving this population are a necessity.

**Key objectives to meet the mental health needs of Aboriginal people:**

- Improved prevention, screening and intervention methods for mental health issues
- Improved monitoring and follow-up in the community for people who suffer from mental health problems
- Improved intervention and referral services
- Improved integration of traditional healing into mainstream services
- Increased community connections and reconnection to culture

**To achieve these objectives, we propose the following:**

- Ensure timely mental health interventions at different moments of the clinical process, and recognize and use the expertise of other local community organizations. Ensure that necessary supports are available to community members during psychiatric hospitalizations.
- Ensure short and long-term follow-up in the community by a social worker. When needed, provide accompaniment to emergency room visits and/or medical appointments.
- Work in collaboration with existing partners to ensure transportation to and from Montreal for mental health services not readily available in Aboriginal communities
- Offer activities and services that allow Aboriginal people to connect with their communities of origin and take into account the need to reconnect with one’s culture and people by providing family and social support as well as access to Traditional Healers, Elders, ceremonies and traditional foods

**Chronic Disease Services**

“...In Canada, the prevalence of behavioral risk factors and chronic conditions varies between Aboriginal and non-Aboriginal populations, with Aboriginal people generally having less favorable outcomes”.36 According to this same study, it was found that
Aboriginal people are more likely to be obese and overweight than their non-Aboriginal counterparts and are more likely to be living with at least one chronic condition e.g. cardiovascular disease or diabetes.

The Montreal Urban Aboriginal Health Centre will provide medical, therapeutic, dietary, and lifestyle services and programs to assist Aboriginal people in the management of chronic diseases; this includes people living with HIV/AIDS, diabetes, FASD, asthma, heart conditions, and other chronic conditions. The chronic disease Health Care Team will be available to support and educate those living with and affected by chronic diseases and will include specialized services from nurses (nurse practitioners and foot care nurses), physicians, Traditional Healers, community educators and counselors.

Key objectives to meet the health needs of Aboriginal people with chronic diseases:

- Ensure continuity of care in physical health services
- Improve access for Aboriginal people to general practitioners and implement interventions for people to consult before their health deteriorates
- Improve access to services taking into consideration the realities of the Aboriginal population. Culturally safe training will allow for a better understanding of the various historical, legal, political, cultural, economic and social challenges and realities experienced by the Aboriginal population.
- Adapt frontline services and improve access to Aboriginal interventions and prevention services for diabetes, immunization, pre- and post-surgical nursing interventions, etc.
- Support the efforts of local Aboriginal organizations to offer psychosocial interventions, diabetes prevention services, promotion of healthy lifestyles, and other important health services

To achieve these objectives, we propose the following:

- Provide access to family doctors to ensure quality and continuity of care
- Develop a specific action plan to enable Aboriginal people to have access to the care of a physician and/or nurse, to prevent health deterioration due to lack of access to these services
- Ensure that quality health and social services are offered to the Aboriginal community of Montreal including traditional and cultural services
- Provide liaison services to maximize access for Aboriginal people to frontline services, hospital care, mental health services, housing/shelter services to persons with loss of autonomy associated with aging and chronic disease
- Offer referral services and assist/accompany individuals who require important medical follow-up
- Lobby with Ministère de la Santé et des Services Sociaux and Agence de la santé et des services sociaux de Montréal for access to services
- Provide community programs such as fitness and cooking classes to help in the prevention and management of chronic diseases such as diabetes
• Offer educational workshops and training around issues related to the prevention and management of chronic disease

Addictions Services

To understand the need for addictions services in the Aboriginal population, one must understand the historical trauma this population has faced. Over the last 500 years, no population in Canada has endured such prolonged and deliberate assault on their human rights. Thus, as a means of coping with situations, people turned to addictive
behaviours, which include alcohol, drugs, gambling and cigarettes. Currently, limited addictions services exist in Montreal, and even fewer are Aboriginal-specific. More services are required in order to counteract historical traumas and improve the quality of life of Aboriginal peoples.

**Key objectives to meet the needs of Aboriginal people living with addictions:**

- Improve psychosocial and traditional supports for people who have dependence problems
- Improve patient-doctor relationships to promote adherence to treatment
- Determine the needs of service users suffering from addictions and offer referrals to professional contemporary and traditional care
- Facilitate the ease of reference and continuity of services for people living with addictions
- Offer a healthy community environment which offers social cohesion, sharing and a sense of belonging

**To achieve these objectives, we propose the following:**

- Improve accessibility for the Aboriginal population to culturally relevant psychosocial services, general health care and primary care interventions
- Improve access for Aboriginal people to general practitioners and implement interventions for people to consult before their health deteriorates
- Develop and provide access to psychosocial and traditional supports for people living with addictions including post-treatment, follow-up supports and social integration
- Recognize the existing intake, assessment and orientation services (e.g. stakeholders trained to use standardized and validated screening tools) as possible resources for Aboriginal people addicted to alcohol, drugs, gambling, etc.
- Use the services of the Liaison Officer to ensure the continuity of services between the various existing local organizations. For example, if a person has received emergency care or was hospitalized as a result of addictions-related health issues, or if a person wished to be oriented to non-Aboriginal treatment centres.
- Support the efforts to ensure sustainability and development of local services that provide support for people addicted to alcohol, drugs, gambling, etc.

**Traditional Health Services**

According to the Montreal Urban Aboriginal Health Needs Assessment, “a higher percentage of Aboriginal respondents claimed that access to traditional healing practices was more important than access to the mainstream healthcare system (29% versus 22%). Yet close to half of the respondents (47%) still considered both services as important”. The Montreal Urban Aboriginal Health Centre will incorporate western
approaches to healing with cultural and traditional healing methods into the overall service delivery model through a Traditional Health Team consisting of Elders, Healers and Spiritual Leaders. The direct impacts of colonization including residential schools, forced assimilation, loss of culture, ceremony and language, and adoption and foster care placements have left a devastating impact on the health of Aboriginal communities. The Traditional Health Team will help to reinforce the importance of using culture in healing by offering a variety of cultural activities, support services and ceremonies drawing on teachings from the various Nations.

The Sweat Lodge is a traditional cultural healing practice that has been in existence and an active practice by Canada’s First Nations for thousands of years. Although this practice was suppressed in Canada for centuries by government and religious authorities, it has endured, and is today recognized as a valid and important cultural path to achieve healing and wellness. Sweat Lodge Ceremonies will be made available at the Montreal Urban Aboriginal Health Centre and also at the Montreal Botanical Gardens through a previously established agreement.

Other ceremonies will include Full Moon Ceremonies, Healing and Talking Circles, Drumming Circles, Story Telling and Traditional Teachings, and Traditional Dancing. In addition, there will be access to Elders and Traditional Healers for one-on-one healing needs. All traditional services will incorporate Aboriginal values, beliefs, traditions and cultures in the promotion of holistic healing.

**Key objectives to meet the traditional health needs of Aboriginal people:**

- Improve access to traditional healing services and ceremonies in the community and make these activities available on a regular basis
- Improve access to culturally safe psychosocial support for Aboriginal people whose security and development are compromised
- Improve access to culturally safe activities that support a traditional lifestyle for Aboriginal people who must live outside of their home communities
- Reinforce cultural and community connectedness and Aboriginal identities; promote cultural reconnection
- Improve liaison mechanisms between Aboriginal and non-Aboriginal service providers to facilitate access to Aboriginal services; improved continuity of services amongst Aboriginal and non-Aboriginal organizations
- Improve working relationships that allow stakeholders to work in collaboration with the health centre

**To achieve these objectives, we propose the following:**

- Provide regular access to Traditional Healers and Elders and to traditional Aboriginal medicines for the urban Aboriginal community of Montreal
- Work in partnership with the provincial and federal governments to have traditional healing practices recognized as legitimate healing practices
• Organize traditional ceremonies and activities both within the health centre and in partnership with other organizations
• Offer activities that allow Aboriginal people to connect with their communities of origin and take into account the need to reconnect with one’s culture and people by providing family and social support as well as access to traditional ceremonies, teachings and foods
• Promotion of traditional health and the strength and resilience inherent to Montreal Aboriginal people
• Educational campaigns on Aboriginal health issues and vision of wellbeing, history and culture
• Provide cultural safety and cultural competency training in the community to non-Aboriginal organizations to strengthen partnerships between stakeholders and to enhance the professional practice of stakeholders when working with an Aboriginal clientele
• Establish liaison mechanisms between Aboriginal and non-Aboriginal service providers to facilitate access to Aboriginal services; ensure the continuity of services amongst Aboriginal and non-Aboriginal organizations; facilitate the resolution of operational issues; and inform the community of new services

Children, Youth in Difficulty and Family Services

An estimated 10% of those utilizing Ongoing Service at Batshaw Youth and Family Centres are Aboriginal; whereas an estimated 30% of children placed in out-of-home care are Aboriginal. Over half of these families are Inuit, and most of the children end up in placement with little contact with their families or others from their culture. The parents of the children placed in care are at risk of permanently losing their children
unless they comply with court measures that often include orders to seek help for addictions and mental health difficulties (particularly because of recent changes to the law which give parents little time to heal from intergenerational traumas).98

It is important that services are developed for maternal and child health as well as social services. Links to organizations, such as Batshaw Youth and Family Centres are essential to fill the gaps in necessary services for children, youth in difficulty, and families.

Key objectives to meet the needs of children, youth in difficulty and families:

- Ensure a global, comprehensive and integrated approach that is culturally relevant to Aboriginal children, youth and their families; an approach that takes into consideration all aspects of life and that integrates all services provided
- Ensure that urban Aboriginal youth as well as those who must live outside of their home communities have access to culturally appropriate activities that support a traditional lifestyle
- Ensure that parents of youth in difficulty have the support they need to assist their children
- Ensure that Aboriginal youth whose security and development are compromised have access to culturally appropriate psychosocial support
- Increased educational activities focusing on healthy lifestyles, child development, parenting skills development, and the prevention of school drop-outs, while ensuring appropriate psychosocial interventions that address the specific needs of families

To achieve these objectives, we propose the following:

- Provide a continuum of culturally appropriate, frontline interventions from birth to the age of majority that address the various dimensions of life and that are delivered through a comprehensive approach. These services will be provided to children, youth and their families by a Human Relations Officer, and a Nurse who will offer perinatal care. The program will be coordinated under the 0-2 years Program and will integrate cultural services with healthy lifestyles, child development and parenting skills development. Frontline services will include screening for children at risk of instability and discontinuity at the family level.
- Work in collaboration with Batshaw Youth and Family Centres on interventions with youth, parents and extended family throughout the different stages of child protection. Develop support groups for parents and families involved in the youth protection system, to clarify the role of Batshaw and to make every effort to promote the return of the child to his/her family.
- Collaboration and joint action to implement a comprehensive and integrated approach to working with Aboriginal children, youth in difficulty and their families
- Develop and implement an intensive support program for parents, taking into consideration the reality of Aboriginal families, and offer parent-adolescent support groups
• Provide emergency services such as psychosocial interventions and accompaniments for youth under the Youth Protection Act and involved in the criminal court system
• Assist in the recruitment of Aboriginal families to foster Aboriginal children in care
• Develop and support ideas for foster parents to integrate traditional Aboriginal practices into the daily lives of their children to promote their Aboriginal culture
• Support local efforts to ensure the sustainability and development of prevention, health promotion and psychosocial intervention services for youth, especially those offered through local schools and community organizations
• Establish working relationships that allow stakeholders to work within and collaborate with Aboriginal intake, evaluation and orientation services
• Use the services of the Liaison Officer to ensure appropriate referrals for youth to second-line services when needed (e.g. physical disabilities, intellectual deficiencies, etc.) and to more specialized services (e.g. speech therapy, occupational therapy, etc.). This process is expected to use and adapt existing interventions to avoid duplication of services in the community.
• Provide families with psychosocial supports after closure of their youth protection file
• Provide family mediation services
• Provide services to youth and families regardless of whether their case was retained by the youth protection system
• Offer assistance and expertise to families in search of their biological history

Homelessness and Housing Services

According to Statistics Canada (2011), Aboriginal people make up 20% of the homeless population in Montreal, though they comprise only 1.6% of the city's total population. The number of homeless Aboriginal people in Montreal in 2006 was 633, though this is thought to be a major underestimate. Though we do not have contemporary data regarding the percentage of Montreal’s Aboriginal homeless population that is female, previous studies have stated that women comprise 33% of the general homeless
Attention to the particular challenges facing Inuit women is warranted: Inuit in Montreal make up a large percentage of Montreal's urban Aboriginal homeless population. The Inuit comprise 45% of the Aboriginal homeless population, though they comprise only 3% of the urban Aboriginal population in Montreal.

Key objectives to meet the needs of homeless Aboriginal people:

- Improve psychosocial supports, both contemporary and traditional, for homeless people and those at risk of becoming homeless
- Increase access to housing advocacy services
- Improve intervention and referral services
- Improve outreach services
- Ease of reference and continuity of service
- Offer a healthy community environment which offers social cohesion, sharing and a sense of belonging

To achieve these objectives, we propose the following:

- Create a housing advocacy position through the health centre to help individuals assert tenant rights in regards to unsanitary housing conditions, such as mold and bedbugs, through the appropriate channels
- Use the services of a Liaison Officer to ensure the continuity of services between the various existing local organizations and to ensure adequate outreach services are available
- Work with Aboriginal people to prevent eviction
- Provide relocation services (advocate for housing)
- Facilitate access to Elders, traditional Aboriginal medicines and ceremonies, for the urban Aboriginal community of Montreal

Cultural Safety Services

Cultural competence, also named cultural safety, has been recognized as a necessary component of all approaches to services offered to the Aboriginal population. The actions, behaviours, attitudes and policies of a healthcare system need to strive to be consistent with the values and visions of the population or community it serves. Cultural competence, or safety, constitutes an ongoing effort and necessitates a systemic approach across all aspects of the organization, from the physical plan to the human resources team implicated with the Montreal Urban Aboriginal Health Centre.
Key objectives to meet the cultural safety needs of Aboriginal people:

• Consider power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to health care in the development of services
• Improve access to cultural safety training for nurses and doctors to create awareness and ensure respect of nationality, culture, age, sex, political and religious beliefs of Aboriginal people
• Produce a workforce of well-educated, self-aware registered nurses who use culturally safe practices, as defined by the people they serve

To achieve these objectives, we propose the following:

• Develop and implement cultural safety and cultural competency training in mainstream hospitals and clinics to develop a better understanding of the various historical, legal, political, cultural, economic and social challenges and realities experienced by the Aboriginal population
• Develop and implement cultural safety and cultural competency training in the community to non-Aboriginal organizations to strengthen partnerships between stakeholders and to enhance the professional practice of stakeholders when working with an Aboriginal clientele
• Advocate for Aboriginal-specific medical programs offered through universities in Montreal

Partners

We will work with the following organizations to provide optimal services:

• The Agence de santé et des services sociaux de Montréal
• Direction de Santé Publique de Montréal
• Public Health Agency of Canada
• McGill University Health Centre
• Centre Hospitalier de l’Université de Montréal
• Cree Health Board
• Montreal Urban Aboriginal Community Strategy Network
• Regroupement des centres d’amitié autochtones du Québec
• Native Women’s Shelter of Montreal
• Clinique Opus
• Clinique l’Actuel
• Quartier Latin
• Régie régionale de la santé et des services sociaux Nunavik
• Health Canada
• Chez Doris
• Open Door
• Quebec Northern Module
• Native Friendship Centre of Montreal
• Médecins du Monde
• Batshaw Youth and Family Centres
• CPE Rising Sun Childcare Centre
• Aboriginal Affairs and Northern Development Canada
• Secrétariat aux affaires autochtones
• Wabano Centre for Aboriginal Health
• Anishnawbe Health Toronto
• Assembly of the First Nations of Quebec and Labrador
• Aboriginal Student Resource Centre of Concordia University
• First Peoples’ House of McGill University
• Montreal Native Community Development Centre
• Surrounding reserves

References


Annex 1: Description of the Population

Off-reserve Aboriginal people constitute the fastest growing population in Canada, with 56% of Aboriginals living off-reserve;\(^42\) Montreal has the largest urban Aboriginal population in Quebec.\(^43\) The following is according to the 2011 Canadian census:\(^2\)

- In 2011, there were 1,400,685 Aboriginal people in Canada, accounting for 4.3% of the total population; a total of 141,915 Aboriginal people lived in the province of Quebec representing about 1.8% of the provincial population and 26,280 Aboriginal people living in the Census Metropolitan Area (CMA) of Montreal in 2011, making up 1.6% of its total population. Between 2001 and 2011, the Aboriginal population in Montreal grew by 135% due to an increase in off-reserve migration to the city.
- 16,540 persons identified as First Nations or other Aboriginal people accounting for 63% of the CMA's Aboriginal population. Another 8,840 (34%) identified as Métis and 900 (3%) as Inuit.
• The Aboriginal population living in Montreal is slightly younger than the non-Aboriginal population, with the median age of the Aboriginal population in Montreal of 37 years, compared to 39 years for the non-Aboriginal population.

• One third (33%) of Aboriginal people in Canada were under the age of 25, compared to 30% of non-Aboriginal people. One in 10 (10%) Aboriginal people in Canada were 65 years and over, compared to 13% of the non-Aboriginal population. Almost one-fifth (19%) of Aboriginal people in Montreal were under the age of 15, compared to 17% of their non-Aboriginal counterparts.

• Aboriginal children aged 14 years and under represented less than 1% of Montreal's children. Almost a quarter (24%) of the Inuit population was 14 years of age and under, as were 18% of the First Nations population and 21% of Métis.

• Almost two-thirds of Aboriginal children aged 14 and under (61%) lived with both parents. Compared with their non-Aboriginal peers, Aboriginal children were more likely to live with a lone mother (31% versus 16%) or a lone father (6% versus 3%).

• Overall, Aboriginal youth aged 15 to 24 living in Montreal had lower school attendance rates than their non-Aboriginal counterparts (62% versus 71%). This was true for Aboriginal youth of both sexes although the difference between Aboriginal women (68%) and non-Aboriginal women (74%) was less than the difference between males in both populations (54% versus 68%).

• Over half of Aboriginal men (58%) and women (56%) aged 25 to 64 living in Montreal had completed postsecondary education, compared to 66% and 64% of their non-Aboriginal counterparts. Postsecondary education includes a trade certificate, a college diploma or a university certificate, diploma or degree. Aboriginal people were more likely to have completed their postsecondary schooling with a trades credential or with a college diploma whereas the non-Aboriginal population was more likely to have obtained a university certificate, diploma or degree.

• The unemployment rate for the Aboriginal core working age population (aged 25 to 54) was slightly higher than that of the non-Aboriginal population (7.5% compared to 6.1%). The unemployment rates for Métis women and Métis men are similar at 10.1% and 9.1% respectively. First Nations women had an unemployment rate of 5.5%, compared to 7.0% for First Nations men. Métis men had the highest unemployment rate for their gender at 9.1%, compared to their non-Aboriginal counterparts (6.2%).

• Unemployment rates were higher for Montreal's Aboriginal youth: 14.5% of First Nations youth aged 15 to 24 years were unemployed, as were 16.4% of Métis youth and 11.9% of non-Aboriginal youth.

• In 2000, the median earnings of full-time, full-year Aboriginal earners in Montreal were about $32,300. By 2005, this had increased to approximately $32,900. Aboriginal people who worked fulltime, full-year in 2005 continued to earn less than their non-Aboriginal counterparts; however, in Montreal this gap is closing, although very slightly. In 2000, Aboriginal people in Montreal working full-time, full-year earned 82% of what their non-Aboriginal counterparts were earning. By 2005, this percentage had increased to 83%.

• In Montreal, in 2006, 51% of the Aboriginal population had lived at the same address five years ago, compared to 59% of the non-Aboriginal population. From 2001 to 2006, more than a quarter (27%) of Aboriginal people had moved at least once
within Montreal, and the rest (22%) had moved to Montreal from another community. A community may refer to another municipality, or a reserve, or a rural area.

• In Montreal, about one in seven (14%) Aboriginal people lived in homes requiring major repairs in 2006, compared to 15% in 2001. In comparison, the share of Montreal's non-Aboriginal population living in dwellings in need of major repairs was 8% in 2006 and in 2001.

• The share of Aboriginal people living in crowded homes was 3% in 2006 and 2% in 2001. The comparable rates for the non-Aboriginal population were 3% in 2006 and in 2001.
Annex 2a: Geographical distribution of the Aboriginal population of Montreal by borough

Population in private households, Island of Montreal and its boroughs, by Aboriginal identity in 2011

<table>
<thead>
<tr>
<th>Borough</th>
<th>Total population in private households in 2011</th>
<th>Aboriginal population in private households in 2011</th>
<th>% of the population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Île de Montréal (20.7%)</td>
<td>1,844,500</td>
<td>10,505</td>
<td>0.6</td>
</tr>
<tr>
<td>Ville de Montréal (20.9%)</td>
<td>1,612,640</td>
<td>9,505</td>
<td>0.6</td>
</tr>
<tr>
<td>Rosemont–La Petite-Patrie (19.2%)</td>
<td>130,690</td>
<td>995</td>
<td>0.8</td>
</tr>
<tr>
<td>Le Sud-Ouest (22.6%)</td>
<td>70,350</td>
<td>870</td>
<td>1.2</td>
</tr>
<tr>
<td>Mercier–Hochelaga-Maisonneuve (20.2%)</td>
<td>127,555</td>
<td>850</td>
<td>0.7</td>
</tr>
<tr>
<td>Le Plateau-Mont-Royal (23.8%)</td>
<td>98,140</td>
<td>750</td>
<td>0.8</td>
</tr>
<tr>
<td>Verdun (22.6%)</td>
<td>64,720</td>
<td>720</td>
<td>1.1</td>
</tr>
<tr>
<td>Rivière-des-Prairies–Pointe-aux-Trembles (16.9%)</td>
<td>103,990</td>
<td>665</td>
<td>0.6</td>
</tr>
<tr>
<td>Côte-des-Neiges–Notre-Dame-de-Grâce (23.3%)</td>
<td>162,095</td>
<td>660</td>
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</tr>
<tr>
<td>Villeray–Saint-Michel–Parc-Extension (21.4%)</td>
<td>141,050</td>
<td>660</td>
<td>0.5</td>
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<tr>
<td>LaSalle (20.6%)</td>
<td>72,675</td>
<td>585</td>
<td>0.8</td>
</tr>
<tr>
<td>Ville-Marie (27.2%)</td>
<td>81,310</td>
<td>550</td>
<td>0.7</td>
</tr>
<tr>
<td>Ahuntsic-Cartierville (19.2%)</td>
<td>122,790</td>
<td>425</td>
<td>0.3</td>
</tr>
<tr>
<td>Lachine (21.5%)</td>
<td>39,930</td>
<td>425</td>
<td>1.1</td>
</tr>
<tr>
<td>Montréal-Nord (20.7%)</td>
<td>81,095</td>
<td>340</td>
<td>0.4</td>
</tr>
<tr>
<td>Pierrefonds-Roxboro (19.2%)</td>
<td>67,485</td>
<td>315</td>
<td>0.5</td>
</tr>
<tr>
<td>Anjou (15.9%)</td>
<td>41,415</td>
<td>215</td>
<td>0.5</td>
</tr>
<tr>
<td>Saint-Léonard (17.5%)</td>
<td>74,630</td>
<td>185</td>
<td>0.2</td>
</tr>
<tr>
<td>Saint-Laurent (19.0%)</td>
<td>92,120</td>
<td>135</td>
<td>0.1</td>
</tr>
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<td>Outremont (24.5%)</td>
<td>22,945</td>
<td>80</td>
<td>0.3</td>
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<td>L’Île-Bizard–Sainte-Geneviève (20.6%)</td>
<td>17,655</td>
<td>70</td>
<td>0.4</td>
</tr>
</tbody>
</table>
Annex 2b: Map of the Aboriginal population in Montreal

Figure 4: Map of the Aboriginal population in Montreal and its surroundings. Boroughs outlined in red represent the most populated regions of Montreal. Source: Statistics Canada, National Household Survey 2011

Annex 3: Timeline of activities of the Montreal Urban Aboriginal Health Committee
Regroupement des centres d’amitié autochtones du Québec (RCAAQ)

- January 2013: The Montreal Native Community Development Centre (MNCCD) opens its doors as the “new” Native Friendship Centre in Montreal.
- April 2013: The RCAAQ notified the MUHAHC that they would like to adapt their Minnowe Clinic Model to the Montreal urban Aboriginal population. This model has already been used to develop clinics in Val D’Or and La Tuque. The MUHAHC was approached by the RCAAQ for help in further developing this model.
- October 2013: A meeting was held between Health Canada employees, the RCAAQ, and the MUHAHC where it was noted that the RCAAQ had money to develop this project and was looking for an organization to pursue it.
- March 2014: A letter was written from the MUHAHC to the RCAAQ requesting to utilize the money available to develop a proposal for health services.
- March 2014: The Executive Director of the MNCCD, Mr. Philippe Melieau, organized a meeting with the MUHAHC to understand the needs of the urban Aboriginal population.
- April 2014: A meeting was held between the RCAAQ and the MUHAHC where it was learned that Philippe Melieau is responsible for RCAAQ funding in Montreal. The meeting discussed the letter submitted to develop health services for the urban Aboriginal population.

Results: The RCAAQ will be going forward with the Minnowe Clinic Model and have hired a project manager for the development of the proposal. This model is restrictive as it is only catering to specific subgroups of the population (youth, families, pregnant women, elderly) and services are only offered to the First Nations population, which is distinct from the Metis and Inuit populations.
Figure 5: Timeline of events of the Montreal Urban Aboriginal Health Committee

Annex 4: Key meetings and results of the Montreal Urban Aboriginal Health Committee

Figure 6: Key meetings and results of the Montreal Urban Aboriginal Health Committee