



## *Ne' iikaanigaana* Toolkit

*(Anishinaabe word for 'All Our Relations')*

# Creating Safer Environments for Indigenous Peoples

February 2021

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## Introduction

Evidence has shown that the health care system, and institutions within it, have not always been the safest places for Indigenous Peoples to access and participate in, as both service providers and service receivers. We reflect on the stories of Michelle Labrecque, Brian Sinclair, Joyce Echaquan, and many more, as examples of how a system that is meant to protect and heal, has in some cases resulted in harm.

Systemic racism occurs when an institution or set of institutions working together creates or maintains racial inequity (Ontario, 2020). This can be unintentional and does not necessarily mean that people within an organization are racist. Although there may be some individuals that hold negative perceptions towards the Indigenous population, the focus should be on both individual and organizational change. While some elements of the cultural safety approach will include addressing individual level bias, it is essential that institutions reflect on the existing policies and structures that unintentionally perpetuate discrimination and exclusion.

Evidence shows that systemic racism is often caused by hidden institutional biases in policies, practices and processes that privilege, or disadvantage people based on race (Ontario, 2020). It can be the result of doing things the way they have always been done, without considering or recognizing how they impact particular groups differently.

To genuinely strive towards creating safer environments for Indigenous participation as both service providers and service recipients, it is essential that organizations acknowledge that systemic racism exists and actively confront the unequal power dynamic between groups and the structures that sustain it (Ontario, 2020). To do this work, organizations must consistently assess the structures, policies, and programs they have in place, by implementing monitoring outcomes that ensure fairness and equity for those historically discriminated against when accessing the health care system.

## Intent of Toolkit

This toolkit is designed to support mainstream organizations on their journey towards creating safer environments for Indigenous participation, which is inclusive of participating as both an employee and a client seeking services.

## Creating a Safer Environment for Indigenous People - Vision Statement

Indigenous Peoples are more likely to access care when they need it, if they feel safe and respected and the care that they receive is in line with their wellness beliefs, goals and needs. (*Insert organizational name*) recognizes the significant health gaps that continue to exist for Indigenous Peoples and the importance of providing culturally safe, responsive, high quality, and trauma-informed care. We will do this by implementing equity-based policies, processes, and procedures that support the full inclusion of Indigenous Peoples in the health care system that is free of discrimination.

### **As an organization, we endorse the following equity principles:**

1. We recognize that racism and discrimination exist towards Indigenous Peoples in Canadian society, in the health care system and its institutions, which therefore affects (*insert organization name*) itself.
2. We recognize and respect the unique identities and diversity of Indigenous Peoples and the need for a distinct approach to equity and participation measures for Indigenous Peoples.
3. We recognize the role that the health care system has played in creating and perpetuating harms for Indigenous Peoples, and the impact that these harms have on health behaviours and health status.
4. We recognize our role in combating Indigenous-specific racism in the health care system, in (*insert organization name*) itself and will ensure that mechanisms for handling issues of racism and discrimination are in place that enable personal and organizational accountability.
5. We recognize the need for health care providers and staff to reflect on their own biases and assumptions, and we strive to address power imbalances between health care providers, administrators, leadership/decision-makers, patients/clients, organizations, and communities.
6. We assert our commitment to creating and implementing specific measures that effectively combat Indigenous-specific racism and discrimination at all levels of our organization and to engage in actions to proactively eliminate racism and discrimination.
7. We strive to create an environment that supports the well-being of Indigenous patients/clients, health care providers, staff, and learners.
8. We recognize and acknowledge that cultural service providers and traditional healing practices are legitimate methods of health service provision and are to be valued and treated commensurable to westernized medicine and health care providers.
9. We recognize and acknowledge the importance of incorporating wholistic care (physical, spiritual, mental, and emotional) needs into the programs and services we deliver.
10. We recognize and acknowledge the importance of developing and maintaining trusting, respectful, purposeful, and reciprocal relationships with Indigenous populations and communities.
11. We recognize, acknowledge, and respect Indigenous self-governance and the right of Indigenous Peoples to lead the development of actionable strategies and be fully involved from the beginning in decision-making processes with a commitment to reciprocal accountability.

**As an organization, (*insert organization name*) will therefore:**

1. Actively identify and challenge individual and systemic acts of Indigenous-specific racism and discrimination within our organization and the services we deliver.
2. Equip trustees, executives, managers and all employees with knowledge and skills to recognize and challenge Indigenous-specific racism and discrimination within our organization and the services we deliver.
3. Ensure that trustees, executives, managers, and all employees are responsible and accountable for challenging Indigenous-specific racism and discrimination within our organization and the services we deliver.
4. Foster respect daily, regardless of racial or ethnic background, amongst trustees, executives, managers, and all employees.
5. Ensure that any reported acts of racism or discriminatory treatment against Indigenous people are investigated, and the individual who made the report is supported throughout the process and protected against reprisals.
6. Ensure that executive leadership and management team members understand their legal responsibilities as “directing minds (senior officials)” to act immediately when a situation of potential racism and discrimination is witnessed or reported.
7. Continually monitor and assess progress towards addressing Indigenous-specific racism and discrimination within our organization and the services we deliver.
8. Provide Indigenous cultural safety and humility training to all trustees, executives, managers, and all employees to create safer environments for Indigenous patients/clients, health care providers, staff, and learners.
9. Actively evaluate the success of equity and anti-racism progress to ensure lessons learned are documented, promising practices are highlighted, and areas of improvement are identified so that other organizations can benefit from the learnings.
10. Develop and implement policies, procedures, training, structures etc. that advances Indigenous patient/client safety and satisfaction to ensure the best health care experience possible.

Signatures:

<Name> <Date>

<Title>

<Name> <Date>

<Title>

# Creating Safer Environments for Indigenous People - Principles

## Background

Racism, including systemic racism within the health care system, is a significant contributor to the lower life expectancy and poorer health outcomes experienced by Indigenous Peoples. Racism is not limited to interpersonal issues during the provision of health services; rather, structural racism is evident throughout the Canadian health care system. Structural racism exists in the policies and practices of the Canadian public health system and other sectors, which has profound negative impacts on access to health care and health disparities. Racial discrimination in the health care system, as well as broader Canadian society, has direct physiological effects on health. Racial discrimination negatively impacts health through the:

- Direct effects of stress arising from interactions that are perceived to be discriminatory.
- Denial of access to resources such as health care that fits with peoples' needs.
- Internalization of stigma and discrimination.
- Vigilance that is required in anticipation of negative treatment, which leads to stress and often tense social interactions.
- Avoidance of accessing the health care system due to negative past experiences.

To combat racism successfully, it takes a collective effort to acknowledge it exists and design strategies that promote equity and inclusion.

## Purpose

The purpose of the Nii' kinaaganaa Toolkit (Anishinaabe word for 'All Our Relations') is to educate workers at all levels within the health care system and equip them with tools and resources that can effectively move organizations towards equity and inclusion for Indigenous Peoples.

## Principles

- Inclusion has been embraced as a core competency and embedded within the organizational culture at all levels
- Indigenous self-determination and governance processes will be respected and overtly supported wherever possible
- Indigenous laws and governance systems are recognized and treated as equal entities
- Approaches are strength-based and inclusive of Indigenous worldviews
- There is a recognition of diversity and uniqueness within the Indigenous population
- *Truth and Reconciliation Calls to Action* and the *United Nations Declaration on the Rights of Indigenous Peoples* are recognized and meaningfully actioned across the organization
- Relationships are built upon trust and mutual respect
- Engagement is purposeful and reciprocal

- The growth and development of Indigenous Peoples is acknowledged and promoted at all levels of the organization
- Human rights and responsibilities are promoted and respected. Employees are free of concerns related to basic equity issues
- Indigenous clients/patients feel safe receiving services across the organization
- Traditional healing methods and medicines are accepted and promoted among all practitioners within the organization.
- The organizations value and respect Indigenous employees, volunteers, and learner's cultural identity.

# Strategies and Tips to Create Safer Environments for Indigenous People

Strategy	Tips for Moving Forward
<p><b>Demonstrate organization-wide commitment to inclusion, equity and anti-racism</b></p>	<ul style="list-style-type: none"> <li>• Ensure the organization has made a public commitment to addressing Indigenous-specific racism and creating greater cultural safety for Indigenous patients, staff, health care providers, and learners.</li> <li>• Develop and adopt a definition of Indigenous cultural safety to guide the organization's efforts in this area and to benchmark and measure progress against.</li> <li>• Embed anti-racism and cultural safety as a responsibility of all staff by including cultural safety indicators in the performance management process.</li> <li>• Develop a strategy that focuses on the hiring, development, and advancement of Indigenous peoples across all levels and departments of the organizations.</li> <li>• Develop and adopt an Indigenous-specific anti-racism, equity, and inclusion vision and mission statement (see Appendix 1).</li> <li>• Develop and adopt an Indigenous-specific anti-racism, equity, and inclusion policy (in development).</li> <li>• Organizational ICS framework, self-assessment checklist and activities to enhance ICS is in development.</li> </ul>
<p><b>Provide ongoing opportunities for staff to strengthen and renew their understanding of cultural safety and Indigenous health</b></p>	<ul style="list-style-type: none"> <li>• Make cultural safety and anti-racism training mandatory for all staff, health care providers, administrators, learners, and volunteers within the organization regardless of position. Initiate training at the leadership level to demonstrate its importance across the organization as well as support departments and teams to apply their learnings.             <ul style="list-style-type: none"> <li>○ It is essential that all staff receive this mandatory training, which includes but is not limited to board of governors, administrators, physicians, specialists, allied health, security, volunteers, etc.</li> </ul> </li> <li>• Foundational Indigenous cultural awareness training topics should include major events and policies that have shaped health care experiences for Indigenous people, such as:             <ul style="list-style-type: none"> <li>○ Residential Schools, Indian Day Schools, Indian Hospitals, Sixties Scoop, Millennial Scoop, Indian Act, Forced Sterilization, Murdered &amp; Missing Women, Jordan’s Principle, current day systemic racism (within health and the justice systems), historical and current factors contributing to a high number of children in care.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Create a training and education plan that extends beyond foundational Indigenous cultural awareness training. Identify and prioritize further training that is relevant to your organizational area (e.g., Indigenous contact tracing, Indigenous bioethics curriculum). <ul style="list-style-type: none"> <li>○ Part of your training and education plan should include prioritization areas within your organization in which Indigenous communities and people have identified as causing the most harm (often these include emergency departments, mental health and addictions, maternity, and social work).</li> </ul> </li> <li>• Provide ongoing opportunities for staff to participate in training and education that may include but is not limited to: <ul style="list-style-type: none"> <li>○ Online curriculum, guest speakers, lunch and learns, workshops, taking workers out into the community.</li> </ul> </li> </ul>
<p><b>Consistently build and strengthen sustainable relationships with Indigenous communities and organizations</b></p>	<ul style="list-style-type: none"> <li>• Collaborate with Indigenous communities and organizations to identify and establish reciprocal learning and engagement opportunities. It is essential that when staff are given the opportunity to be welcomed into a community through participation and/or involvement in community events, cultural activities, and so forth, the leadership team not only supports but encourages staff to seize the opportunity. <ul style="list-style-type: none"> <li>○ Determine with Indigenous partners who is responsible for sharing cultural protocols prior to participating in cultural activities and community events (e.g., certain protocols required for ceremonies such as sweat lodges).</li> <li>○ Have staff go out into communities (go to the people) to see how community services are delivered and create an environment where they can ask questions.</li> <li>○ Participate in cultural events to help educate and reduce stigma, including Indigenous peoples on the planning tables for such events.</li> <li>○ Celebrate National Indigenous Peoples Day (June 21<sup>st</sup>) and Orange Shirt Day (September 30<sup>th</sup>) in which an Indigenous Advisory Circle directs the activities taken.</li> </ul> </li> <li>• Similarly, the leadership team should consistently consider opportunities to invite Indigenous communities and organizations to various learning events and opportunities. For example, if the organization is hosting a professional development session that might be relevant, or that Indigenous counterparts might benefit from, the leadership team should:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Reach out to leadership of Indigenous agencies to share learning opportunities and determine interest in participation and/or co-hosting (if applicable)</li> <li>○ Participate in community health career fairs and ask Indigenous community agencies to have booths at organizational health fairs.</li> </ul>
<p>Adopt a “nothing for us, without us” mentality</p>	<ul style="list-style-type: none"> <li>• When initiating strategic and/or operational planning that potentially includes Indigenous foci, ensure engagement with Indigenous partners occurs up front and is not an after thought. Do not presume to know what the Indigenous community would benefit from through organizational strategic planning; rather, have them be an integral part of the planning process from the initial stages.</li> <li>• Be willing to take the lead from communities – they will specify the level of involvement they wish to have in different initiatives.</li> <li>• Ask for input into quality improvement projects to ensure you are inclusive of Indigenous voices at the beginning of the quality improvement planning process to ensure meaningful engagement and input.</li> <li>• Ensure that agreements are in place indicating how the organization intends to work with Indigenous partners, based off best practices identified from Indigenous agencies.</li> <li>• Develop implementation plans to support work that is described within agreements. Ensure that implementation plans include: <ul style="list-style-type: none"> <li>○ Indicators that are outlined clearly and jointly developed.</li> <li>○ Measurement strategies to support data collection.</li> <li>○ Evaluation plans to reflect upon the partnership.</li> </ul> </li> <li>• Outreach to key partners who might be able to assist when designing and implementing Indigenous-specific programs and services or programs and services that are targeted at Indigenous populations. <ul style="list-style-type: none"> <li>○ Some communities have Aboriginal Health Access Centres, Interprofessional Indigenous Primary Care Teams, Indigenous Family Health Teams, Indigenous Nurse Practitioner Led Clinics, Indigenous Community Health Centres, and First Nation Health Services closer by. These settings have access to doctors, nurses, and allied health services (including traditional practitioners).</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Additional non-health related agencies may include Ontario Federation of Indigenous Friendship Centres (OFIFC), Métis Nation of Ontario (MNO) local chapters, Inuit associations.</li> </ul>
<p><b>Implement a wholistic continuum of care to support Indigenous needs from beginning to end of service provision</b></p>	<ul style="list-style-type: none"> <li>• Develop and implement opportunities to gather timely and actionable input from Indigenous leaders and community members from the communities in your catchment area. Ensure that this input drives the development and implementation of Indigenous-specific programs and services.</li> <li>• Where possible, hire Indigenous staff to lead programs and services for Indigenous people and communities.</li> <li>• Appreciate and communicate to staff, health care providers, and organizational leaders that Indigenous people have choices in the health system that support their wellness journey. For example, provide access to Indigenous cultural service providers/traditional healers as requested.</li> <li>• Involve Indigenous agencies or organizations in the selection of training agents for services pertaining to Indigenous peoples.</li> <li>• Invite and include front line workers where possible, to: <ul style="list-style-type: none"> <li>○ Weekly rounds where appropriate, including traditional healers as discussion leads to inform of traditional practices that can be integrated into practice to provide a holistic approach to care.</li> <li>○ Discharge planning meetings, especially from a community perspective to ensure appropriate services are in place to support transition needs.</li> <li>○ Care coordination to help prepare for the patient to be released, not just from a physical perspective but emotional and mental preparation as well, taking into consideration any social determinants of health supports needed.</li> </ul> </li> </ul>
<p><b>Respect and Support Indigenous people and communities’ right to self-determination</b></p>	<ul style="list-style-type: none"> <li>• Develop ways to understand community political systems and knowledge about how Indigenous communities make decisions (within First Nations, urban, rural; Métis; and Inuit)</li> <li>• Complete an environmental scan to understand which Indigenous communities and agencies are within catchment area that include, but are not limited to: <ul style="list-style-type: none"> <li>○ First Nation reserves, Aboriginal Health Access Centres, Indigenous Interdisciplinary Primary Health Care Teams, Indigenous Family Health Teams, Ontario Federation of Indigenous Friendship</li> </ul> </li> </ul>

	<p>Centres, Métis Nation of Ontario chapters, and Inuit Associations and Affiliations</p> <ul style="list-style-type: none"> <li>• Understand and appreciate the local treaties, ensuring that people know what this understanding and appreciation means and why it is important. This should be an ongoing appreciation that extends above and beyond Treaty Recognition Week, Indigenous history month, etc.</li> <li>• If implementing or utilizing a land acknowledgement prior to paramount meetings and events, ensure that it is accompanied by an educational component so that those listening to the land acknowledgement understand the purpose and role of land acknowledgements in reconciliation. <ul style="list-style-type: none"> <li>○ It is also important to ensure meaningfulness of land acknowledgements every time that people hear them, and that they are not mechanical and habitual statements with little meaning because they have been heard countless times.</li> <li>○ When determining whether a land acknowledgement is necessary or not, consider how it relates to the agenda of the meeting and topics for discussion.</li> <li>○ Rather than asking for Indigenous people or agencies to develop or deliver a land acknowledgement, it is more meaningful if the non-Indigenous agencies lead the land acknowledgement, as these are one small act that organizations can take towards reconciliation.</li> </ul> </li> <li>• Respect Indigenous communities' right to self-determination and their governance activities.</li> <li>• Acknowledge that communities set the direction for their own wellness paths. Be a willing partner to support their direction.</li> <li>• Commit to promoting and supporting Indigenous Health in Indigenous Hands wherever and whenever possible.</li> </ul>
<p><b>Provide Care as Close to Community as Possible</b></p>	<ul style="list-style-type: none"> <li>• Wherever possible, move health-based services into communities to leverage the existing: <ul style="list-style-type: none"> <li>○ Trusting relationships with providers and spaces for providing care.</li> <li>○ Language and translation support that are commonly spoken by the community.</li> <li>○ Integrated forms of healing (recognizing that social determinants cannot be delivered in isolation).</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Culturally safe environments (where equity and inclusion are cornerstones to the services delivered).</li> </ul>
<p><b>Incorporate both Western and Indigenous Health Practices as Equal Contributing Entities</b></p>	<ul style="list-style-type: none"> <li>• Deliver care from a wholistic framework that addresses the physical, mental, emotional, and spiritual needs of an individual and family.</li> <li>• Implement a training process where health care practitioners: <ul style="list-style-type: none"> <li>○ Become educated about traditional approaches to healing and medicines.</li> <li>○ Collaborate with traditional healers for utilization, ensuring that the use of traditional medicines is implemented by practitioners in your institutions when requested by Indigenous clients.</li> </ul> </li> <li>• Implement processes where the western medical model embraces traditional approaches to healing, which may include, but is not limited to: <ul style="list-style-type: none"> <li>○ Developing referral processes to and from traditional services and ensure practitioner use.</li> <li>○ Establishing client care pathways and ensure practitioner use.</li> <li>○ Designate a space within the organization which can be used for traditional practices and ceremonies. Ensure appropriate ventilation systems are in place for smudging and other ceremonies. This is a designated place where individuals can freely: <ul style="list-style-type: none"> <li>▪ Use traditional medicines.</li> <li>▪ Participate in ceremony.</li> </ul> </li> </ul> </li> <li>• Outline and communicate expectations to practitioners that Indigenous clients have a right to receive both traditional and western medicine if requested and that all clients are allowed choice. Implement an evaluation process to ensure this expectation is being met (e.g., include questions on client experience survey).</li> <li>• Ensure all departments within the organization are aware of traditional resources that can be accessed upon request from Indigenous clients (e.g., develop and make readily available a contact list of cultural service providers/traditional healers).</li> <li>• Determine if there are ways to second cultural service providers/traditional healers to support work internally within your institutions (e.g., find out if Indigenous organizations have this service available locally).</li> </ul>

**Provide Culturally Connected Care**

- Recognize that Indigenous peoples vary in their journey towards reclaiming their culture and may not want to engage in cultural practices, traditional healing, or traditional foods.
  - First Nations, Inuit, and Métis Peoples have unique and varied cultures. Avoid making assumptions about cultural expectations that Indigenous peoples may have for the organizations. Recognize that cultural practices and ceremonies are different among these groups so do not assume that all Indigenous peoples will want to participate (e.g., Sundance Ceremonies is typically Plains First Nations from Western Canada and not often practiced in other areas).
- Support the use of Indigenous languages (e.g., by providing translated health education materials and signage).
- Display artwork from local Indigenous artists prominently in the organization.
- Recognize that not all services need to be delivered by your organization’s staff. This is where community partnerships may play a role.
- Recognize the sacred family and community networks of support (family and connections are beyond blood), ensuring that traditional family roles and connections are respected.
- Encourage traditional foods by:
  - Asking clients if they would like to engage in traditional practices (which includes food preferences).
  - Supporting families to bring in traditional foods whenever possible.
  - Promoting the use of traditional foods whenever possible in meal and menu planning.
  - Ensuring dietitians receive appropriate training on traditional foods so that they can support healthy eating from a cultural perspective.

**Operate Under Jordan’s Principle**

- If you ever run into an issue where jurisdictional ambiguity exists:
  - Provide care and work out the jurisdictional issues later.
  - Do not allow situations where First Nations children go without care because of jurisdictional squabbling (e.g., between federal, provincial, public health departments, etc.).

# What a Successful Partnership with Indigenous Communities and Organizations Can Look Like

Success means different things to different communities. Developing meaningful partnerships are key when working with Indigenous communities, organizations, and people. Remember there is a great deal of diversity in Indigenous communities and it is essential to understand who you are working with. Establishing elements of a successful partnership is a good way to begin a conversation. Be clear and up front about intentions. Communities will guide you in discussions and it is important to take the lead from them. The model below describes key elements for consideration.

## A Successful Partnership



## Elements of a Successful Partnership

Cultural safety, self determination and equitable sharing of resources are foundational components of a successful partnership.

### Cultural Safety

- Establishing an environment that is free of racism and discrimination
- Partners constantly assess and review organizational structures to determine if the environment is inclusive of the Indigenous population
- Patient/client satisfaction is measured, and we will work to improve upon outcomes
- Develop and implement policies, procedures, training etc. that advance cultural safety across the organization for patients/clients, staff, health care providers, and learners
- Recognition of and respect for the inclusion of traditional forms of wellness and healing into the care environment

### Humility

- Ability to reflect on one's own culture and privilege in relation to other people and communities
- Recognize that there are other ways of looking at things
- Recognize that Indigenous communities are the experts in their own experiences, and you can follow their lead. Following can be a form of leadership

### Self Determination

- Respectful of the right to Indigenous self-determination
- Respect that there is diversity in Indigenous communities (First Nation on-reserve, urban, rural; Métis; and Inuit)

### Equitably Resourced

- Recognize the different resources available to Indigenous organizations as compared to mainstream organizations and account for these in the partnership development process.
  - Resources can include human resources, financial resources, space, training, etc.

### Mutually Beneficial

- Both partners evaluate annually, utilizing a partnership evaluation framework, to ensure the partnership is effective for both parties and the benefits of the relationship are reciprocal.
- Be respectful of each other. Trust is measurable through actions. Flexibility, open communication, and transparency are essential.
- Collaboratively build a relationship that is founded on mutual respect, with each partner expressing commitment to agreed upon principles, formally through a partnership agreement.

- The partnership will evolve over time as circumstances warrant and this agreement will be reviewed annually and revised when and if warranted, by both parties.
- Ensure both partners validate the partnership from a similar lens. Do both partners view the partnership as beneficial?

#### Common Vision

- The partnership goals are clearly defined and outlined in the partnership agreement.
- Processes are identified that will ensure fewer Indigenous patients/clients are falling through the cracks within the hospital in-patient, out-patient, and discharge systems.
- Clear patient/client pathways are mapped out to help ensure smooth transitions between organizational and community services.
- Both parties are working together in collaboration with patients, families, and communities to achieve a common purpose.
- There is evidence of improved health outcomes and increased client satisfaction overall.

#### Partner Roles are Clearly Laid Out

- Roles, responsibilities, and expectations of each partner are clearly laid out through partnership agreements to help ensure that everyone is on the same page
- Each partner understands what they are accountable for and to whom
- Recognize the complementary and distinct expertise, responsibilities, mandates, and accountability structures of each party
- Review the identified role, responsibilities, and expectations on a quarterly basis to ensure both parties are consistently meeting what is expected of them and develop a corrective action if expectations are not being met by either party.

#### Executive is Supportive and Engaged

- The organization's board and executive are overtly supportive of the partnership.
- They are engaged in the relationship.
  - For example, a member of the senior leadership team sponsors the partnership, leading, monitoring, and actively contributing to initiatives
- Indigenous organizations are actively involved in the strategic planning process (plan with, not plan for). Engage at the onset in a meaningful way and include in the development of workplans and quality improvement projects that involve an Indigenous focus.
- They participate in joint meetings with Indigenous leadership to hear about any concerns and are committed to working with the community to address anything identified.

### Structural Approaches are Outlined

- Both partners lend efforts to coordination of the partnership, through structures such as steering committees, action committees, working groups, advisory circles, and a meeting schedule.

### Frequent & Honest Communication

- Open and transparent communication among the partners.
- Information is shared freely and honestly. The partners speak truthfully to each other to help ensure on-going commitment.
- Communication needs to be regular and action items are documented for follow-up.

### Attention is Paid to Significant Issues

- Identify areas that require action immediately and work together to ensure it is acted upon and communicated to all relevant parties.

### Problem Solving that is Constructive

- Difficulties or challenges that arise are reviewed and responded to and are opportunities to mutually resolve to build a better relationship.

### Monitoring and Evaluation are Ongoing, and we Adapt when Necessary

- Evaluate the relationship and amend accordingly should issues arise.
- Celebrate successes together as we are learning and supporting one another to do better for our Indigenous patients/clients and their families/caregivers.

### Respect for Patient Choice

- Respect for individual patient/client choice is supported by both parties
- Both parties will work together to support the patient/client experience
- All care delivered will be patient/client-centred and guided by their input

# Potential Ways to Support Indigenous Participation During the COVID-19 Response

Summary of Strategies
<p><i>Where possible, support for services should be offered through Indigenous organizations</i></p> <ul style="list-style-type: none"> <li>• This maintains Indigenous health in Indigenous hands</li> <li>• These organizations have already established trusting relationships with the local Indigenous population and are more likely to reach them with health messaging and will have greater likelihood of vaccine uptake</li> <li>• The community takes the lead on their health outcomes</li> <li>• Be there as a willing partner to assist when asked</li> <li>• Do not forget to say you are there and are willing to help – take the lead from the community</li> </ul>
<p><i>Inclusion of Community Workers</i></p> <ul style="list-style-type: none"> <li>• Have community workers potentially support COVID activities, such as vaccine roll out (there are community nurses already providing this service in their agencies), especially when communities or agencies are in close proximity that provide health care services. These agencies and health resources may include:             <ul style="list-style-type: none"> <li>○ First Nations Health Centres                 <ul style="list-style-type: none"> <li>▪ Public health nurses</li> <li>▪ Community health nurses</li> <li>▪ Visiting doctors</li> </ul> </li> <li>○ Indigenous Primary Health Care Council (located in 28 locations across the province)                 <ul style="list-style-type: none"> <li>▪ Aboriginal Health Access Centres</li> <li>▪ Indigenous Community Health Centres</li> <li>▪ Indigenous Interprofessional Primary Care Teams</li> <li>▪ Indigenous Family Health Teams</li> <li>▪ Indigenous Nurse Practitioner Lead Clinics</li> </ul> </li> <li>○ Sioux Lookout First Nation Health Authority (SLFNA)                 <ul style="list-style-type: none"> <li>▪ SLFNA operates a public health department</li> <li>▪ SLFNHA operates a medical hostel in Sioux Lookout</li> <li>▪ Support medical travel coordination for communities in their catchment area</li> </ul> </li> <li>○ Weeneebayko Area Health Authority (WAHA)                 <ul style="list-style-type: none"> <li>▪ Weeneebayko General Hospital</li> <li>▪ WAHA operates a medical hostel in 3 locations                     <ul style="list-style-type: none"> <li>Timmins</li> <li>Kingston</li> <li>Moosonee</li> </ul> </li> <li>▪ Operates a medical charter service 5 days a week</li> </ul> </li> <li>○ Meno Ya Win Health Centre                 <ul style="list-style-type: none"> <li>▪ General hospital located in Sioux Lookout Zone</li> </ul> </li> </ul> </li> </ul>

- Complete an environmental scan to determine what agencies are within the local catchment area and what COVID services are currently being offered that could be leveraged for COVID activities.

### ***Public Health Messaging***

- Community workers are already in an opportune position to support public education by addressing questions from a cultural safety lens. Potential supports with delivering health messaging may include:
  - Indigenous health staff/Indigenous leads within own organization
  - Ontario Federation of Indigenous Friendship Centres
  - Métis Nation of Ontario – Community Support Services may be able to assist with public health education
- Explore other opportunities to seek Indigenous input into messaging to ensure it is representative of the population
  - Consider working with Indigenous organizations to co-author messages that can be disseminated right away
  - Explore if Indigenous developed health communication exists already from Indigenous agencies at a local, provincial, or national level, and if it available for use. This can assist with appropriate messaging.
  - Find out what the COVID-related needs may be, such as vaccine hesitancies, within local Indigenous communities. Indigenous agencies will be helpful in gathering this type of information.
  - Start with your existing messages and have them provide input (tailor where necessary)
  - Support roll out of COVID activities, such as testing and assessment, to communities
- Support the development of PSAs that include Indigenous voices to educate about the importance of the COVID-related information, such as public health measures and vaccine uptake.

### ***Organizational Staff go to Communities to Provide Service if Needed***

- Be willing to provide service in community sites – have workers go to communities – similar to hospital staff going to Long Term Care (LTC) sites for support due to human resources shortages
- Support needed could be coordinators, vaccinators, administration, and/or cleaning staff to assist with infection control measures
- Be willing to provide training supports. Examples include infection control measures, tips for the set-up of a COVID vaccine clinic, understanding typical Q&As to help respond to community questions etc.
- These environments are safer and supported by other community-based services
  - They can help get the word out and support appointment bookings
- This can be done in collaboration with community staff
- Take the lead and direction from the community
- Ask them if they would want or need this type of support

### ***Transportation Supports***

- Many Indigenous organizations have client transportation supports, such as vans, to transport clients to and from appointments
- This can be arranged to support prioritization and dissemination efforts within the Indigenous population

### ***Mobile Units***

- There are mobile testing and screening buses in Toronto and Ottawa that are administered through Anishnawbe Health Toronto and Wabano Centre for Aboriginal Health.
- There is a possibility to bring the mobile units to locations where the vaccines are located
- They can support providing vaccines to the Indigenous population (creating a safe space for inclusion)
- These mobile units also integrate other services such as primary care supports, COVID screening and testing, mental health and addictions support etc.

### ***Data Collection and Self-Identification***

- Work with local community to develop self-identification questions
- Train workers to ask the self-identification questions (community organizations can potentially assist with this)
- There may even be a possibility to have community worker staff come in and support with data collection if vaccine days are promoted for the Indigenous population
- This way Indigenous (trusted voices) are on site to discuss the importance of self-identification and address any questions that might be raised – this also creates and supports a modeling exercise for other staff members within your organization
- Create systems that ensure data sharing opportunities – it is important for the communities to know health outcomes as they also hold valuable information that can support the service delivery environment

### ***Communication Channels***

- Communicate what you know to communities (even if you do not know any additional information)
- This supports accountability and transparency to the population
- At this time, the Indigenous population is questioning how they are a priority population and what that means for receiving the vaccine, as this is not being communicated effectively There appears to be little coordination happening at the community level
- Remember to communicate with leadership (Chief and Council members; CEOs; Executive Directors of Indigenous organizations) on a regular basis.
- Communication methods can include phone calls or emails. Ideally, initial communication is leadership to leadership. Show the community your commitment and service to them. When able, face-to-face meetings are really encouraged. Be willing to meet in their settings or home communities.
- Be willing to address questions should they arise
- Do not be afraid to say you do not know or that you are looking for guidance from the community to ensure inclusion, effective participation, and equity

### ***Support Referrals***

- Support referrals for COVID vaccines to Indigenous sites when available
  - Ensure pathways are mapped out for First Nation, Métis, and Inuit people
  - Help to support an environment that is safe and trusted
- Take all opportunities to educate and promote vaccine uptake – can be done via emergency department services, out-patient clinics, upon discharge etc.

- Community providers can also support delivering the same messaging – therefore it is important to be on the same page (sharing consistent information)
- Look to include Indigenous specific communications in your public education tools and resources
  - Communities can help you identify where these exist and point you in the right direction

### ***Share Lessons Learned***

- Be willing to share lessons learned with communities and health care providers (what did you learn from implementing your pilots?)
  - What worked well?
  - What did not work well?
  - Challenges experienced and actions taken to address them
- Create a dialogue to support community implementation efforts
- Ask communities if they wish to hear this information
  - It helps promote transparency and accountability
- Be open and willing to brainstorm solutions to challenges experienced should the community outreach to discuss
- Let them know you are there and willing to help when and if they need it
- This can be a reciprocal process. You can outreach to them for input and guidance when needed.

### ***Logistical Channels***

- There are several Indigenous hubs that can support dissemination of information, vaccinations, supplies, etc.
  - Many IPHCC members have relationships with surrounding First Nation communities
- They currently provide COVID testing and assessment support via relationship and partnership agreements
- They provide outreach primary care supports to surrounding communities
  - It is important to ask and identify what capacity exists in the communities to respond
  - Again, this points to the importance of conducting an environmental scan to see what is going on
- They have established dissemination networks (to support existing services)
  - IPHCC members service all Indigenous people regardless of affiliation (First Nation, Métis, or Inuit)
- IPHCC members currently provide flu vaccine clinics, which would be a great alignment opportunity to support existing vaccination rollout

### ***Guidance Documents***

- Community health providers can help interpret guidelines for the Indigenous population
- Develop a consistent understanding of the guidance provided so that everyone is communicating the same messaging
- Share what you know about the guidance documents disseminated

### ***Complaints or Concerns Procedure***

- Establish a procedure to ensure that patients/clients can report any concerns should any arise and there is a corrective action plan in place.
- Communicate the process to clients/patients so that they are aware of how to use this process if they need to.
- Let them know that they should expect quality service no matter what service they are accessing

- Be prepared, that some individuals will call upon their community health representatives to advocate for them.
  - You may receive inquiries from front line community providers sharing the experience that their community member conveyed to them
  - Often individuals will wait until they get back home before they feel comfortable or safe to talk about their experiences while receiving care
  - If you receive these types of inquiries, it is important to do an internal examination of your processes. You need to ask questions like:
    - Why might people not be comfortable using our existing processes to bring forth their concerns?
    - Are we actively seeking to resolve the issues brought forward?
    - Are there consequences to inappropriate behaviours?
    - Are we seeing trends in the concerns brought forward? Are we seeing trends in certain departments?
    - Are we asking the patient or loved ones involved, about their experiences to ensure it is client-centred and they do not lose their voice?

#### ***Be Willing to Hear About Fears and Insecurities***

- Lack of trust in the system might produce responses and behaviours associated with fear
- Let communities know that you are willing to take the lead from them
- If communities are not ready to engage, let them know you will be willing to engage whenever they are ready

#### ***Remember that you have Indigenous staff working in your institutions***

- Do Indigenous people working in your institutions meet the criteria for selection and inclusion?
  - Refer to guidance documents for interpretation (i.e., for testing and assessment, vaccination dissemination)
- Do they live in communities where they can potentially take COVID back to their home settings?
  - How is risk assessed in your organizations?
  - Did you seek Indigenous guidance to help interpret guidelines?
  - Remember to ask if they received the vaccine in their home communities – coordination between services and systems is important
- These staff might also be able to assist with:
  - Vaccine dissemination to Indigenous population
  - Public and peer education efforts
  - Data collection efforts
  - Engagement with local Indigenous organizations

#### ***Operate under the Jordan's Principle***

- If you ever run into an issue where jurisdictional ambiguity exists, operate under Jordan's Principle
  - Provide care and work out the jurisdictions later
  - Do not allow situations where people go without care because of jurisdictions (federal, provincial, public health, departments etc.)

## Key definitions

February 2021

Term	Definition	Source
<b>Indigenous Peoples</b>	'Indigenous peoples' are a collective name for the original peoples of North America and their descendants. Often, 'Aboriginal peoples' is also used. The Canadian Constitution recognizes three groups of Aboriginal peoples: First Nations, Inuit, and Métis. These are three distinct peoples with unique histories, languages, cultural practices, and spiritual beliefs.	<a href="#">Government of Canada</a>
<b>Health Care Providers</b>	A regular health care provider is defined as a health professional that a person sees or talks to when they need care or advice about their health. This can include a family doctor or general practitioner, medical specialist, or nurse practitioner.	<a href="#">Government of Canada</a>
<b>Anti-Indigenous Racism</b>	Anti-Indigenous racism is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous Peoples within Canada. It includes ideas and practices that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada.	<a href="#">Ontario Health – Building a Framework &amp; Plan to Address Equity, Inclusion, Diversity &amp; Anti-Racism 6</a> <a href="#">CSI Consultancy Inc. © 2020</a>
<b>Well-being</b>	Is defined as a balance across physical, spiritual, emotional, and mental aspects of the self. Well-being is integrated and inclusive of all aspects of being and is reflective in the social determinants of health.	Tools of Resiliency
<b>Wholistic Care</b>	Indigenous health centres share a common Model of Wholistic Health and Wellbeing. This model focuses on the restoration and rebalancing of the physical, mental, emotional, and spiritual wellbeing of Indigenous peoples, families, communities and nations.	Tools of Resiliency
<b>Traditional Healing Practices</b>	Traditional Healing promotes and strives to deliver programs and services which promote	<a href="#">Aboriginal Health Centre</a>

	spiritual/emotional growth and wellness from a holistic and cultural lens.	
<b>Traditional Health Practitioners</b>	Are community approved healers, teachers and, facilitators who dedicate themselves to bring about an awareness of our true spiritual heritage	<a href="#">Aboriginal Health Centre</a>
<b>Cultural Services Providers</b>	Cultural Services Providers include Traditional Healers, Knowledge Keepers, Medicine People, Elders, Land-based Coordinators, Natural Helpers, Language Keepers etc.	IPHCC
<b>Directing Minds (in Ontario Human Rights)</b>	The employee who is part of the “ <b>directing mind</b> ” engages in harassment or inappropriate behaviour that is contrary to the OHRC Code related to Organization Responsibility; or. The employee who is part of the ' <b>directing mind</b> ’ does not respond adequately to harassment or inappropriate behaviour of which he or she is aware or ought reasonably to be aware.	<a href="#">Ontario Human Rights Code</a>
<b>Structural Racism</b>	Is a system in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white privilege and disadvantages associated with “colour” to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic, and political systems in which we all exist	<a href="#">Ontario Health – Building a Framework &amp; Plan to Address Equity, Inclusion, Diversity &amp; Anti-Racism 6</a> <a href="#">CSI Consultancy Inc. © 2020</a>
<b>Systemic Racism</b>	Organizational culture, policies, directives, practices, or procedures that exclude, displace, or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others.	<a href="#">Ontario Health – Building a Framework &amp; Plan to Address Equity, Inclusion, Diversity &amp; Anti-Racism 6</a> <a href="#">CSI Consultancy Inc. © 2020</a>

<p><b>UNDRIP - United Nations Declaration on the Rights of Indigenous Peoples</b></p>	<p>The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) is an international instrument adopted by the United Nations on September 13, 2007, to enshrine (according to Article 43) the rights that “constitute the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world.”</p>	<p><a href="#">BC arts reference</a></p>
<p><b>Truth and Reconciliation (TRC) - Health Calls to Action</b></p>	<p>The TRC is a component of the Indian Residential Schools Settlement Agreement.</p> <p>Its mandate is to inform all Canadians about what happened in Indian Residential Schools (IRS). The Commission will document the truth of survivors, families, communities, and anyone personally affected by the IRS experience.</p> <p>This includes First Nations, Inuit and Métis former Indian Residential School students, their families, communities, the Churches, former school employees, Government, and other Canadians.</p> <p><a href="#">There were 94 total Calls to Action with Six related To Health.</a></p>	<p><a href="#">TRC</a></p>
<p><b>Cultural Identity</b></p>	<p>A positive Aboriginal cultural identity is comprised of several interrelated features, including the <b>perception of oneself as Aboriginal</b>, considering this to be important, having positive feelings about being Aboriginal, wanting to remain an Aboriginal person, and expressing these in one's daily behaviour.</p> <p>San ‘Yas Definition - Culture can be defined as the “commonalities around which a group of people have developed values, norms, family styles, social roles and behaviours, in response to the political, economic and social realities they face”.</p>	<p><a href="#">cjns19no1_pg1-36.pdf (brandonu.ca)</a></p>

<b>Indigenous Community</b>	<p>“Indigenous” means ‘native to the area.’ It is the preferred collective name for the original people of Canada and their descendants. This includes First Nations (status and non-status), Métis and Inuit. It is important to remember that each Indigenous nation in the larger category of “Indigenous” has its own unique name for its community (e.g., Cree, Ojibwa, Inuit).</p>	<p><a href="#">Ministry of Health – Relationship with Indigenous Communities Guideline, 2018</a></p>
<b>Jordan’s Principle</b>	<p>Jordan's Principle ensures all First Nations children living in Canada can access the products, services, and supports they need, when they need them. Funding can help with a wide range of health, social and educational needs, including the unique needs that First Nations Two-Spirit and LGBTQQIA children and youth and those with disabilities may have.</p> <p>Jordan's Principle is named in memory of Jordan River Anderson. He was a young boy from Norway House Cree Nation in Manitoba.</p>	<p><a href="#">Government of Canada</a></p>

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