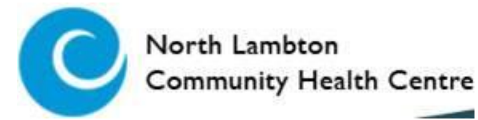

North Lambton Community Health Centre in Forest and Kettle & Stony Point, Ontario: A socio-historical profile*

Prepared by EQUIP Research staff on behalf of North Lambton Community Health Centre

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Kettles at Kettle Point (Chippewas of Kettle and Stony Point First Nation, 2014a)

Christine Garinger, RN, MHIS
Research Assistant and Trainee

Jen MacGregor, PhD
Post-Doctoral Fellow

Julie George, PhD
Co-Investigator

Joanne Hammerton, MSc
Ontario Site Manager

Marilyn Ford-Gilboe, RN, PhD, FAAN
Co-Principal Investigator

Nadine Wathen, PhD
Co-Principal Investigator

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Purpose of this document

This summary contributes to an understanding of key historical events as well as the current status of the North Lambton Community Health Centre (NLCHC) and the people it serves. The focus is on the clinic sites located in Forest and Kettle & Stony Point, Ontario, which are participating in the EQUIP Research program. This is a 'living' document and will continue to evolve as clinic data and new knowledge needs emerge.

A Brief History of Forest and Kettle & Stony Point to Current Times

Forest, Ontario

The original clinic and administrative site of the North Lambton Community Health Centre (NLCHC) is located in the town of Forest, Ontario. Geographically, Forest is in the southern part of Ontario, close to the south shore of Lake Huron, in between the cities of Sarnia and London.

Figure 1: Forest, Ontario (Franke, 2005)

Forest is located at the junction of Plympton, Warwick and Bosanquet townships. It is governed as part of the municipality of Lambton Shores. The towns of Bosanquet and Forest, and the villages of Thedford, Arkona and Grand Bend amalgamated to form the Lambton Shores municipality in 2001(Municipality of Lambton Shores, 2014).

Figure 2: Map of Lambton County (LambtonCounty.com, 2014)

The 2011 census populations of Lambton Shores and Forest were 10,656 and 2,876, respectively (Statistics Canada, 2012a, 2012c). In Ontario, towns and townships are part of counties. Forest is situated in Lambton County,[1] which had a 2011 population of 126,199 (Statistics Canada, 2012d).

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[1] Lambton County is a large corporation(County of Lambton, nd), termed an upper-tier municipality, whereby two or more lower-tier municipalities come together for municipal purposes (Warwick Township, 2014). The County provides public health (e.g., prenatal classes, immunization clinics), social services (e.g., Ontario Works) and housing, which are funded by the province (Warwick Township, 2014).

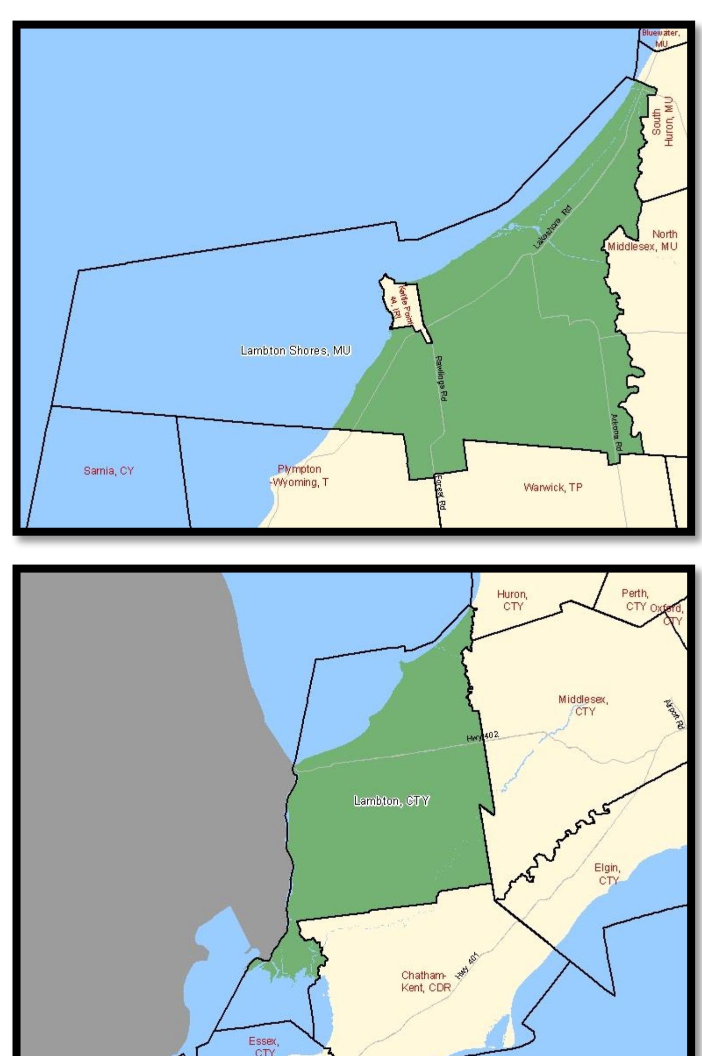

Figure 3: Maps of Lambton County and Lambton Shores municipality (Statistics Canada, 2011b)

Compared to Canada and the province overall, Forest has an older population. The median ages for Canada and Ontario are 40.6 and 40.4 years (Statistics Canada, 2012e), whereas for Forest, Lambton Shores and Lambton County, the median ages are 46.8, 52.4 and 44.9 years, respectively (Statistics Canada, 2012a, 2012d).

According to the 2006 census, Lambton Shores and Lambton County (data not available for Forest) have a much smaller percentage of visible minorities (1% and 2.7%, respectively) (Statistics Canada, 2006, 2010c), compared to the provincial (22.8%) and national averages (16.2%) at that time (Statistics Canada, 2010d). The immigrant populations in these areas are also much smaller (11.1% for Lambton Shores, 11.6% for Lambton County) (Statistics Canada, 2007a, 2007b), compared to the province (28.3%) and country (19.8%) overall (Statistics Canada, 2007c).

In Lambton County, 4.6% of the population identify as Aboriginal (County of Lambton Community Health Services Department & Healthy Living Lambton - Healthy Communities Partnership, 2011), compared to only 2.3% in Lambton Shores (Statistics Canada, 2010a). These percentages are comparable to Ontario (2%) and Canada (3.8%) (Statistics Canada, 2010b). In Lambton Shores, the 2.3% who identify as Aboriginal include 1.6% who identify as North American Indian and 0.7% who identify as Métis (Statistics Canada, 2010a).

Kettle Point and Stony Point

Kettle Point is located on the shore of Lake Huron, northeast of Sarnia and Southwest of London, at the Junction of Highways 21 and 7. Kettle Point is unceded land, which means that the government does not lay any claim to it (Chippewas of Kettle and Stony Point First Nation, 2014a). 'Kettle Point 44', the census unit, is a registered reserve[2] of ~1,000 hectares with an on-reserve population of 936 persons (Statistics Canada, 2012c, 2012d), and, according to the Band Council website (Chippewas of Kettle and Stony Point First Nation, 2014b), a further off-reserve population of ~900 people. According to the 2011 census, the median age of Kettle Point 44 is 32.1 years, far below those of Ontario (40.6) and Canada (40.4) (Statistics Canada, 2012a, 2012b). The Aboriginal peoples of this area are officially known as the Chippewas of Kettle and Stony[3] Point. Kettle Point is also known as Wiiwkwedong and Stony Point is known as Aazhoodena, both of the Anishinabek Nation (Aazhoodena and George Family Group, 2006).

[2] A registered reserve is "a tract of land set aside under the Indian Act and treaty agreements for the exclusive use of the Indian Band" (First Nations Studies Program at University of British Columbia, 2009).

[3] There are two spellings of Ston(e)y Point. 'Stony' (without an e) is used to reference the First Nation, as it was the name assigned to Kettle & Stony Point by the Crown at the time of the appropriation of the Stoney Point Reserve by the Federal Government. Many descendants of Stoney Point use the spelling with an e currently, as did the report for the Ipperwash Inquiry. However, the current Chippewas of Kettle and Stony Point website uses the spelling "Stony Point"; following this, this document uses 'Stony Point.'

Figure 4: Map of Kettle Point 44 Indian Reserve (Statistics Canada, 2011a)

Kettle Point is named for its unusual spherical rock formations that erode from the underlying shale beds along the shore of Lake Huron. These geological formations, known as 'kettles,' are unique and occur in only three places in the world; they are believed to be sacred because of their uniqueness (Chippewas of Kettle and Stony Point First Nation, 2014a).

Figure 5: Kettles at Kettle Point (Chippewas of Kettle and Stony Point First Nation, 2014a)

Key Historical Events – Forest and Lambton County

Aboriginal Peoples and Settlers

The history of the Aboriginal peoples of Canada and their relationships with early European settlers, the Crown and later the federal government is complex and significant, and so will only be summarized briefly here to provide context as it relates to health issues and inequities in North Lambton and Kettle and Stony Point.

Before settlers arrived from Europe in the 1500s, Aboriginal peoples lived in the region that would become southern Ontario (Government of Canada, 2012) for at least 10,000 years. This includes the Attiwandaron, the Iroquois and the Chippewa peoples (Aazhoodena and George Family Group, 2006; County of Lambton, nd). Many Aboriginal peoples used a clan or totemic system, similar to extended families, to organize, govern, and establish kinship bonds. Responsibilities such as fishing, hunting, and medicine were distributed throughout communities. Other roles included warriors and those conducting regulatory functions. Elders played an important role in the health of the community. In general, the introduction of trade with settlers in the US, Ontario, and Quebec brought about difficult change and conflict between settlers and Aboriginal groups and within and among Aboriginal nations. Agreements with settlers were negotiated in ways new for Aboriginal people but familiar to settlers. In the oral tradition, speeches were given and wampum shell belts (white shell beads), considered sacred by some First Nations groups, were used to signify treaty agreements while Europeans often made hasty oral promises – considered binding and acted on by Aboriginal people – but used written contracts to formalize agreements (National Museum of the American Indian, 2012).

In the 1600s, Southern Ontario was inhabited by the Iroquoian Huron, Neutral and Petun peoples who lived in semi-permanent villages and grew corn crops.[4] Also during this time, Ojibwa peoples called lands along the Sydenham and Thames Rivers in Southern Ontario home. The Ojibwa peoples subsisted through hunting, gathering and fishing (Ferris, Kenyon, Prevec, & Murphy, 1985; Musuem of Ontario Archaeology, nd).

By mid-century, these peoples were scattered to other regions due to warfare with the Iroquois nations and disease, leaving the area mostly uninhabited except for a small number of Five Nations Iroquois settlements along the north shore of Lake Ontario. In the late 1700s, Ojibwa peoples from central Northern Ontario moved to Southern Ontario. During this time, the Ojibwa lived in large groups until spring-summer when they broke into smaller groups to plant crops and benefit from the resources of the land (Ferris et al., 1985). In 1840, Oneida Iroquois peoples from

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[4] *Iroquois* was a term used by French settlers to describe Iroquois-speaking peoples of the nations Huron, Cherokee, Neutrals, Tuscarora, Wenro, Erie, and Susquehannock, and included political confederates Seneca, Cayuga, Onondaga, Oneida, and Mohawk, known as the Five Nations. These peoples are the Haudenosaunee (Haudenosaunee Confederacy, 2015; National Museum of the American Indian, 2012).

New York State relinquished their lands at the demand of the New York Governor in order to provide land for men returning from the American Revolutionary war. The Oneida peoples then purchased lands along the Thames River in Middlesex County and established the Oneida Settlement where they still reside today (Musuem of Ontario Archaeology, nd; Oneida Language and Cultural Centre, 2014).

Over the centuries, many treaties were signed between Aboriginal peoples and European settlers. Treaties made during the 18th century contributed to the evolution of Canada but remain contentious today with many land claims unsettled (Aboriginal Affairs and Northern Development Canada, 2011). As the European colonialists dominated the colonies of Upper and Lower Canada, they began to impose their way of life on Aboriginal peoples. Through the creation of an Indian Department, the dominant European culture made organized attempts to assimilate Aboriginal peoples to their religious beliefs, agricultural practices, and non-nomadic lifestyle (Aboriginal Affairs and Northern Development Canada, 2011).

During the mid to late 1800s, many settlers came to the Lambton County area because of the fertile soil, timber, and access to waterways. About 70% were farmers. Crops were mainly wheat, peas, pork, and cattle (County of Lambton, nd). Forest became a village within the region in 1872, and in 1888 it became a chartered town with a population of 2000 (Jamieson & Nielsen, 2000). Forest received its name because of the introduction of the Grand Trunk Railway Company (GTR) in 1852, and the subsequent clearing of dense timber in the area (Grand Bend & Area Chamber of Commerce, 2014).

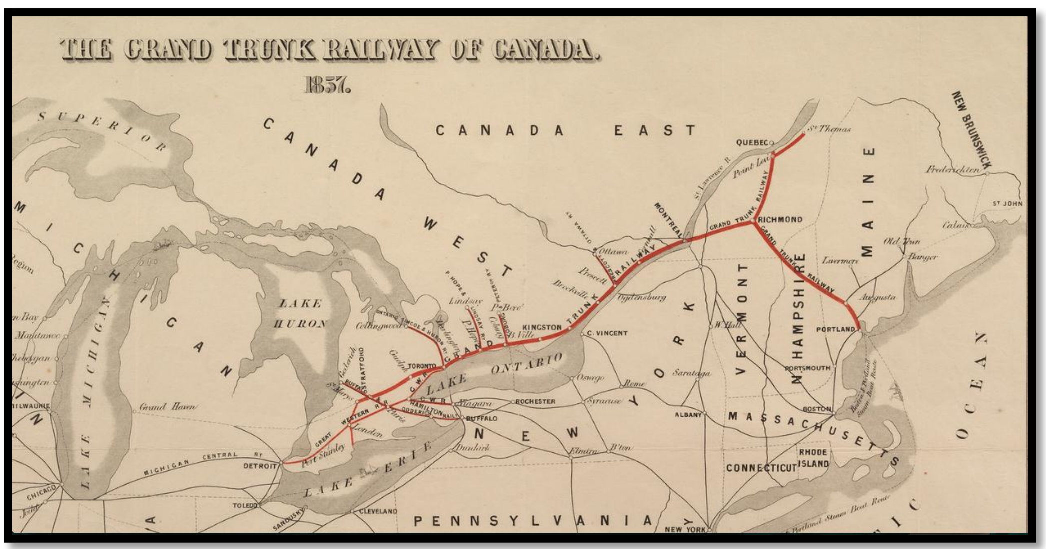

Figure 6: The Grand Trunk Railway in 1837 (Risks and Rewards, 2012)

The railway contributed to the growth and progress of society on a national scale; however, it also led to the development of communities along the tracks. The GTR connected villages and towns between Montreal and Toronto, and in other regions of Upper Canada and America.

People from Britain were attracted to the region because of employment in the railway (Marsh, 2006).

One of the earliest documented European settlers of the Forest community was a Scottish immigrant who supervised railway operations (Jamieson & Nielsen, 2000).Other local industries included a sawmill, a grain mill, and a post office (Building Stories, 2013). Due to restructuring, the branch line of the railway through Forest was closed in 1967; in 1972, the Forest railway station was torn down and the tracks removed (Jamieson & Nielsen, 2000).

Key Historical Events – Kettle Point and Stony Point

Residential Schools for Aboriginal Children

The first residential school opened in the early 1800s. Religious institutions and the Canadian government oversaw the policies that led to the incarceration of more than 150,000 Aboriginal children in such schools. In 1920, it was mandated by the federal government that all Aboriginal children live in an educational setting (Legacy of Hope Foundation, 2014). There were 139 schools across the country, in all provinces except New Brunswick, Newfoundland and Prince Edward Island (Aboriginal Affairs and Northern Development Canada, 2014). In Ontario, there were 17 residential schools, with three located in Southern Ontario. One of the first residential schools in Canada was the Mount Elgin Industrial School, located just west of the present day city of London. Children from Ontario and Quebec were placed in the school (Residential School Archive Project: The Children Remembered, nd). It opened in 1847, and closed in 1946. Like other residential schools, the Mount Elgin School was a place where children suffered neglect and physical, sexual, mental, cultural, and spiritual abuses by administrators and teachers. The impact of residential schools in Canada on First Nations, Inuit and Métis individuals, families, communities and culture is immense, immeasurable, and intergenerational. Aboriginal communities experienced “social, economic and political disintegration” (Aboriginal Healing Foundation, 2009, p. 25), the effects of which are still felt today (Aboriginal Healing Foundation, 2014).

Figure 7: Residential schools in southern Ontario (Truth and Reconciliation Commission of Canada, 2011)

To address the many health-related consequences of the residential school experience, Health Canada's Indian Residential Schools Resolution Health Support Program (IRSR-HSP) was first initiated in 2003 (mental health support) and 2004 (crisis line) as part of the National Resolution Framework. That framework was in place prior to implementation of the Indian Residential School Settlement Agreement (IRSSA) in 2007. The IRSR-HSP is designed to provide cultural and emotional support services, professional counseling, and transportation throughout all phases of the IRSSA to former students and their family members (Health Canada, 2013). However, the Assembly of First Nations annual report for 2012-2013 (Assembly of First Nations, 2013) stated that these programs are nearing the end of their mandate (October 31, 2013), and over 78,000 former students remain eligible for services, including the Common Experiences Payment (CEP). The impact of the CEP has been negative for some, with recipients feeling anxious, confused, depressed, emotionally triggered and re-traumatized (Aboriginal Healing Foundation, 2014).

The Aboriginal Healing Foundation (AHF) was created in 1998 as a not-for-profit organization run by Aboriginal peoples at arm's length from the government. The AHF was funded with a 10-year, $350M grant from the federal government's policy "Gathering Strength, Canada's Aboriginal Action Plan" to design, manage, and implement a healing strategy (Aboriginal Healing Foundation, 2014). The AHF mandate expired in 2008, and, as stated by the Assembly of First Nations (2013), "the closing of the AHF has had and continues to have a devastating impact on the health and well-being of former IRS students and their families." The Legacy of Hope Foundation (LHF) is a national charity established to continue the work of the AHF to educate and raise awareness and understanding of the intergenerational impacts of the residential schools (Legacy of Hope Foundation, 2014). A review of LHF materials indicates that its main focus is healing through education, rather than a specific (mental or physical) health care mandate.

The Loss of Stony Point and the Ipperwash Crisis

The Kettle Point and Stony Point peoples lived in the area of Lake Huron and Lake St. Clair as early as 1740. In 1763, the Royal Proclamation was enacted. This significant piece of British legislation enabled the Crown to officially secure land titles in North America. The Crown recognized that all land was Aboriginal land until relinquished by treaty.[5] Under the Royal Proclamation, Kettle Point and Stony Point land lay within 'Indian land', an area protected from settlement by non-Aboriginal peoples (First Nations Studies Program at University of British Columbia, 2009).

In the early 1800s, the Chippewa peoples relinquished over 2 million acres of land in the area of Upper Canada to the Crown (Aazhoodena and George Family Group, 2006). In 1927-1928, an Indian Agent – an agent of the Government empowered by the Indian Act to act for Aboriginal peoples – sold the beachfront of Stony Point reserve, known to white cottagers and beach-goers as Ipperwash Beach, to the Canadian government through the Crawford/White and the Scott purchases. The ethics of the decision-making and sale are questioned in a report for the Ipperwash Inquiry (Joan Holmes & Associates, nd), and detailed in documents produced by the Union of Ontario Indians, which represents the Anishinabek Nation (Anishinabek Nation Union of Ontario Indians, 2010). In 1932, the beachfront parcel was designated as Ipperwash Provincial Park, which opened for public use in 1936 (Historica Canada, 2014; Kettle & Stony Point First Nation, 2009). At that time, hunting, fishing, and the sale of timber sustained the First Nations communities. In 1942, during World War II, the Canadian Government's Department of National Defense seized, under the War Measures Act, the rest of the (non-shore) land at Stony Point to use as a military base called Camp Ipperwash and promised its return after the war. Sixteen Stony Point families were given two weeks to relocate to Kettle Point land .

Prior to 1942, Stony Point and Kettle Point were of the same Chippewa Nation, yet each had its own leader and unique culture. Stony Point people moved from 40-acre parcels on Stony Point to lots of 2-3 acres. This loss of 2,240 acres of land, culture, and a way of life for Stony Point people was devastating. Additionally, they lost ancestral land and a sacred burial ground. Living conditions at Kettle Point became crowded and what was previously a cooperative relationship between Kettle Point and Stony Point people became tense, with people forced to share land, resources and a way of life (Ministry of the Attorney General, 2007). Stony Point soldiers returning from the war found their land and community gone. The school at Kettle Point became overcrowded. Students were assimilated to the Christian faith and in the 1960s were bused out of the community to attend school in Forest, Ontario (Aazhoodena and George Family Group, 2006).

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[5] The Royal Proclamation is considered as a key document whereby the Crown recognizes existing Aboriginal rights and title, where title is the inherent right to land or territory, as a way to protect Aboriginal land from being exploited (First Nations Studies Program at University of British Columbia, 2009).

Almost five decades after the end of WWII, despite four decades of lobbying for fulfillment of the expropriation agreement with the Department of National Defense, the people of Stony Point still had not had their land returned. In protest, the people of Stony Point began an occupation, in 1993, of Camp Ipperwash. In 1995, unarmed Kettle and Stony Point protester Anthony 'Dudley' George died from a gunshot wound from an Ontario Provincial Police (OPP) officer in Ipperwash Provincial Park (Historica Canada, 2014; Joan Holmes & Associates, nd; Kettle & Stony Point First Nation, 2009), precipitating the Ipperwash Crisis. Criminal proceedings against the OPP officer led to a conviction. The Ipperwash Inquiry into George's death was held in Forest, Ontario, and began in 2003, with a final report issued in 2007. The inquiry eventually led to the signing of agreements between the province of Ontario and the Chippewas of Kettle and Stony Point, and the process of land transfer back to the Stony Point people in 2009 (Anishinabek Nation Union of Ontario Indians, 2011; Ministry of the Attorney General, 2007).

Current Times

According to the 2006 census, almost half (48%) of Lambton County residents (15 years and older) have some sort of postsecondary certificate, diploma, or degree, compared to a rate of 45% in Lambton Shores and 41% in Kettle Point 44 (Statistics Canada, 2007a). The provincial and national rates are both 51% (Statistics Canada, 2007a). The unemployment rate in Lambton Shores (3.3%) is lower than in Ontario (6.4%) and Lambton County (6.5%) (Statistics Canada, 2007a). Some of the key industries in which Lambton County and Lambton Shores residents are employed include retail trade, manufacturing, and health care and social assistance (Statistics Canada, 2007a). These employment and industry statistics are not available for Forest or for the Kettle Point reserve.

The median income for all types of households in Kettle Point (on reserve) was significantly lower than Lambton Shores and Lambton County. For example, in 2005, the median income for married couple families in Kettle Point was $46,805 compared to $63,890 in Lambton Shores and $76,598 in Lambton County (Statistics Canada, 2007a). For the same year, the median income in Ontario was $77,243 (Statistics Canada, 2007a). Recent income statistics for Forest are not available.

Health and Well-being - Current Challenges

Social Determinants of Health

The Public Health Agency of Canada (2011) lists twelve distinct 'key determinants' of health:

- income & social status
- social support networks
- employment/working conditions
- education & literacy
- social environments
- physical environments
- personal health practices & coping skills
- healthy child development
- gender
- health services
- biology & genetic endowment
- culture

Very few of the determinants listed above are represented in the biomedical model of illness and disease, and most reflect the social and cultural contexts in which people live and work – i.e., the social determinants of health. For all citizens, broadening the health care lens to include social determinants brings many complex and inter-twined factors into play, and it is addressing inequities in these key factors that underpins the EQUIP research, and the work of our participating clinics. It must also be noted, however, that these social determinants unfold in different ways within and between communities, and with different impacts. Aboriginal peoples' physical, emotional, mental and spiritual health, including health behaviours and physical environments, are differentially affected by determinants specific to them, and these are often reflective of larger intermediate and distal level influences. These determinants create significant

inequities and have considerable impact on the services available to Aboriginal people, how they access services, manage health, and what they might consider important in terms of their health.

Truly equity-oriented health care understands and addresses the complexity of Aboriginal health issues, and broadens even further the concept of 'determinants', to include, for example, self-determination, which has been identified as a significant social determinant of health for Aboriginal people. To have a meaningful impact, self-determination requires that Aboriginal people are afforded equal participation in decision-making about matters that impact them; this is not generally the case in many health delivery models and systems.

The following provides a snapshot of key social determinants and other health indicators in Lambton County, as available.

Lambton County

- The average wait time for affordable housing for families in Lambton County is 0.9 years, which is considerably lower than the Ontario average of 2.3 years (Ontario Non-Profit Housing Association, 2012). Nevertheless, in 2011, there were 537 Lambton households on a waiting list for affordable housing (Ontario Non-Profit Housing Association, 2012).
- In 2006, 16.9% of Lambton County were of retirement age (65+ years), compared to 13.6% of Ontario overall (County of Lambton Community Health Services Department & Healthy Living Lambton - Healthy Communities Partnership, 2011).
- Compared to Ontario (11.1%), Lambton has a lower percentage of its population in the low income category (after tax; 6.5%) (County of Lambton Community Health Services Department & Healthy Living Lambton - Healthy Communities Partnership, 2011).
- Between January and September 2009, emergency shelter use in Sarnia-Lambton averaged 250 per month. During the same period, there were 2,014 requests for assistance from the rent/utility bank. Due to eligibility requirements, only 57% of those individuals received help (County of Lambton Community Health Services Department & Healthy Living Lambton - Healthy Communities Partnership, 2011).
- Specific data on use of community and social services by Forest and Kettle and Stony Point residents is not easily available.

Health Indicators

Forest and Lambton County

Unfortunately, recent health statistics specific to Forest and Kettle and Stony Point are generally not available. Looking at the health needs across Lambton County residents as compared to Ontario:

- There is a higher proportion of seniors and a significantly higher incidence of obesity (see Table 1).
- There is a significantly higher prevalence of arthritis/rheumatism and a slightly higher rate of chronic conditions such as asthma, diabetes, heart disease and high blood pressure (see Table 1).
- Hospitalization rates, potential years of life lost, and mortality due to higher rates of cancer, heart disease and external causes such as injury, are also significantly higher in Lambton (Erie St. Clair Local Health Integration Network, 2014).
- In addition, chronic disease-related emergency room visits, as well as rates of cardiovascular disease, and Ischemic Heart Disease (IHD) are significantly higher in Lambton than in Ontario overall (Palleschi, 2008).

Table 1 provides an overview of key health indicators, comparing Lambton County to Ontario and National data.

Table 1: Comparison of Key Health Indicators, across Geographic Levels[6]

	Prevalence (%)		
Health Indicator	**Lambton County/ Health Unit**	**Ontario**	**Canada**
Diabetes	8.4	6.8	6.2
Chronic Obstructive Pulmonary Disease[§]	4.7*	4.2	4.3
High blood pressure	23.0	17.4	17
Arthritis	23.6	17.3	15.8
Asthma	8.8	8.3	8.3
Obesity	22.9	18	18
Pain/discomfort preventing activities	15.6	13.5	12.5
Mood disorder	6.3	6.8	6.4
Daily smoker	19.3	14.5	15.6
Heavy drinking (5+ drinks at least once a month for past year)	20.6	15.9	17.3

Notes: Percentages drawn from Statistics Canada (2013a).
[§] Use with caution

[6] Note: "Health regions [such as the Lambton Health Unit] are administrative areas defined by provincial ministries of health according to provincial legislation" (Statistics Canada, 2013a). In this case, Lambton County and the Lambton Health Unit appear to cover the same geographical area. However, one data source reports the population of Lambton Health Unit in 2011 as 131,513 (Statistics Canada, 2013b) another source reports the 2011 population of Lambton County as 126,199 (Statistics Canada, 2012d).

Kettle and Stony Point

Health statistics for specific reserves in Canada are often unavailable. However, it is widely known that, for a variety of complex social and cultural reasons, as described above, Aboriginal people in Canada (on and off reserve) experience heart disease, diabetes, obesity, addictions, suicide, depression and domestic violence at significantly higher rates than non-Aboriginal people (Reading, 2009). In addition, the physical and mental health of children and youth in particular is affected by the burdens that many adult members of the communities continue to carry as a result of historical trauma and the legacy of residential schools (Erie St. Clair Local Health Integration Network, 2014). Nonetheless, many Aboriginal people are resilient and dedicated to recovery and healing their communities.

North Lambton Community Health Centre (Forest and Kettle & Stony Point sites)

This section provides historical context regarding the establishment, evolution and current status of the North Lambton Community Health Centre in general, and with specific attention to its sites in Forest and on Kettle and Stony Point First Nation. Where possible, it draws on published materials, however some details were provided through discussion with stakeholders and community members, including from the First Nation.

Responding to the need for holistic primary health care in the community, the idea for a Community Health Centre[7] (CHC) in North Lambton (specifically, Forest) was conceptualized in 1993 by a group of 19 local citizens. A volunteer steering committee was created and proposed a health care model that would service identified priority groups, as well as the general population. The group, which was supported in its efforts by the Lambton District Health Council (LDHC), had made previous inquiries to the Ministry of Health and Long-Term Care (MOHLTC) and were told that funding was unlikely as the demand for CHCs across Ontario was high.

In 1994, the North Lambton committee approached the Director of Kettle and Stony Point Health Services (KSPHS)[8] to advance the idea of the CHC, and, eventually the Kettle and Stony Point First Nation's (KSPFN) Chief and Band Council, who contemplated whether to support the proposal. At the time, it was evident that programs and services extended to a First Nation would assist the group in their efforts to secure funding, as the needs of the First Nation were high in several priority areas, including chronic disease, injury prevention and addiction.

The Director of KSPHS was a member of the LDHC Board of Directors and networked with the committee throughout the proposal's development, including liaising with the Chief and Band Council to review the community's options and come to a decision as to whether or not it was in

[7] In Ontario, CHCs began as a pilot in the 1970s, and built on the foundations of medicare: respect, inclusion, accountability and equity (Association of Ontario Health Centres, 2006). The initial objectives were to create publicly funded, not-for-profit centres without duplicating services already in existence. More specifically, the centres were to provide primary care, as well as illness prevention and health promotion services, particularly to those communities who typically have trouble accessing health services and are vulnerable to poor health. These objectives are still present, and provincial support of the model through the MOHLTC has seen some growth in CHCs from the pilot of 10 centres to 101 centres (Ontario Ministry of Health and Long-Term Care, 2013). In the 1990s, 10 Aboriginal Health Access Centres were created across Ontario to serve 55,000 Aboriginal people (Association of Ontario Health Centres, nd). According to a recent study (Glazier, Zagorski, & Rayner, 2012), CHCs did a better job of keeping patients from using emergency departments despite the fact that patients have more chronic illness such as asthma, COPD, and mental illnesses. CHCs provide care to about 4% of the population across Ontario (Association of Ontario Health Centres, 2006).

[8] Kettle & Stony Point Health Services is the on-Reserve health clinic funded by the First Nation and rents space to the NLCHC clinic; the two services are located in the same building, across the hall from each other (Chippewas of Kettle and Stony Point First Nation, 2014c).

the best interest of KSPFN to support the establishment of a CHC in Forest. The First Nation was mindful of the community's need for primary care services, including physicians and nurse practitioners, which Health Canada did not provide for in its funding agreement with the community. The overall consensus was that it was in the best interest of KSPFN to build and operate its own health access centre, which would better reflect the community's history, culture and traditions. However, due to the development of the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) in London, and the proposal being developed for North Lambton, KSPFN eventually agreed to collaborate with the North Lambton group on the development of North Lambton Community Health Centre (NLCHC). At this time, the First Nation was assured by the committee responsible for the proposal that it would be an equal partner in the development and implementation of programs and services at the CHC. By late 1994, the Chief was attending meetings with the LDHC, outlining the First Nation's local needs within the proposal. He eventually endorsed the proposal in principle with the understanding that the First Nation would be an equal partner in this endeavour and have sufficient representation on the Board of Directors.

This proposal was accepted and one-third of the funding was provided by the MOHLTC, with a significant amount fundraised by the North Lambton community. The Forest clinic opened in 1994.[9] The NLCHC catchment area is bounded on the north by Lake Huron, on the east by the Ausable River 'cut' and the Lambton County boundary on the south by Highway 402 and on the west by County Road 256.

In 2001, a Steering Group of Community members from Sarnia, Point Edward and St. Clair Township submitted a proposal to the Ministry of Health for a Community Health Centre. The Ministry of Health requested the North Lambton Community Health Centre assist this group in the capital project process and start-up operations. The project proceeded in 2004, and around that same time the Ministry introduced the new Local Health Integrated Networks and it was decided the Sarnia Community Health Centre would be a satellite of the North Lambton Community Health Centre and it would be administrated under one umbrella. This new satellite was named the West Lambton Community Health Centre.

In 2007, the Warwick Council and Watford Improvement Group requested the assistance of NLCHC to provide a Community Health Centre satellite to the community. The East Lambton site was opened in 2008, with an expansion renovation in 2009.

NLCHC has grown from a small staff of 20, to 100 staff members, plus approximately 90 volunteers. NLCHC provides primary care to populations across the lifespan, from seniors to families with young children, through direct primary care and a wide range of responsive health

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[9] Since the funding for CHCs across the province is less than 1% of the Provincial budget, awareness of this model is not well known.

promotion programs. The Centre envisions healthy people and strong communities and realizes this vision through four main values:

1) Excellence through evidence based approaches and continued improvement;
2) Collaboration, seen through a strong focus on teamwork and community partnerships toward community capacity building;
3) Empowerment where relationships with clients facilitate best health outcomes for individuals and families; and
4) Health equity with a focus on reducing barriers to good health, particularly for NLCHC's priority populations.

The Centre is staffed by receptionists, physicians, registered nurses, nurse practitioners, health promoters, diabetes educators, COPD care specialists, physiotherapists and administrators and is governed by a Board of Directors consisting of 13 elected and appointed members from each of the clinic catchment areas. NLCHC runs 27 programs (e.g., Diabetes Education programs, Parenting programs, Coffee drop-in, Youth programs) at 14 different locations.

The majority of the funding for the Centre is from the MOHLTC, managed through the Erie St. Clair Local Health Integration Network (LHIN), with a small portion from other funding sources. In 2012, the NLCHC became an accredited organization under the Canadian Centre for Accreditation increasing its accountability and reporting requirements (Canadian Centre for Accreditation, 2012).

Health care is provided through a ‘social determinants of health’ lens and is holistic, in that it takes into account the social, economic, and health context of each client. Formal enrollment as a client is not required for a person to receive health services at the Centre. The Centre’s organizational structure is designed to be flexible and responsive to community needs. The organizational culture attempts to promote employee engagement and professional development to improve practice and care. The salaried model of physician and nurse practitioner compensation means more predictable expenses for the Centre (and the Province) and also contributes to full team collaboration. This model affects a client’s experience in that a ‘one concern per visit’ approach is not the rule.

Ontario's Community Health Centres
Our Sites…
North Lambton CHC
Forest Site - 1999
West Lambton CHC
Sarnia Site - 2007
North Lambton CHC
Kettle Point Site – 1986
Accredited for 17 years.
East Lambton CHC
Watford Site - 2008

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