

# OUR HEALTH COUNTS KENORA



## COMMUNITY REPORT #1: PROJECT OVERVIEW & DEMOGRAPHICS, INDIGENOUS ADULTS





# ACKNOWLEDGEMENTS

## **Gichi-Miigwech to everyone who shared their time, knowledge, and stories with us.**

This report was prepared by: Stephanie McConkey, Genevieve Blais, Marcie Snyder, Nicole Muir, Raman Brar, Serena Joseph, Anita Cameron, and Janet Smylie.

We acknowledge and honour the First Nations, Inuit, and Métis community members of Kenora and related homelands who generously shared their time and stories with us.

We acknowledge the Our Health Counts Kenora Reference Group for their guidance and direction in the development of the Our Health Counts survey tools.

Reference Group members: Sarah Mandamin (IIFN), Tania Cameron (NAN), Daphne Armstrong (KCA), Bridget Loeppky (7 Gens), Anthony Gabriel (Bimose), Marilyn Sewell (Bimose), Kit YoungHoon (NWHU), Dorian Lunny (NWHU), Jan Hardy (WNHAC), Ken Nash (WNHAC), Marlene Elder (Nechee), Serena Joseph (WNHAC), Anita Cameron (WNHAC), Darci Everson (ONWA), Philina Sky (Mishkiki Ikwe Consulting)

We acknowledge the academic and community staff involved in the Our Health Counts Kenora project. Academic research team members: Janet Smylie (Scientific Director), Patricia O'Campo (UHT), Michelle Firestone (WLH), Michael Rotondi (Biostatistician), Jennifer Walker (ICES), Raglan Maddox (WLH)

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Additional collaborators: Chloe Xavier, Kristen O'Brien, Emily Simmonds.

We would like to acknowledge that Dr. Janet Smylie is funded as a Tier 1 Canada Research Chair in Advancing Generative Health Services for Indigenous Populations in Canada.

Recommended Citation: McConkey, Blais, Snyder, Muir, Brar, Joseph, Cameron & Smylie. (2022). Our Health Counts Kenora. Community Report #1: Project Overview & Demographics.

## Waasegiizhig Nanaandawe'iyewigamig Health Access Centre (WNHAC)

WNHAC is an Aboriginal Health Access Centre that provides wholistic health and social services to Indigenous peoples living in Kenora and surrounding communities.

WNHAC are the community leads and caretakers of the information for Our Health Counts Kenora. WNHAC also led the governance and management of the information through working with the Northern 10 Treaty 3 First Nations (who are served by WNHAC and on their board) to ensure that this project was in line with First Nations OCAP® principles and that the information gathered is useful and important to each community.



# PROJECT OVERVIEW

## Introduction

There is a critical gap in high quality, comprehensive, and inclusive data for urban Indigenous populations in Canada. This gap is rooted in systemic barriers and generations of racist, colonial policies. While many Indigenous people and communities are thriving despite colonial interventions, Indigenous peoples continue to face an unequal burden of chronic health conditions, related risk factors, and barriers to safe, adequate healthcare compared to the mainstream population.

**Up to now, data on urban Indigenous health has been limited.**

**Our Health Counts (OHC) aims to address these gaps by working to build community-owned, urban Indigenous health databases.** Comprehensive and inclusive health data is critical to providing insight into our urban communities' size, health, and wellbeing. Urban health data can be used to inform and address local, wholistic health and social priorities.

**The OHC survey tool was developed by community, for community.**

OHC ensures that urban Indigenous communities have ownership, access, control, and possession of data that impacts their health and wellbeing. OHC takes a community-based approach, led by local Indigenous health and social service providers, in partnership with Dr. Janet Smylie and the team at Well Living House. OHC aims to develop a complete health information database for Indigenous peoples living in cities. OHC collects health information using a comprehensive survey. It has been built and governed using Indigenous approaches.

To date, the OHC project has successfully produced meaningful, culturally relevant health data for Indigenous adults and children living in six Ontario cities: Hamilton, Ottawa, Toronto, London, Thunder Bay, and Kenora.

# OUR HEALTH COUNTS KENORA

## Why OHC Kenora?

- At least 72% of the Indigenous population in Ontario lives in urban areas<sup>(1)</sup>.
- Existing data are not representative of the population.
- There is an absence of population-based health data for urban Indigenous peoples.

**Our Health Counts Kenora was co-led by Waasegiizhig Nanaandawe'iyewigamig Health Access Centre (WNHAC) and Well Living House (WLH)** at St. Michael's Hospital, Toronto, with guidance from a local Reference Group. The Reference Group included individuals from Indigenous and allied health and social services organizations in Kenora and from surrounding First Nations communities.



## Who is Well Living House?

Well Living House is an action research centre for Indigenous infants, children, and their families' health and wellbeing.

Guided by a Counsel of Grandparents, WLH works in partnership with Indigenous communities to generate knowledge using both applied Indigenous community-based research and western-based research approaches that will be used to improve care and services for Indigenous infants, children, and families.

## WLH has the following priority themes:

- Indigenous population health assessment and response
- Interrupting anti-Indigenous racism in health services
- Applying Indigenous methodologies, knowledge, and practice
- Understanding and addressing Indigenous mental health and wellbeing, substance use, and homelessness



# GOALS & OBJECTIVES

The main goal of OHC Kenora is to improve health services for Indigenous peoples living in cities and related homelands.

**WLH and WNHAC worked in partnership to achieve two key objectives:**

1. **Develop a population-health database for Indigenous peoples living in Kenora and related homelands**, that is owned and governed by local Indigenous community partners – and to apply the findings to health and social service planning, delivery, and evaluation.
2. **Produce community-relevant reports** using the data and information that has been generated from the population-health database.

**In summary, OHC Kenora seeks to:**

- Understand the physical, mental, emotional, and spiritual health of Indigenous peoples who live, work, or access services in Kenora.
- Understand the health service needs of Indigenous peoples who live, work, study or access services in Kenora.
- Understand the key factors linked to hospital use and emergency room use over time.
- Enable local Indigenous community members and organizations to use the data to improve local policies and increase funding that supports Indigenous-led initiatives and agencies.

<sup>1</sup>The OHC Kenora study included survey participants from First Nations communities in the WNHAC service area, as well as First Nations communities from the North and surrounding area. All adults who participated in the survey were 15+ years of age, and either lived, worked, studied, or were accessing services in Kenora. The First Nations communities served by WNHAC include Wabaseemoong Independent Nations, Niisaachewan Anishinaabe Nation, Asubeecheseewagong Netum Anishinabek (Grassy Narrows), Wauzhushk Onigum, Naotkamegwanning First Nation, Northwest Angle 33A (Dogpaw Lake) & 33B (Angle Inlet), Animakee Wa Zhing - Regina Bay (37A) & Windigo Island (37B), Iskatewisagegan #39 Independent First Nation, Shoal Lake #40, and Washagamis Bay First Nation.

## COMMUNITY DATA COLLECTION

With guidance from the local Reference Group and the WLH research team, WNHAC led the data collection using a comprehensive survey tool that was created by community, for community. Local community members were hired and trained as community interviewers.

Building on the strength of community and the social connectedness of Indigenous peoples, Indigenous adults were invited to participate in OHC Kenora using respondent-driven sampling methods. Respondent-driven sampling draws on Indigenous community relationships. This includes Indigenous community members who might not have used health and social services, to ensure they are also counted in.

**A total of 320 Indigenous adults completed the OHC Kenora survey.**

Adults who participated in the survey self-identified as Indigenous, were 15+ years of age, and included people living, working, studying, and/or accessing services in Kenora.



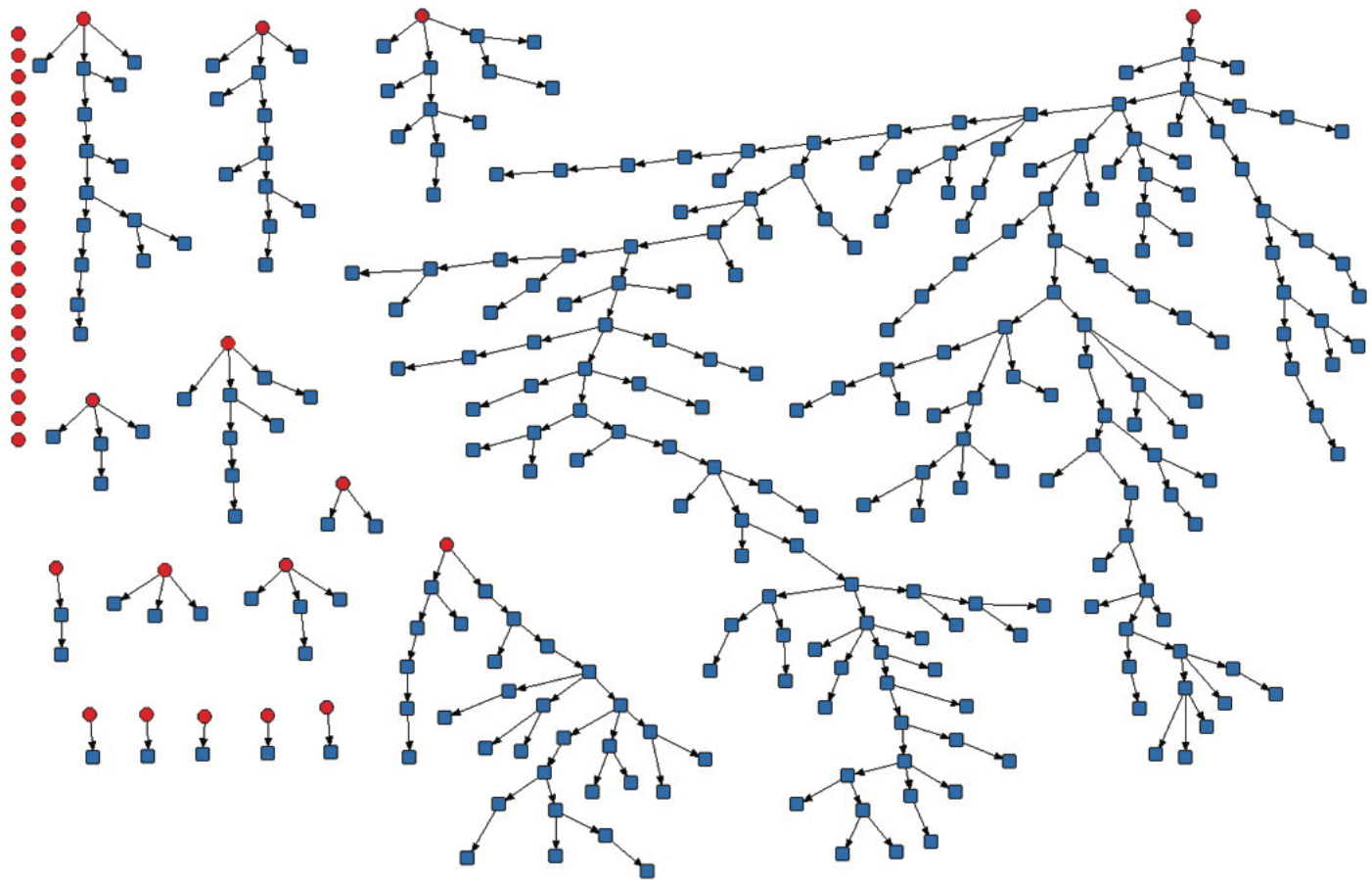
Taking COVID-19 related challenges into account, we persevered and reached a satisfactory sample size. This sample size allowed us to complete a robust analysis of the data. To date, Kenora is the smallest urban centre to have completed the OHC survey. The results of our work demonstrate the connectedness of community, and the strength of our networks.



# RESPONDENT-DRIVEN SAMPLING & NETWORK DIAGRAM

The Recruitment Diagram in Figure 1 shows the interconnectedness of the Indigenous community in Kenora and related homelands. In this diagram, community “seeds” are represented by red circles, and “recruits” are represented by blue squares.

**Figure 1: Strength of Social Networks and Kin Systems: Network Diagram for Our Health Counts Kenora, Indigenous Adult Cohort.**



## WHAT IS RESPONDENT-DRIVEN SAMPLING (RDS)?

Respondent-driven sampling (RDS) is a chain-referral technique that is recognized internationally by scientists as a cutting-edge method for gathering reliable data from hard-to-reach populations. **RDS was chosen for OHC because it builds on the existing strengths of Indigenous social networks and kin systems.**

RDS uses individual's social networks to recruit participants into a study. To begin this process, the community identifies champions to participate as "seeds". **A total of 34 "seeds"** participated in the OHC Kenora study. Once the "seeds" complete the survey, they are given three coupons (see Figure 2) that they can give out to their Indigenous friends or family members. Their friends and family can then complete the survey and receive 3 coupons to give to their Indigenous friends and family.

**In total, 286 referrals were made.**

This process continues until long "waves" of participants are reached. A total of **29 "waves" of participants completed the survey.** These long waves are desirable because it means that the study is reaching the whole community, even those who may be less connected.

Each participant received \$20 for participating in the survey, and an additional \$10 for each family member or friend that redeemed their coupon and completed the survey.

Figure 2: OHC Kenora Coupon



**OHC has effectively bridged Indigenous research methods and practices with high quality non-Indigenous public health assessment methods through the use of RDS. OHC RDS methods build on existing knowledge, social networks, and kin systems and are also considered scientifically rigorous by non-Indigenous scientific peers.**

# OHC KENORA: KEY FINDINGS, REPORT #1

## Indigenous Population Count in Kenora

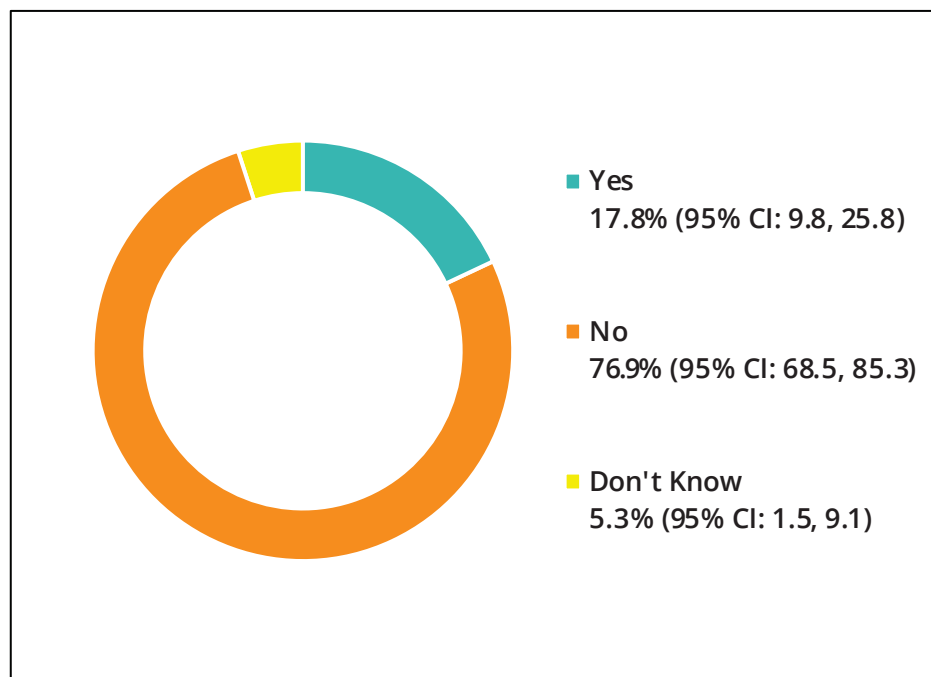
Previous OHC studies have shown that **the Canadian Census vastly underestimates the number of Indigenous peoples living in cities by at least 2 to 5 times.**<sup>(2)</sup>

Indigenous peoples may not complete or receive the census for a few reasons. These reasons include systemic bias, government mistrust, and sampling methods that miss mobile or under-housed populations. Literacy levels can also play a role: for those who did not complete grade 12, it can be challenging to complete the census.

As a result, there is no accurate estimate of the number of Indigenous peoples living in the city of Kenora. According to the 2016 Canadian Census, 3,155 Indigenous people live in the city of Kenora (2,235 adults and 920 children)<sup>(3)</sup>, which represents 18% of the city's total population.

Because we know that Indigenous people are less likely to complete the census, survey participants were asked, "Did you complete the 2016 Census Canada Questionnaire"? We found that only 18% of Indigenous adults living in Kenora reported completing the Census (see Figure 2).

**Figure 2: Did you Complete the 2016 Census Canada Questionnaire?**



## OHC KENORA: POPULATION ESTIMATES

Using the information from Figure 2, we were then able to calculate population size estimates. These size estimates give us a more accurate picture of the true size of the Indigenous population in Kenora. Population estimates were calculated using a “non-conservative” and a “conservative” approach.

When we used a “non-conservative” approach (which assumes those who responded “don’t know/don’t remember” did not complete the census), **the number of Indigenous adults and children living in Kenora is 12,892. This is 4 times higher than the 2016 Canadian Census reports.**

Estimates calculated using a “conservative” approach (which assumes those who responded “don’t know/don’t remember” did complete the census), the number of Indigenous people living in Kenora is 8,488. This is 2.6 times higher than reported by the Census.

Based on these findings, **the Canadian Census undercounts Indigenous adults and children living in Kenora by at least 2.6 to 4.0 times** (see Table 1).

OHC data reveal that the Indigenous adult population count is much higher than the 2016 census would suggest.

OHC data shows that an estimated 5,324 to 32,121 Indigenous adults live in Kenora.

**The Canadian Census reports that 3,155 Indigenous people live in the city of Kenora.**

**OHC data shows that the total Indigenous population living in Kenora (adults and children) is in fact between 8,448 and 12,892.**

## OHC KENORA: POPULATION ESTIMATES

**Table 1: Population Estimates for Indigenous Peoples Living in the City of Kenora.**

Population	2016 Census Estimates	Non-conservative RDS-II population estimates (95% CI)*	Conservative RDS-II population estimates (95% CI)*
Adult (15+)	2,235	9,132 (5,324, 32,121)	5,985 (3,954, 12,310)
Children	920	3,759 (2,191, 13,222)	2,464 (1,628, 5,067)
<b>Total</b>	<b>3,155</b>	<b>12,892 (7,515, 45,342)</b>	<b>8,448 (5,582, 17,377)</b>

### \*WHAT IS A 95% CI?

**The 95% CI is the “confidence interval” used in sampling statistics.** We use a 95% confidence interval because it is difficult, and often impossible, to study every single person in a population. Instead, we use what is called a **“sample”**. In OHC Kenora, we used a sample, rather than find every single Indigenous person living in Kenora and related homelands. **This sample should be representative of the entire population we are surveying.**

To help us understand how well we did in understanding the entire Indigenous population living in Kenora and related homelands, we use what is called a 95% confidence interval in sampling statistics. **Using the OHC population “sample” we create an estimate of what is happening in the entire population.**

The upper and lower values of the “confidence interval” mean that if the study was repeated multiple times, the true estimate would be within this range. For example, we see that 18% of adults completed the Canadian Census, with a 95% CI: 9.8-25.8. That means that if the OHC Kenora study was repeated multiple times, the true estimate of census completion among Indigenous adults in the city of Kenora would be somewhere between 9.8% and 25.8%.



## ADULT DEMOGRAPHICS

Between April 2019 to April 2021, **320 Indigenous adults participated in the OHC Kenora study. The majority were First Nations (96%).** Among the First Nations population, almost all (99.5%) were Status First Nations (i.e., Registered Indian under the Indian Act). **Less than 5% identified as Métis.** Although there is a notable Métis population in Kenora (according to the 2016 census 1,490 people living in Kenora identify as Métis), Métis peoples tend to be underrepresented. Métis peoples may feel excluded and choose not to participate for this reason.

**The Indigenous population is primarily youthful,** when compared to the overall population in Kenora, with 94% under the age of 60 years old (see Figure 3).

The Indigenous population in Kenora and related homelands has an equal number of males and females. **7% of adults identified as Two-Spirit.**

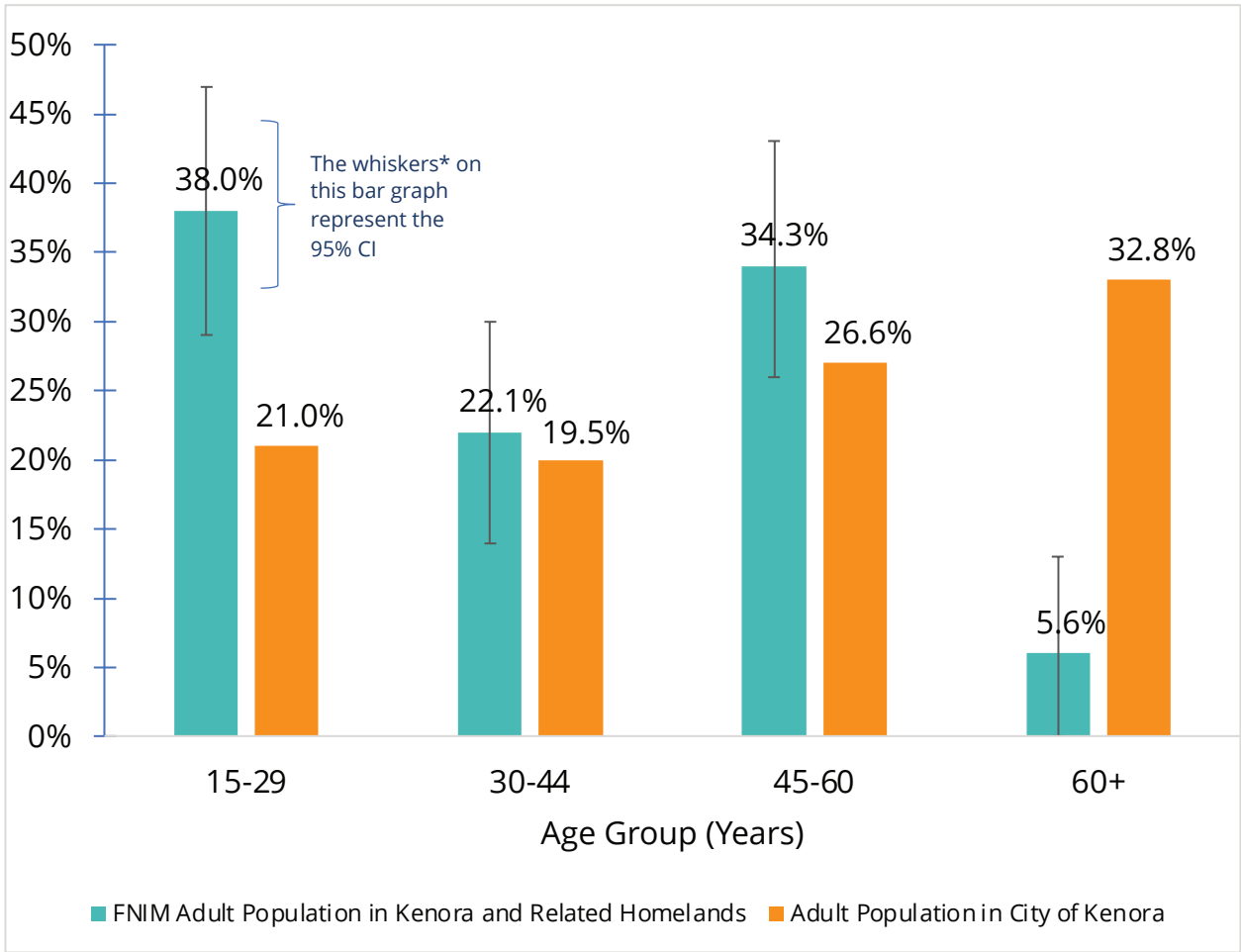
Kenora and related homelands are home to a diverse Two-Spirit and Trans community, however Trans community members are not represented in the data. Two-Spirit or Trans community members may not feel safe self-identifying in a survey interview. This could reflect the legacy of colonization that 2SLGBTQ+ communities face.





# ADULT DEMOGRAPHICS

**Figure 3: Age Distribution Among Indigenous Adults in Kenora and related homelands, compared to overall Kenora population.**



## What Do the Whiskers on a Bar Graph Represent?

The whiskers on a bar graph represent the 95% CI (confidence interval). The top of the whisker represents the upper bound and the bottom of the whisker represents the lower bound of the confidence interval.

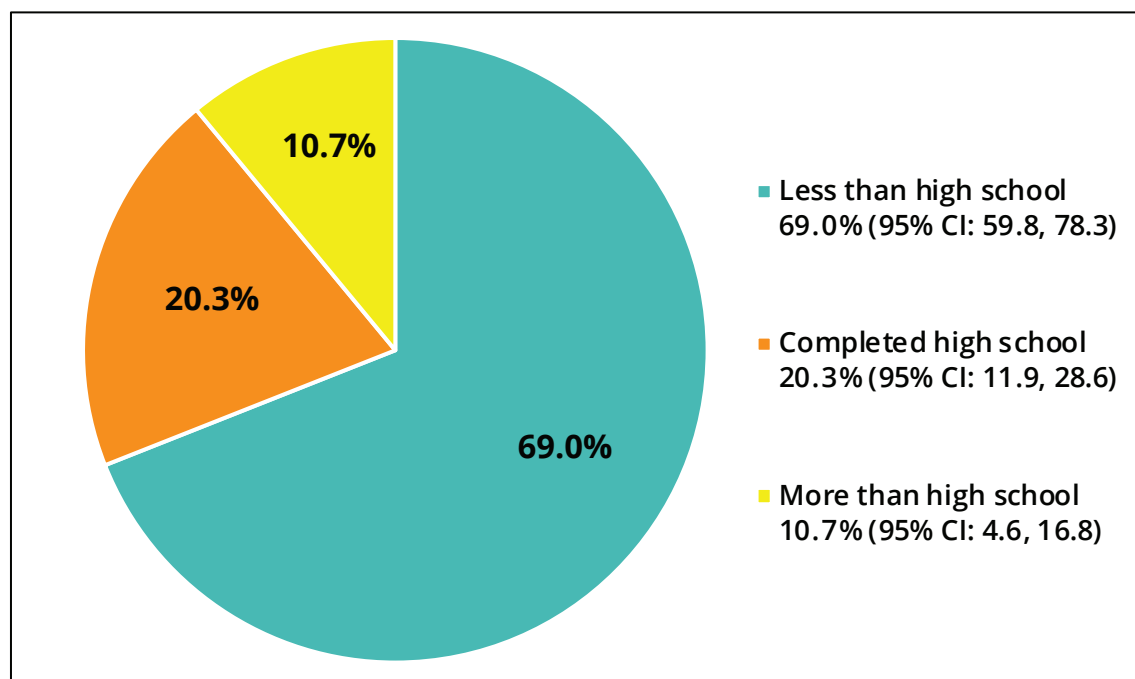
When the whiskers overlap across groups, this means that there is no statistically significant difference across the groups in the population. Using age as an example, all the age group's whiskers, except the 60+ age group, overlap. This means that we cannot conclude that there is a significant difference in age among Indigenous adults living in Kenora and related homelands who are younger than 60 years of age.

In comparison to the general Kenora population, we know with certainty that the FNIM adult population 29 years of age or younger is larger than the City of Kenora's under 29 population and that the FNIM adult population over 60 is smaller than the City of Kenora's over 60 population.

## EDUCATION

Overall, Indigenous adults in Kenora and related homelands reported low levels of education. **69% reported less than high school**, compared to 20% of the general population (see Figure 4). **High school completion rates are 11% lower among Indigenous peoples in Kenora when compared to the general Kenora population.**<sup>(4)</sup>

**Figure 4: Educational Attainment Among Indigenous Adults in Kenora and related homelands.**



**Indigenous adults and youth relocate to urban centres for many reasons, including healthcare, education, housing, and employment opportunities.** Many communities do not have high school, and students need to leave their communities to attend public, provincially run schools in Kenora. This experience can be isolating. Most students experience culture shock, loneliness, and racism. These factors all contribute to youth having difficulty successfully completing high school<sup>(5)</sup>.

This gap in educational outcomes for Indigenous students when compared to non-Indigenous students, is well-documented<sup>(6)</sup>. **Access to education, free from discrimination, is a basic human right for all children and youth.** Education is also a key determinant of health, yet youth who relocate to the city are often faced with systemic barriers and displacement.

## RECOMMENDATIONS MOVING FORWARD

Local service providers indicate that students who have access to transportation services that transport youth from their communities into the city to attend school in Kenora (rather than relocate), tend to have higher success rates, including high school completion.

We call upon the city of Kenora, provincial, and federal governments to work in partnership with urban Indigenous peoples and organizations to:

- Secure funding and resources that **support travel/transportation for youth relocating to urban areas to pursue high school education.**
- **Develop and implement transitional supports for students relocating from First Nation communities to attend high school** outside of their communities<sup>(7)</sup>.

## EMPLOYMENT

OHC data shows that **3 in 5** Indigenous adults in Kenora and related homelands were unemployed (see Table 2). **Unemployment rates among Indigenous adults in Kenora and related homelands are almost 8 times higher than that of the general Kenora population** (7.6%).<sup>(8)</sup> As a result, high rates of poverty are present in Kenora.

**Table 2: Employment Status Among Indigenous Adults in Kenora and related Homelands.**

Employment Status	RDS-II Estimate % (95% CI)
Employed	25.0% (16.8, 33.1)
Unemployed	59.5% (50.4, 68.5)
Not in labour force	14.9% (9.8, 20.1)

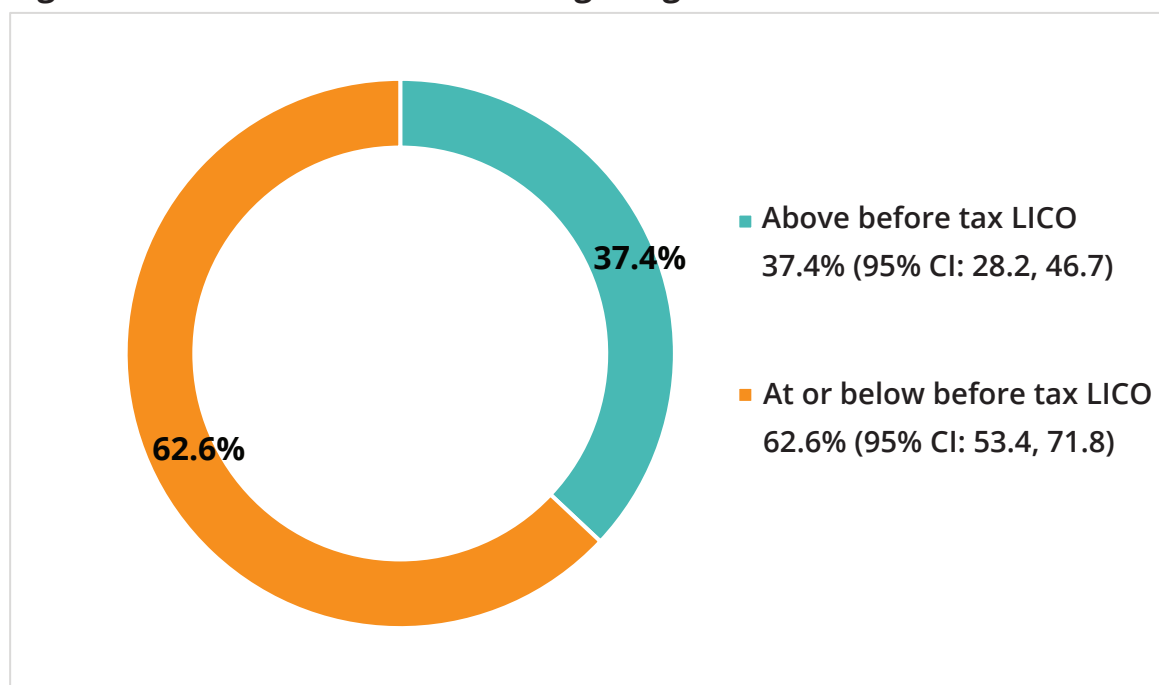
## INCOME LEVELS

Indigenous adults in Kenora and related homelands experience high rates of poverty. **63%** live at or below the before-tax low-income cut-off (LICO) (see Figure 5).

According to LICO, **poverty rates were almost 5x higher among Indigenous adults than the general Kenora population** (7.6%).<sup>(3)</sup>

**It is likely that this figure underestimates true poverty rates.** Previous OHC studies have shown that approximately 90% of the Indigenous population lives below the LICO cut-off in urban areas.<sup>(9-11)</sup>

**Figure 5: Low-Income Cut-Off Among Indigenous Adults in Kenora.**



### What is LICO (Low-Income Cut-Off)?

LICO is used to measure poverty levels in Canada. This calculation considers how much of a family's income is spent on essential items to live. This includes food, shelter, and clothing. Families are considered to be below the LICO cut-off line when most of their income is spent on these necessary items.<sup>(8)</sup>

## RECOMMENDATIONS MOVING FORWARD

To address gaps in income and employment, we call upon the city of Kenora, provincial, and federal governments to work in partnership with urban Indigenous peoples and organizations to:

- Develop and fund **sustainable income supports, & reduce barriers to employment.**

## HOUSING & MOBILITY

**Housing is a key determinant of health.** Unstable and inadequate housing has been associated with poor overall health, unmet healthcare needs, and higher emergency department use.<sup>(12)</sup>

Unstable housing can increase mobility. Frequent mobility can in turn impact access to health, employment, and education services. Indigenous peoples living in urban areas experience higher rates of mobility and precarious housing conditions than non-Indigenous people.

**42%** of Indigenous adults in Kenora and related homelands reported having stable housing/no overcrowding.

**26%** of Indigenous adults living in Kenora and related homelands reported unstable housing/overcrowding.

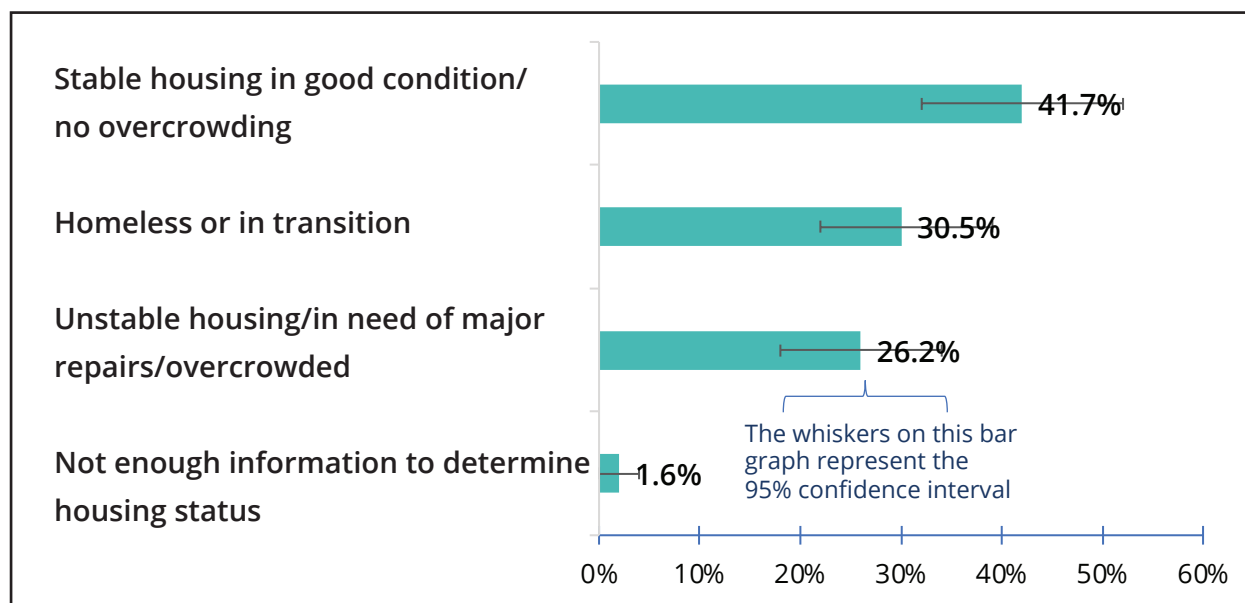
**30%** of Indigenous adults living in Kenora and related homelands were living homeless or in transition (i.e., couch surfing, living in a shelter or temporary housing, etc.) (see Figure 6).

In comparison, **4%** of Canadian adults have experienced homelessness or unstable housing over a 5-year period.<sup>(13)</sup>

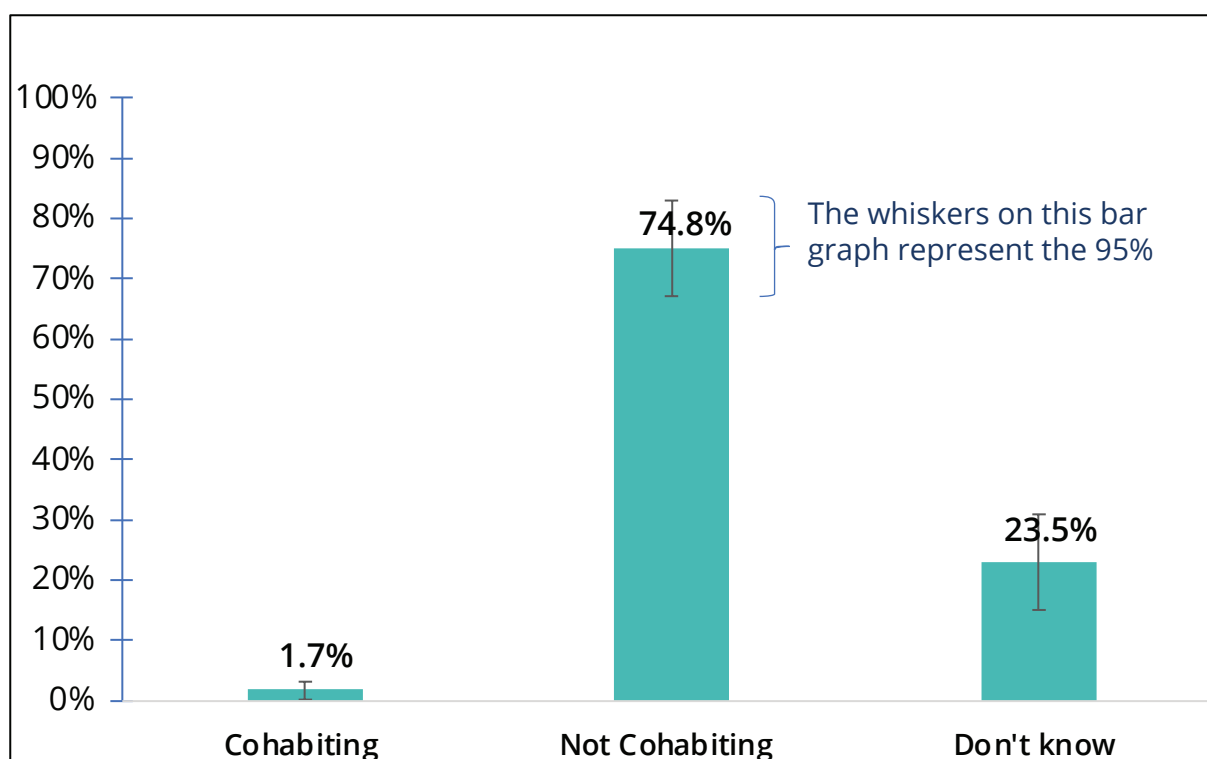
Among Indigenous adults in Kenora and related homelands with stable housing, **75%** reported living in non-cohabitating households (i.e., not living with a significant other) (see Figure 7). Adults may underreport living with an intimate partner/cohabitating, as some housing supports are restrictive and do not allow others to live in your household.

# HOUSING

**Figure 6: Housing Conditions Among Indigenous Adults in Kenora and Related Homelands.**



**Figure 7: Household Composition Among Indigenous Adults in Kenora and Related Homelands.**



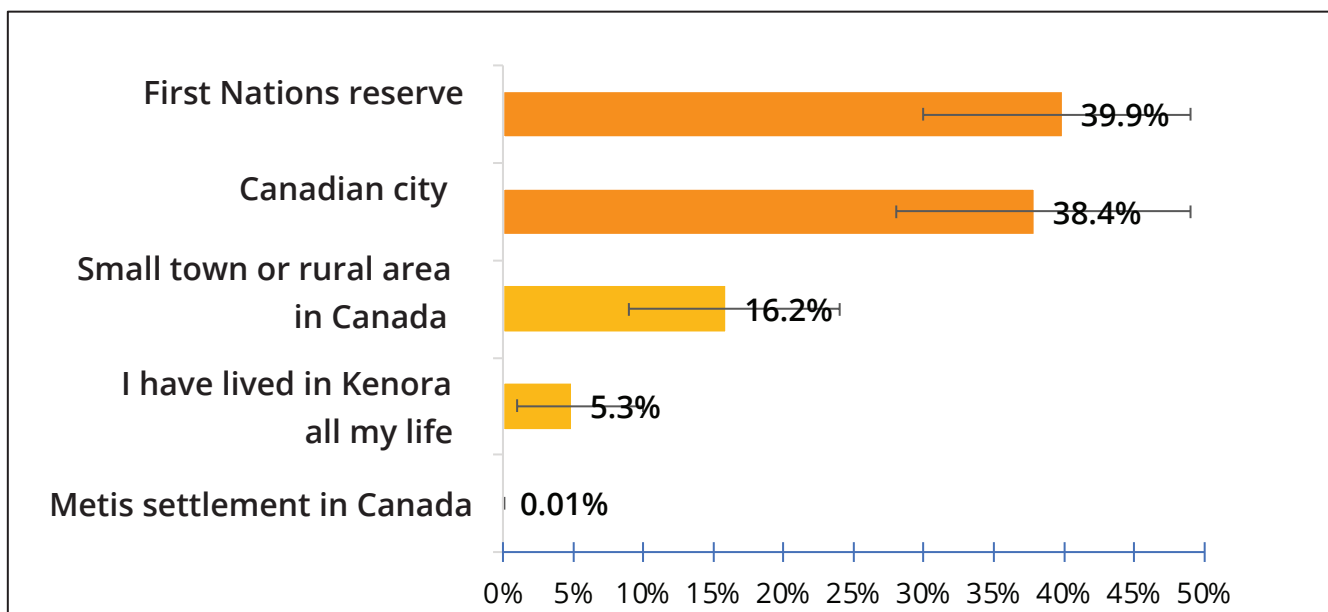


# MOBILITY

Mobility and housing are closely related. **Only 5% of Indigenous adults that currently live in the city of Kenora, said they have lived in Kenora their whole life.**

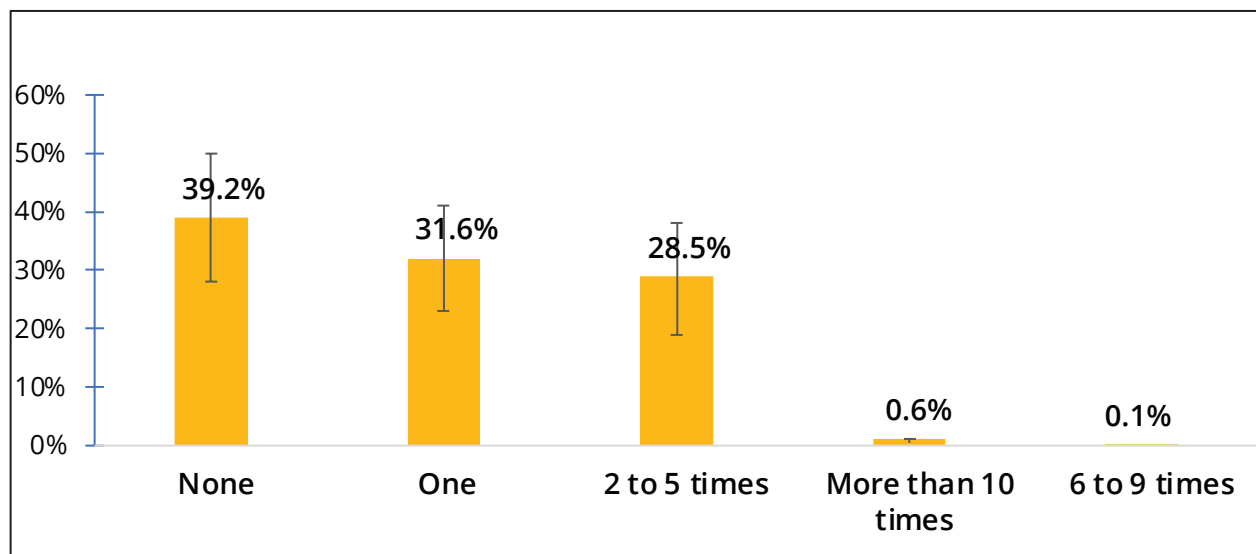
Most who had moved to Kenora had either moved from a First Nations reserve (**40%**) or another city (**38%**).

**Figure 8: Where Did You Live Before you Moved to Kenora?**



**60%** of Indigenous adults living in Kenora had moved at least once in the past year.

**Figure 9: How Many Times Have You Moved in the Past Year?**



## MOBILITY

The most frequently reported reason for moving to Kenora was family/friends/social networks (44%) (see Table 3).

Table 3: Reasons for Moving to Kenora

Reasons for Moving	%
Family/Friends/Social Networks	43.8%
Employment	7.6%
Education	7.8%
Safety	7.8%
Healthcare	3.6%
Housing	1.0%

## RECOMMENDATIONS MOVING FORWARD

We call upon the city of Kenora, provincial, and federal governments to work in partnership with urban Indigenous peoples and organizations to:

- **Address and reduce barriers** Indigenous peoples face in accessing housing services and programs.
- Advocate for **Indigenous Cultural Safety training for housing agencies** to ensure culturally supportive services
- Develop and fund programs that **support safe, affordable transitional housing and supports for Indigenous adults and youth moving to or within the city.**

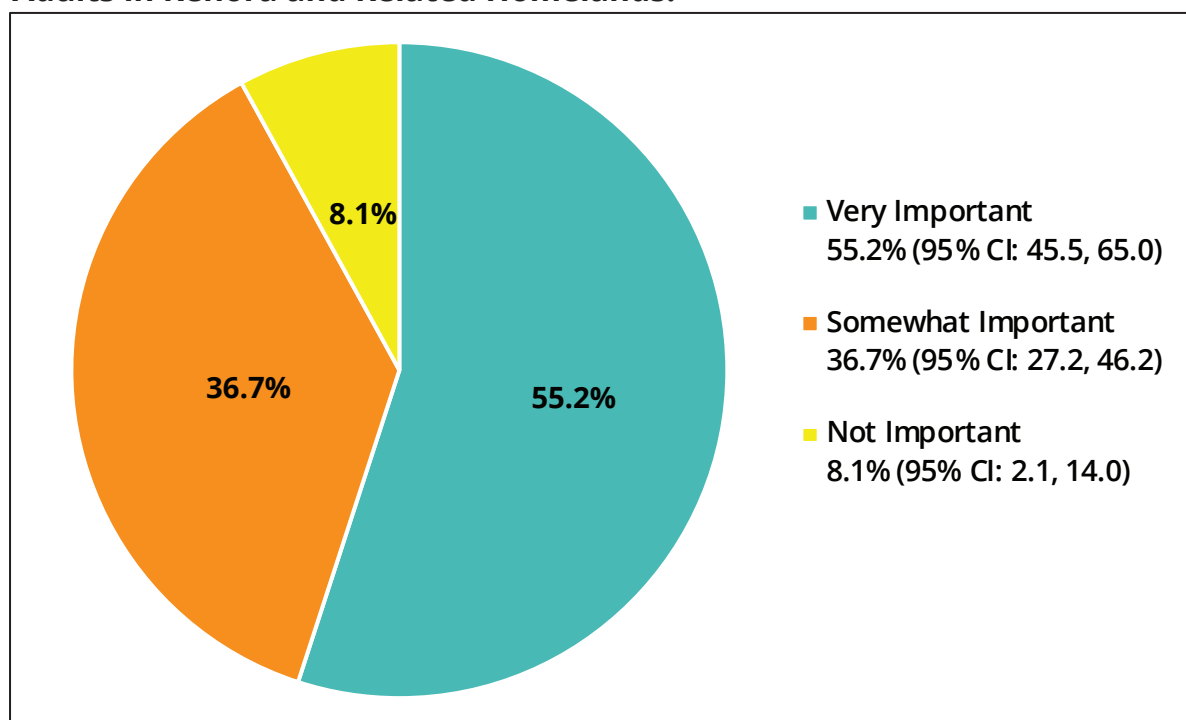
## INDIGENOUS LANGUAGE AND IDENTITY

**Indigenous adults had a strong connection to their Indigenous identity and language**, with high rates of language retainment and desire to speak/learn their language.

**2 in 5** Indigenous adults in Kenora and related homelands (40%) reported speaking an Indigenous language.

**92%** reported that speaking/learning an Indigenous language was very or somewhat important (see Figure 9).

**Figure 9: Importance of learning/speaking an Indigenous language among Indigenous Adults in Kenora and Related Homelands.**



Using a modified Multi-Group Ethnic Identity Measure (MEIM) score<sup>(14)</sup> to assess connection to Indigenous identity, **more than half (54%) of Indigenous adults in Kenora and related homelands had a total identity score that reflected a strong sense of identity**. (See Table 4 for list of questions asked to score MEIM).

# INDIGENOUS LANGUAGE AND IDENTITY

**Table 4: Questions used to Score Multi-Group Ethnic Identity Measure (MEIM)**

<b>Possible Responses to Questions Below:</b>			
Strongly agree	Agree	Disagree	Strongly Disagree
I have spent time trying to find out more about Indigenous traditions and customs			
I am active in organizations or social groups that include mostly Indigenous people			
I have a clear sense of my cultural background as an Indigenous person and what that means to me			
I think a lot about how being Indigenous influences my life			
I am happy that I am an Indigenous person			
I have a strong sense of belonging to an Indigenous community			
I understand pretty well what being Indigenous means to me			
In order to learn more about being an Indigenous person, I have often talked to other Indigenous people about being Indigenous			
I have a lot of pride in my Indigenous identity			
I participate in cultural practices, such as pow wows, National Indigenous Peoples Day events, jigging/dancing, ceremonies, feasts, drumming, singing, etc.			
I feel a strong attachment towards other Indigenous people			
I feel good about my Indigenous background			

The importance of **language, culture, and identity** is reflected in existing land-based programs that reconnect youth back to land as a first approach to health and well-being. It is also reflected in the tripartite education Memorandum of Understanding, signed by Grand Council Treaty #3 signed in May 2021. The goal of this MOU is to “foster mutual understanding and respect, and...help preserve, support and revitalize the language, culture, and identity of Treaty #3 First Nations by supporting First Nations control of education to improve student success.” <sup>(15)</sup>

**"...Ensuring that our educators and knowledge keepers have the opportunities they need to develop better education systems is essential to revitalizing our language and culture and creating better outcomes for our students."**

- Ogichidaa Francis Kavanaugh, Grand Chief of Grand Council Treaty #3

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Well Living House