

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
18 June 2018 / 18 juin 2018**

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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2018-OPH-KPQ-0003**

**SUBJECT: RECONCILI-ACTION AT OTTAWA PUBLIC HEALTH: UPDATE**

**OBJET: MISE À JOUR SUR LE PLAN DE RÉCONCILI-ACTION DE SANTÉ  
PUBLIQUE OTTAWA**

### **REPORT RECOMMENDATIONS**

**That the Board of Health for the City of Ottawa Health Unit:**

- 1. Approve the Ottawa Public Health Reconcili-ACTION Plan, as discussed in this report and detailed in Document 1;**
- 2. Recognize the importance of consistent community and partner engagement and support the concept of reciprocity in work with First Nations, Inuit and Métis partners and community members; and**
- 3. Adopt a formal mechanism to ensure future Board members have opportunities to participate in Indigenous cultural safety training and other**

learning opportunities in support of the Reconcili-ACTION Plan as described in this report.

## **RECOMMANDATIONS DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :**

- 1. approuve le Plan de réconcili-ACTION de Santé publique Ottawa comme le précise le présent rapport et le document 1;**
- 2. reconnaisse l'importance d'un engagement cohérent de la collectivité et des partenaires et soutienne la notion de réciprocité dans le travail avec les partenaires et les membres des communautés inuite, métisse et des Premières Nations; et**
- 3. adopte un mécanisme officiel garantissant que les futurs membres du Conseil auront des occasions de participer à la formation en compétences culturelles autochtones et à d'autres formations appuyant le Plan de réconcili-ACTION comme décrit dans ce rapport.**

## **COMMITMENT TO RECONCILI-ACTION**

Ottawa Public Health honours the Algonquin Anishinabe people, on whose unceded traditional territory the City of Ottawa is located. OPH extends this respect to all First Nations, Inuit and Métis peoples, their ancestors, their Elders, and their valuable past and present contributions to this land. OPH recognizes the impact and legacy of colonization and ongoing systemic racism on the health and well-being of First Nations, Inuit and Métis peoples, and is strongly committed to public health actions that promote reconciliation and the health of First Nations, Inuit and Métis people and communities.

## **EXECUTIVE SUMMARY**

First Nations, Inuit and Métis populations are growing and diverse in Ottawa, with unique histories, traditions, cultural practices, and wellness needs. Understanding the historical and contemporary context of Indigenous Peoples, including local strengths and successes, is considered an important first step on the path towards reconciliation.

As part of Ottawa Public Health's (OPH) commitment to reconciliation, this report honours and reflects the voices, contributions and diversity, among and within First Nations, Inuit and Métis peoples in Ottawa including: observations; preferred models of

care; and recommended actions to ensure that Ottawa Public Health (OPH) and Indigenous communities move forward together with an approach that values Indigenous knowledge, equity and self-determination.

OPH recognizes that First Nations, Inuit and Métis peoples are the *original peoples* of Canada. While other populations also experience inequities, the cumulative effect of long-term social and health inequities, intergenerational, trauma, combined with the ongoing impacts of colonization, racism and discrimination, command local calls for Reconcili-ACTION and health system transformation to improve the well-being of First Nations, Inuit and Métis peoples.

To formally respond to Truth and Reconciliation Commission of Canada's health-related calls to action, OPH has developed a Reconcili-ACTION Plan. With a goal to develop systematic processes that enable individual and collective actions that promote reconciliation between Indigenous and non-Indigenous peoples, this Plan supports key government initiatives at the federal, provincial, and municipal levels, including the City of Ottawa's Statement of Reconciliation and recently approved response to the Truth and Reconciliation Commission calls to action.

Through a shared commitment by all OPH employees and Board of Health members, as guided by First Nations, Inuit, and Métis Elders, traditional knowledge keepers and community partners, the OPH Plan provides an opportunity to create lasting change.

## **RÉSUMÉ**

Les populations inuite, métisse et des Premières Nations d'Ottawa sont diverses et en croissance. Chacune a une histoire, des traditions, des pratiques culturelles et des besoins en mieux-être qui lui sont propres. On estime que la compréhension du contexte historique et contemporain des peuples autochtones, y compris leurs forces et leurs réussites, constitue un premier pas important dans la voie de la réconciliation.

Dans le cadre de l'engagement de Santé publique Ottawa (SPO) envers la réconciliation, ce rapport rend hommage aux voix, aux apports et à la diversité des peuples inuit, métis et des Premières Nations d'Ottawa et présente des observations, des modèles de soins privilégiés et des actions recommandées afin que SPO et les communautés autochtones d'Ottawa s'engagent ensemble dans une voie qui accorde aux valeurs, à l'équité et à l'autodétermination autochtones l'importance qui leur revient.

SPO reconnaît que les peuples inuit, métis et des Premières Nations sont les *peuples autochtones* du Canada. Bien que d'autres populations soient l'objet d'iniquités, les

peuples autochtones subissent l'effet cumulatif à long terme d'iniquités sociales et sanitaires, de traumatismes intergénérationnels, des séquelles de la colonisation, du racisme et de la discrimination, et cela commande des appels locaux à la réconcili-ACTION et à la transformation du système de santé afin d'améliorer le bien-être de ces peuples.

Pour répondre officiellement aux appels à l'action en matière de santé de la Commission de vérité et de réconciliation du Canada, SPO a élaboré un Plan de réconcili-ACTION. Ayant pour but d'élaborer des processus systématiques permettant des actions individuelles et collectives qui favorisent la réconciliation entre les peuples autochtones et non autochtones, ce plan appuie les initiatives fédérales, provinciales et municipales, dont l'Énoncé de réconciliation de la Ville d'Ottawa et la récente réponse de cette dernière aux appels à l'action de la Commission de vérité et de réconciliation.

Grâce à l'engagement de l'ensemble des employés de SPO et des membres du Conseil de santé et aux conseils des aînés inuits, métis et des Premières Nations, des gardiens du savoir traditionnel de ces peuples et des partenaires communautaires, le plan de SPO offre une occasion d'apporter un changement durable.

## **BACKGROUND**

The purpose of this report is to provide the Board of Health with an update on Ottawa Public Health's (OPH) actions that promote reconciliation and advance Indigenous health equity and to seek approval for the OPH Reconcili-ACTION Plan (the Plan), as described in this report and detailed in Document 1. This report is also intended to honour and reflect the voices, contributions, and diversity among and within First Nations, Inuit and Métis peoples in Ottawa, including their recommended actions to ensure that OPH and the community move forward together in "a good way,"<sup>1</sup> with an approach that values Indigenous knowledge, equity, and self-determination.

In support of the recommendations, this report provides: the context for Reconcili-ACTION, including brief comments on the history of the Indigenous-Settler relationship and the contemporary impact of colonialism on the health and well-being of Indigenous peoples; highlights of local health-promoting initiatives by Indigenous partners; and what OPH has heard is needed to strengthen relationships with, and improve health outcomes for, First Nations, Inuit and Métis peoples in Ottawa. A glossary of terms is included in Document 2.

### **Historical context**

Understanding the historical and contemporary context of First Nations, Inuit and Métis peoples, including the local diversity, strengths and successes, is considered an important first step on the path towards reconciliation. According to the Truth and Reconciliation Commission, reconciliation “will only occur once there is an awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change the behaviour.”<sup>2</sup> While a comprehensive review of the history, impact and legacy of colonization is beyond the scope of this report, there are a few central features to consider.

### *Treaties*

Treaties are legal agreements between the Crown and Indigenous peoples. They were/are negotiated to permit the sharing of lands and resources for mutual benefit, and to place the relationship between Indigenous and non-Indigenous peoples in a legal context that clearly outlines each other’s rights, roles and responsibilities. These rights are recognized and affirmed in the Canadian *Constitution*. Both parties signed the agreements as independent, self-governing nations.<sup>3</sup>

Inuit have negotiated comprehensive land claim settlements (modern day treaties) and most Inuit live in 53 communities spread across the Inuvialuit Settlement region (Northwest Territories), Nunavut, Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador). This vast region is called Inuit Nunangat. It encompasses roughly 35 percent of Canada’s landmass and 50 percent of its coastline.

Currently, most historical accounts of Indigenous-Settler relations in Canada do not refer to treaties involving the Métis.<sup>4</sup> Ottawa is located on unceded Algonquin territory, meaning that no treaty exists; the land was never legally acquired by the settlers.

### *Settler*

The term “settler” acknowledges that someone is not Indigenous to the land. Settlers have had and continue to have privileges, including greater access to health services and better health outcomes, from years of a system that ignored Indigenous rights, removed resources and eroded sources of strength in order to benefit previous generations of settlers. Identifying oneself as a Settler Canadian can signal to others a readiness and commitment to address the history and legacy of colonization.

### *Acknowledging traditional territories*

Being aware of and acknowledging the traditional peoples of a particular region is a traditional Indigenous protocol that is seen as an important sign of respect. To

acknowledge the traditional territory today is to recognize the significance of the land for the Indigenous peoples who lived, and continue to live, upon the territory. The acknowledgments are only a small part of fostering strong relationships with Indigenous peoples.<sup>5</sup>

### *Colonization*

Colonization has been recognized internationally as a critical, cross-cutting determinant of health for First Nations, Inuit and Métis individuals, families and communities.<sup>6</sup> Increasingly referred to as a cultural genocide,<sup>7</sup> colonial policies in Canada resulted in: mandatory residential schools for children; the suppression of Indigenous gatherings, ceremonies and languages; forced community dislocations from traditional lands; decimation of political and economic self-determination; and discriminatory child welfare legislation.<sup>8, 9</sup>

According to Statistics Canada, Indigenous populations continue to be the fastest growing and youngest demographic group in Canada, with 52% living in urban settings.<sup>10</sup> In general, urban Indigenous populations are undercounted in some areas of Ontario due to increased rates of mobility (no fixed address), migration between geographical locations, and historical mistrust in self-identifying to government institutions.<sup>11</sup>

In the Ottawa area, 25,035 (2.6%) residents self-identified as Aboriginal on the 2016 Census; a 28% increase since 2011.<sup>12</sup> This rise may be in part due to natural population growth, as well as an increase in self-identification.<sup>13</sup>

Local Indigenous service agencies estimate that this number is closer to 40,000, representing First Nations, Inuit and Métis peoples from communities across Canada, each with its own unique history, culture and traditions. This estimate includes the largest population of Inuit in any urban centre in southern Canada whose numbers are predicted to be four times larger than the Statistics Canada estimate of 1180.<sup>14</sup>

### **Impact of colonization on current Indigenous health and well-being**

*The relationship between Indigenous people and the health care system is long and complex. Systemic discrimination is embedded in some parts of the health care system, and has been there so long that people in the system may not see it. If a person 'looks' Indigenous, they may be treated differently. Clients still report hearing overtly racist comments. The Elders expressed their*

*concerns that this is, sadly, an experience they hear from community members and that they have personally experienced.*

- Focus group participant, [Urban Indigenous Health Strategy](#)<sup>15</sup>

Although the history of colonization for First Nations, Inuit and Métis peoples may vary, there is agreement that colonization is deeply rooted in racist ideologies and attitudes that perpetuate unfair conditions for Indigenous peoples within societal structures and institutions.<sup>16</sup> Enduring the trauma, oppression, discrimination and social exclusion caused by these policies has had a chronic, intergenerational and cumulative effect on the socio-economic and political well-being of Indigenous peoples, as well as on physical and mental health, family relationships, culture and language.<sup>17, 18</sup> This has resulted in well-documented social and health inequities,<sup>19</sup> including: significant negative impacts on access to education, housing, food security and employment for Indigenous peoples;<sup>20</sup> and a disproportionate representation of First Nations, Inuit and Métis children/youth and adults in the child welfare<sup>21</sup> and criminal justice systems respectively.<sup>22</sup>

Indigenous-focused racism and discrimination also exist within the health care system. In Ontario, there is a growing recognition that Indigenous peoples' experiences with the health care system are greatly influenced by their Indigenous identity.<sup>23</sup> A local report by Catalyst Research and Communications identifies several additional perceived challenges within the local health care system for First Nations, Inuit and Métis peoples, including:

- Environments and services that are not perceived to be culturally safe – i.e.,

*“People need to see images and words from their own culture; and overt and welcoming symbols to let them know that Métis, Inuit and First Nations are welcome”;*

- Provider-centric, rigid and complex structures – i.e., with regards to mandate, hours of operation, location, and approach;
- Lack of meaningful collaboration and awareness of culturally-based services – i.e., no shared planning, no systematic referral process to culturally-based services; and
- Services that are not trauma-informed or reflective of the complexity of needs – i.e., a general lack of understanding of the impact of colonization and systemic racism on the health and well-being of Indigenous peoples, siloed services that do not provide a holistic approach that consider the social determinants of health (e.g., low income,

lack of affordable housing, food insecurity, education and training needs, violence).

Similar issues are noted in the Inuit-specific report entitled [Our Health Counts](#),<sup>24</sup> which focuses on the health, wellbeing and access to health services for Inuit in Ottawa however services in Ottawa have evolved since the data was collected in 2010. Additionally, service issues were noted in an [Urban Indigenous Action Plan](#)<sup>25</sup> that was collaboratively developed by the Métis Nation of Ontario, the Ontario Native Women's Association, the Ontario Federation of Indigenous Friendship Centres, and Ontario's Ministry of Indigenous Relations and Reconciliation.

Local health and wellness priorities identified in the cited reports and from First Nations, Inuit and Métis partner feedback include: improving access to culturally safe, equitable services, and addressing mental health and addictions, particularly for Indigenous youth.

## **DISCUSSION**

OPH has a long-standing, pro-active organizational commitment to collaborative partnerships and professional development activities that aim to improve health equity and cultural safety for First Nations, Inuit and Métis peoples in Ottawa. What is new, is the strategic implementation of a systematic approach to this work that recognizes the principles of relationship, respect, reciprocity and reflection, and an organizational commitment to be better allies.

### **Recommendation 1 - Approve the Ottawa Public Health Reconcili-ACTION Plan, as discussed in this report and detailed in Document 1**

#### **Reconcili-ACTION at OPH**

As proposed in the June 2017 [report](#) on public health support for actions that promote reconciliation and advance Indigenous health equity<sup>26</sup>, the OPH Plan was developed in consultation with the OPH First Nations, Inuit and Métis Outreach Network, and designed to formally respond to the Truth and Reconciliation Commission of Canada's (TRC) health-related [Calls to Action](#)<sup>27</sup>.

The Plan is intended to be a living document that is guided by the [United Nations Declaration on the Rights of Indigenous Peoples](#), while emphasizing the principles of truth and reconciliation [Document 3]<sup>28</sup> and cultural safety - i.e., respect, relationship, reciprocity, and reflection<sup>29</sup>.

With a goal to develop systematic processes that enable individual and collective



actions that promote reconciliation between Indigenous and non-Indigenous peoples, this Plan supports key government initiatives at the federal, provincial, and municipal levels, including Ottawa's [Statement of Reconciliation](#) and recently approved [response](#)<sup>30</sup> to the Truth and Reconciliation Commission calls to action.

The Plan has been validated by local Indigenous Elders, is supported by First Nations, Inuit and Métis community partners, and is consistent with the findings of the research conducted to inform an Urban Indigenous Health Strategy for Ottawa<sup>31</sup>. Similarly, the Plan aligns with the recently released Ontario Public Health Standards' *Relationship with Indigenous Communities Guideline, 2018*<sup>32</sup> [insert hyperlink] and actions proposed by members of the Urban Public Health Network in the framework document, [Reconciliation: A Population Public Health Responsibility](#).<sup>33</sup>

Common to these references and consultations is a call for system-wide changes to the health care system that are seen as critical in order to improve the health and well-being of First Nations, Inuit and Métis peoples, and overall population health. With its focus on equity and cultural safety, the OPH Plan also represents an important quality improvement initiative for OPH.

While the OPH Plan provides an opportunity to create lasting change, maintaining the momentum will require a shared commitment by all OPH employees and Board of Health members, as guided by First Nations, Inuit, and Métis Elders, traditional knowledge keepers and community partners.

### **Strengthening the relationship**

This renewed and enhanced commitment to Reconcili-ACTION coincides with the recent dissemination of the Ministry of Health and Long-Term Care's *Relationship with Indigenous Communities Guideline, 2018*. This document is intended to assist boards of health to meet the requirements established in the Health Equity Standard in the Ontario Public Health Standards (OPHS).

As the title implies, the guideline recognizes the importance of building and strengthening relationships with First Nations, Inuit and Métis communities "that come from a place of trust, mutual respect, understanding and reciprocity,"<sup>34</sup> and includes recommended roles, responsibilities, models and guiding principles.

According to the *Relationship with Indigenous Communities Guideline, 2018*:

*To be effective, public health models of care and promotion need to be shaped differently towards and with Indigenous Peoples*

*and organizations. Directly engaging with Indigenous communities and organizations as experienced health, social and cultural community hubs, will provide critical information, partnerships and networks, and community resources in the development of culturally-appropriate processes to support health promotion and disease prevention. With Indigenous input and guidance, boards of health can create opportunities to adapt, enhance, and build culturally-appropriate services... resulting in better health outcomes.<sup>35</sup>*

There is consensus among local First Nations, Inuit and Métis partners that a formal mechanism should be established to ensure consistent community and partner engagement and compensation for their knowledge and time. In particular, partners stress that while meaningful engagement and collaborative partnerships are essential in order to improve the quality of public health programs and services and health outcomes for First Nations, Inuit and Métis peoples in Ottawa, active participation in these activities places additional demands on local Indigenous service organizations. Consistent with the Truth and Reconciliation Commission's calls to action, addressing the distinct health and wellness needs of urban Indigenous peoples requires an increased capacity to provide culturally safe services<sup>36</sup> and an approach that emphasizes self-determination, equity and reciprocity.<sup>37</sup>

### **Indigenous approaches and recommended solutions to First Nations, Inuit and Métis health and well-being**

Local sources highlight asset/resilience-based approaches and solutions that build on local strengths and successes, and focus on contributions made for the common good. For example, many Indigenous peoples in Ottawa are highly educated with a broad range of professional and entrepreneurial skills, contribute to the local economy, enrich the City through culture and art, and share their traditional knowledge and understanding of culturally safe, culture-based care.<sup>38</sup> Local Indigenous service providers promote a sense of belonging, inclusiveness and social connectedness by offering a supportive environment, flexible/holistic programs and services, Indigenous system navigators, and access to First Nations, Inuit, and/or Métis-specific cultural awareness and language training. This 'one-stop' service delivery model is generally highlighted as the preferred approach by Indigenous community members. Appreciation for local Indigenous programs and services is effectively captured in the 4-minute video, [A Story of Impact](#).<sup>39</sup>

Local First Nations, Inuit and Métis partners have encouraged OPH employees to learn more about existing models that guide their programs and services (e.g., the Ottawa Inuit Children's Centre Theory of Change, the Aboriginal Health Access Centre Model of Holistic Health and Well-Being, Minwaashin Lodge: Life-Cycle Service Model, and the Wabano Model of Care, and the Akausivik Inuit Family Health Team Model of Care).

OPH continues to work with partners according to the framework established by the Aboriginal Working Committee of the City of Ottawa. With culture at its core, the framework reflects a holistic, social determinants of health perspective, and has reconciliation as an integral component necessary to achieve the vision of a culturally vibrant, healthy, safe, educated and engaged Aboriginal community.

In general, feedback from Inuit partners encourages OPH employees to be aware of Inuit Qaujimajatuqangit (IQ), a term used to describe the Inuit way of doing things, including worldview, knowledge, values and cultural beliefs, as well as four (4) big laws (maligait) required to 'live a good life', and six (6) Inuit-specific guiding principles that reinforce the need for collaborative actions that promote common good and collective well-being.<sup>40</sup>

A recent discussion with an Inuk Elder, Inuit service providers and community members highlighted the value of having designated OPH employees who have the opportunity to be consistently present and engaged with the community, who are aware of the cultural-based programs and services and able to share their knowledge about culturally safe approaches with their colleagues. The discussion emphasized taking the time to build trust, strengths-based and collaborative initiatives, and an understanding of trauma-informed practices.

### **Cultural safety and humility**

There is consensus among First Nations, Inuit and Métis partners that ongoing First Nations, Inuit and Métis-specific cultural safety training is a vital component to build and strengthen relationships between Indigenous and non-Indigenous leaders and service providers. Increasingly, there is a call for this training to include an anti-racist/anti-oppressive lens necessary to identify and address systemic racism within the health care system and for health service providers to move outside this system to influence change in the broader community.<sup>41</sup> While the concept of cultural humility is not mentioned as often, there is a growing expectation that strengthening relationships requires health professionals to engage in:

*a process of self-reflection to better understand personal and*

*systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a lifelong learner when it comes to understanding another's experience.*<sup>42</sup>

Local Indigenous Elders remind OPH that a culturally humble approach involves listening and learning before you act – always entering the relationship with an open heart and open mind.

Recognizing relationships and culture as foundational requirements for policy and program development is consistently identified as a solution to effectively address Indigenous health inequities. In addition, local First Nations, Inuit and Métis community partners support a transformative, system-wide response as outlined in the Champlain LHIN Indigenous Health Circle Forum (IHCF)'s proposed *Indigenous Health Equity Framework* (IND-Equity)<sup>43</sup>. Key dimensions of this framework recommend a public health approach that focuses on:

- Indigenous cultural safety training for leaders and service providers;
- advocating for equitable, sustainable resources and funding in order to build Indigenous capacity within the health care system - i.e., *“Aboriginal people WANT to be part of the solution – but must be adequately resourced to do so”* (p.7);
- supporting culturally-based care as valid and effective treatment, provided by and for Indigenous people; and
- demonstrating commitment to system transformation and reporting on equity – for example:
  - by collaborating with First Nations, Inuit and Métis partners on the collection and analysis of Indigenous health status data in order to facilitate the identification of health disparities; and
  - by establishing organizational performance measures that monitor progress related to reconcili-ACTION and Indigenous health equity.

The IHCF in this region acknowledges that while other population groups experience inequities, the cumulative effect of long-term social and health inequities, combined with the ongoing impacts of colonization, racism and discrimination and their unique status as the original peoples of Canada, warrants local “calls for ‘reconcili-ACTION’, and a re-

assessment of mainstream health policy promoting equity through an IND-equity lens.”<sup>44</sup>

### **Local initiatives**

Indigenous agencies offering culturally-based services that promote health and well-being for First Nations, Inuit and Métis peoples in Ottawa include: Akausivik Inuit Family Health Team, Minwaashin Lodge, Ottawa Inuit Children’s Centre, Tungasuvvingat Inuit, and the Wabano Centre for Aboriginal Health. More information on local Indigenous health services in the Champlain region can be found in a directory on the [Indigenous Health Circle Forum](#) website.

Additionally, there are several local initiatives that aim to advance health equity for Indigenous peoples in Ottawa. For example, the Ottawa Aboriginal Coalition is currently supporting a community-driven project that explores the experience of homelessness and Housing First support from a First Nations, Inuit and Métis perspective. With the support of OPH and one-time funding from the Ministry of Health and Long-Term Care, the Ottawa Aboriginal Coalition also coordinated projects intended to create learning material to complement Indigenous cultural safety training for health service providers. The projects were designed to reflect local First Nations, Inuit and Métis diversity and lived experience, and point to specific actions that can be taken to address Indigenous racism in Ottawa.

In addition, the Champlain Local Health Integration Network’s Indigenous Health Circle Forum supports online Indigenous cultural safety training for health service providers in the Champlain region, Tungasuvvingat Inuit developed and delivered Inuit-specific cultural safety training initiatives across the province, and the Ottawa Inuit Children’s Centre revised its Inuit Cultural Online Resource and coordinates an annual Seeing the Light Conference. The Akausivik Inuit Family Health Team (AIFHT) provides onsite tours and primary care based cultural safety sessions.

The Indigenous Health Circle Forum also released the much anticipated Now, Now, Now<sup>45</sup> report at Wabano’s Culture as Treatment Symposium in early 2018. This report focuses on mental wellness for Indigenous youth in the Champlain region and identifies culturally-based care as the essential approach to improve mental health outcomes. Included as part of this report are guidelines for mainstream organizations that are intended to transform policies, processes and practices.

### **Update on OPH Reconcili-ACTION**

In response to the ‘Next Steps’ identified in the June 2017 Board of Health report,

examples of OPH actions include:

### 1. **Indigenous Cultural Safety Training (ICST)**

- OPH employees continue to participate at multiple Indigenous cultural safety learning opportunities. For example, OPH purchased and filled 90 seats for Ontario's online Indigenous cultural safety training before the end of Q1. The participation rates met or exceeded training targets by group: the Senior Leadership Team (100%), Leadership Team (50% - as targeted), and the Knowledge Exchange, Planning and Quality / Communications & Community Engagement service areas (71% - exceeding target); and two (2) Board of Health members.
- OPH also facilitated Indigenous cultural safety learning opportunities for nursing and medical students.

### 2. **Traditional land acknowledgement**

- Public acknowledgement of Algonquin territory and honouring of First Nations, Inuit and Métis peoples, their ancestors, Elders and contributions to Canada, is increasingly taking place at public events and at OPH meetings. In support of this action, OPH has developed a reference to 'guide' this practice. Land acknowledgement statements written in Algonquin, English and French, have been posted in strategic locations across the department. Opportunities for OPH employees to learn more about the Algonquin Anishinabe people and their land have been facilitated through articles in *Synergy*, the OPH internal newsletter, and other training opportunities.

### 3. **Urban Indigenous Health Strategy (UIHS)**

- Collaborative action with Indigenous and non-Indigenous health service providers related to the development of an Urban Indigenous Health Strategy for Ottawa is ongoing. Activities have included identifying priorities based on community input and common interest; coordination of projects supported by the 2017 one-time funding OPH received for promoting Indigenous health, with the Ottawa Aboriginal Coalition (as previously noted); and, the successful application for additional one-time provincial funding in 2018. This brings the total of 100% one-time provincial funds made available to OPH to support Indigenous health to about \$500,000. Projects resulting from the 2018 one-time funding will focus on "pathways" to cultural safety for First Nations, Inuit and

Métis people accessing care from local health organizations, including OPH.

#### **4. OPH Reconcili-ACTION Plan**

With the specific details of this Plan outlined in Document 1, additional examples of OPH actions include:

- Raising employee awareness about colonization;
- Supporting initiatives that promote Indigenous employment equity;
- Regularly seeking guidance from First Nations, Inuit and Métis Elders and community partners on issues that impact the health and well-being of Indigenous peoples in Ottawa); and
- Efforts to 'Indigenize' the work environment to be a more inclusive and culturally safe space for First Nations, Inuit and Métis employees and clients.

#### **Recommendation 2 – Recognize the importance of consistent community and partner engagement and support the concept of reciprocity in work with First Nations, Inuit and Métis partners and community members**

As stated previously in this report, there is consensus among local First Nations, Inuit and Métis partners about the need for a formal mechanism to ensure consistent community and partner engagement and compensation for their knowledge and time. While meaningful engagement and collaborative partnerships are essential in order to improve the quality of public health programs and services and health outcomes for First Nations, Inuit and Métis peoples in Ottawa, active participation in these activities places additional demands on local Indigenous service organizations.

OPH is committed to meaningful engagement with First Nations, Inuit and Métis partners and supportive of the concept of reciprocity and compensation for their knowledge and time. While there is some capacity for this within existing operating resources, OPH is also cognizant that this could result in operating pressures. Accordingly, staff will seek to take advantage of any funding opportunities that may arise to help offset costs associated with the full implementation of the Plan.

#### **Recommendation 3 - Adopt a formal mechanism to ensure future Board members have opportunities to participate in Indigenous cultural safety training and other learning opportunities in support of the Reconcili-ACTION Plan**

Boards of Health are responsible for establishing strategy and policies and procedures

that govern the health unit's operations and for providing guidance to those empowered with the responsibility for leading and managing health unit operations. Board Members will be supported to provide culturally safe leadership through access to opportunities to participate in Indigenous cultural safety training and other learning opportunities in support of the Plan. To this end, beginning in 2019, newly appointed Board of Health Members will be offered the opportunity to participate in Indigenous cultural safety training as part of their new Board Member orientation.

In the past, Board Members have also benefited from visits to and tours of local First Nations, Inuit and Métis agencies. These outings have served to enhance Board Members' knowledge and awareness related to Indigenous history, culture and local context, including current health and wellness concerns. Accordingly, OPH will continue to seek opportunities for Board Members to participate in these learning opportunities.

Overall, these actions are intended to have a positive impact on reconciliation and Indigenous health outcomes, and to complement/advance the work of others in the region.

## **NEXT STEPS**

As noted, several initiatives in the OPH Plan are currently in progress. Additional actions that will continue to advance reconciliation and Indigenous health equity are recommended as follows:

1. Develop and implement an evaluation framework to monitor progress on the Plan;
2. Strengthen the OPH network of champions to advocate for and promote Reconcili-ACTION across the department;
3. Continue to support OPH employee and Board participation in Indigenous cultural safety training (ICST);
4. Develop an action plan to enhance Indigenous inclusion and engagement at/with OPH;
5. Explore opportunities to hire Indigenous people and/or create formal agreements with Indigenous organizations to support the implementation of the Plan; and
6. Facilitate First Nations, Inuit and Métis engagement and active participation in the OPH strategic planning process.



**RURAL IMPLICATIONS**

There are no rural implications associated with this report.

**STAKEHOLDER ENGAGEMENT**

The content of this report was informed by conversations with, and feedback received, from the following groups:

- First Nations, Inuit and Métis Elders and community partners
- OPH First Nations, Inuit and Métis Outreach Network
- OPH Senior Leadership Team
- All OPH teams

**LEGAL IMPLICATIONS**

There are no legal impediments to implementing the recommendations in this report.

**RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated with this report.

**FINANCIAL IMPLICATIONS**

Financial implications are outlined in the Discussion section of this report, under Recommendation 2. This could result in operating pressures. Accordingly, staff will seek to take advantage of any funding opportunities that may arise to help offset costs associated with the full implementation of the Plan and ensure they remain within budget.

**ACCESSIBILITY IMPACTS**

There are no accessibility impacts associated with this report.

**SUPPORTING DOCUMENTATION**

Document 1 – Ottawa Public Health Reconsili-ACTION Plan

Document 2 – Glossary of Terms

Document 3 – Principles of Truth and Reconciliation

**DISPOSITION**

Ottawa Public Health will implement the recommendations set out in this report to support reconcili-ACTION.

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