



First Nations, Inuit and Métis: Hepatitis C elimination

The *Ontario Hepatitis C Elimination Roadmap* is charting the path to eliminate hepatitis C.

More than 110,000 Ontarians are living with hepatitis C, a leading cause of death and chronic illness from an infectious disease. However, with widespread testing, an effective cure and proven prevention strategies, eliminating hepatitis C is within reach. The *Roadmap* outlines strategies to eliminate hepatitis C as a public health threat in Ontario by 2030, including among First Nations, Inuit and Métis communities.

Read the full *Ontario Hepatitis C Elimination Roadmap* at on.endhepc.ca.

Hepatitis C among First Nations, Inuit and Métis peoples in Ontario

Colonialism, racism and trauma have resulted in significant health and social inequities among First Nations, Inuit and Métis peoples, resulting in greater risk of hepatitis C and significant barriers to healthcare. Indigenous culture, community and self-determination create resilience and strength to address hepatitis C.

Provincial hepatitis C strategies need to meet the calls to action from Canada's Truth and Reconciliation Commission, including supporting Indigenous-led programs and increasing cultural competency for non-Indigenous providers. Wholistic healing and well-being strategies for hepatitis C can reconnect people to culture and incorporate Indigenous knowledge and practices.

Indigenous peoples in Ontario are diverse and distinct, including First Nations, Inuit and Métis, both urban and rural. Every community has unique strengths, needs and readiness for hepatitis C interventions and services, and they must be enabled to lead decision-making and planning of services.

How to address hepatitis C among First Nations, Inuit and Métis peoples

- **Fund and support programs for First Nations, Inuit and Métis peoples that are designed and delivered by their own communities**, including Elders, healers and people with lived experience.
- **Support communities and local leadership to define local needs and strategies** and to build readiness for hepatitis C and harm reduction initiatives.
- **Bring hepatitis C services directly to smaller, rural Indigenous communities**, or support people to seek discreet, confidential care outside of the community if desired.
- **Integrate hepatitis C and harm reduction services into existing Indigenous health and social services**, or create meaningful partnerships with non-Indigenous organizations to deliver services.
- **Implement cultural safety and anti-stigma training** for all healthcare providers and creation of Indigenous health navigator roles.