

# ANNUAL REPORT 2021-2022

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Honouring Indigenous Ways  
of Knowing and Being





# Message from the Chief Executive Officer



Aanii!

## The strength of our Indigenous communities is remarkable.

The 2021-22 fiscal year will be remembered as one of the most challenging times in our communities as well as our world's collective history. From the challenges presented by the COVID-19 pandemic to the recovery of the unmarked graves in various former residential school sites across the country. I am so proud to witness the remarkable strength of our member sites, Indigenous health care organizations, and Indigenous communities throughout Kanadario (Ontario).

It is with great pleasure that I share the Indigenous Primary Health Care Council's (IPHCC) 2021-2022 annual report which highlights an incredible year of work and collaboration in improving health care disparities for Indigenous Peoples across Kanadario (Ontario).

## Who we are:

We are Indigenous health care organizations that operate in urban, rural, and remote areas and in First Nations across Kanadario (Ontario), improving health care disparities for Indigenous Peoples. Like historic Indigenous alliances, such as the Three Fires Confederacy, we have joined together as this Council with the sole purpose of working collaboratively, collectively, and deliberately for the health and well-being of Indigenous Peoples. The IPHCC envisions a world where:

- The health and well-being of all Indigenous Peoples in Kanadario (Ontario) are restored and assured; and
- Health systems provide Indigenous Peoples with high-quality care, empathy, dignity, and respect.

Our commitment is to connect people in Indigenous Communities and local neighbourhood(s) to support health and well-being by integrating resources that meet the broader determinants of health. Our model recognizes the dynamic balance of mental, emotional, physical, and spiritual health.

In the past few years, we have seen the introduction of Ontario Health Teams (OHTs), with the 2021-22 fiscal seeing an added element of attention to Indigenous Health. This process of change has provided an opportunity for Indigenous health systems transformation to occur not only from a First Nation, on territory perspective, but to

a process that is inclusive of urban First Nation, Inuit, and Métis populations. Through IPHCC collaboration with members, partners, and government we can work together to transform health systems in which priority is placed on improving Indigenous health outcomes while honoring Indigenous Health in Indigenous Hands. To achieve this, transformation should be rooted in mutual respect, understanding, equitable funding, shared accountability, and reciprocity so that equity is achieved, resulting in optimal health for all Ontarians inclusive of FNIM.

IPHCC continues to build on the Anishinaabe Mino’Ayaawin – People in Good Health approach to Indigenous Cultural Safety (ICS). This year, to increase the impact of the curriculum, we began incorporating digital storytelling into the approach. We also procured Indigenous Artists to complete Digital Artwork for a number of IPHCC initiatives. The power of our art elevates storytelling to a new level of awareness.

Over the past year, our Mental Health & Wellness (MHW) team has worked diligently on Service Care/Pathway Mapping with the goal of advancing engagements with communities and service provider organizations to gather information to improve client pathways. IPHCC will continue this scope of work with a focus on Mental Health and Wellness for member organizations over the coming year so that care pathways are better understood.

We continue our work in Data & Digital Equity, transforming the healthcare experience for Indigenous Peoples by sharing their stories using data. This year we collaborated with the sector to develop a three-segment dashboard with 31 distinct indicators. The complete delivery and go-live of the dashboard is slated for September 2022. The IPHCC is also advancing on the approach to privacy, recognizing that to date, privacy has been captured from a Western lens. Thus, we have begun the process of developing an Indigenous Privacy Framework (IPF). The IPHCC has broken ground in this area of work because to our knowledge there are no records of any development in this particular area. We are collectively proud to be moving forward with this advancement.

Gratitude

I would like to acknowledge that the IPHCC would not be able to accomplish anything without the incredible dedication of our members working across the province. The respect, trust and diligence you bring forward in your work is reflected in the extraordinary array of primary health care services you provide. Thank you, even in the challenges amplified by the COVID-19 pandemic, for providing high quality care, empathy, dignity, and respect to clients across Indigenous communities.

I also would like to acknowledge and extend my sincere gratitude to the inspiring support and knowledge the Elders, Knowledge Keepers Circle, and Integrated Clinical Council have contributed to the IPHCC. Your insight and contributions fuel our team to accomplish all the work we do. To the current and outgoing board members, Miigwetch. Your time and knowledge are invaluable.

I am also grateful to the commitment by the Government of Canada, the Public Health Agency of Canada, the Ministry of Indigenous Affairs, the Ministry of Health and to all our funders, for helping make the work we do possible.

Miigwetch all for an incredible year, I look forward to our continuous collaboration and partnership.

Chi-Miigwetch,

*[Signature]*

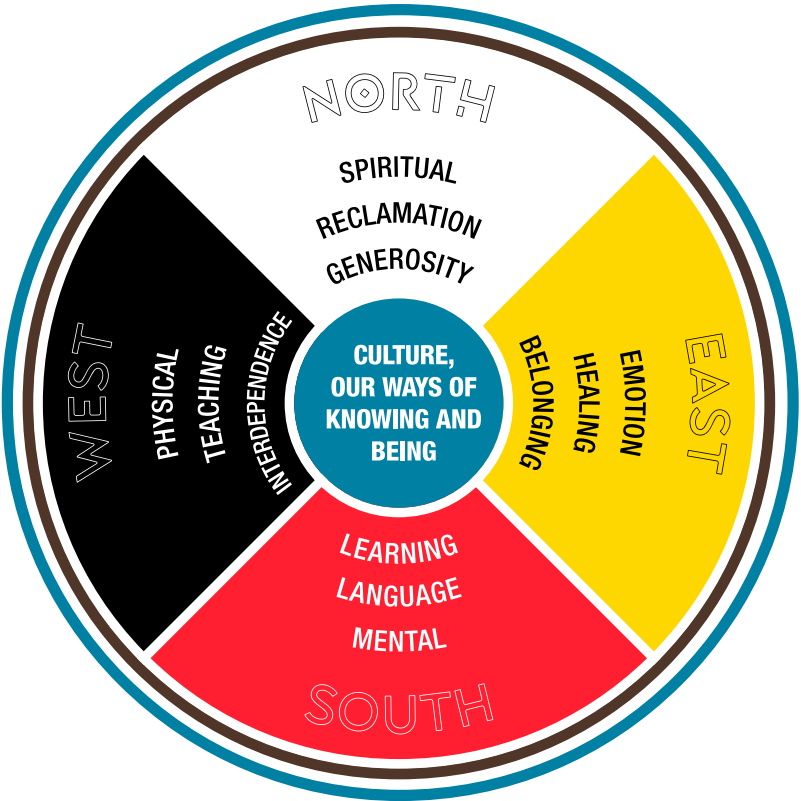
Caroline Lidstone-Jones  
Chief Executive Officer

Model of Wholistic Health and Wellbeing

IPHCC is an Indigenous governed, culture-based, and informed organization. Its key mandate is to support the advancement and evolution of Indigenous primary health care organizations (IPHCOs) across Ontario. This includes Aboriginal Health Access Centres (AHACs), Indigenous Interprofessional Primary Care Teams (IPCTs), Indigenous Community Health Centres (IHCs) and Indigenous Family Health Teams (IFHTs) to address the physical, spiritual, emotional, and mental wellbeing of First Nations, Inuit, and Métis (FNIM) peoples and communities being served.

IPHCC promotes high-quality care provision through the Model of Wholistic Health and Wellbeing (MWHW). The model is rooted in a population needs-based approach to health care planning and delivery for the Indigenous population. The model incorporates physical, mental, emotional, and spiritual elements of well-being and it is the belief that all elements must operate in harmony in order to achieve optimal health.

There is a knowledge that culture is treatment and culture is healing. The MWHW solidly implants a strong self-identity so that self-determination is fostered, and positive health outcomes are advanced. Our model of care promotes and celebrates the diversity in our peoples so that all voices are elevated and the power to control our destiny lies with our communities.







# IPHCC HIGHLIGHTS

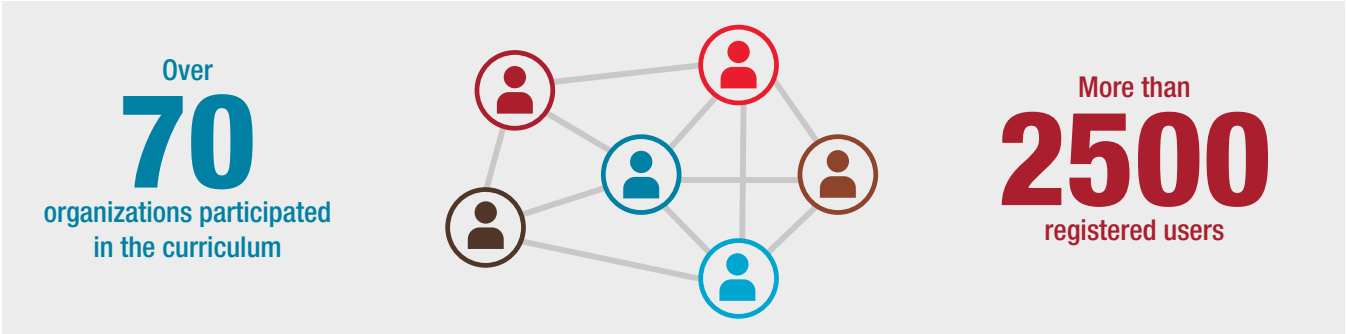
**Moving from Reaction to Action  
through Anishinaabe Mino'Ayaawin**  
— People in Good Health, IPHCC's  
Approach to Indigenous Cultural Safety

The Indigenous Cultural Safety team made exciting progress over the 2021-22 fiscal year on a number of projects, including but not limited to cultural safety education, the Improving Indigenous Outcomes project, workshops and presentations, and the development of a Wise Practices Guide.



# Foundations of Indigenous Cultural Safety

Launched in the Fall of 2021, IPHCC’s Foundations of Indigenous Cultural Safety (ICS) course saw the beginning of IPHCC’s Ontario-Made approach to Indigenous Cultural Safety education. Professionals working within the health care system turned to Foundations of ICS as their first step in proactively and consistently delivering health care services specific to the needs of Indigenous clients and patients. This curriculum drew upon the lived experiences of many Indigenous partners encountering care within mainstream systems, alongside stories shared by FNIM people living in Ontario.



## Customized Workshops

Throughout 2021-22, the IPHCC has delivered several customized Indigenous cultural safety workshops to a variety of audiences, including but not limited to:

Children's Mental Health Ontario

Public Health Ontario

Pharmacy Residents and Technicians

Canadian Conference on Medical Education

These workshops provided an opportunity to work with the various audiences and co-design an approach to further learning beyond the core course for cultural safety. These approaches to cultural safety workshops will continue into the new fiscal year.

# Improving Indigenous Outcomes Project

The Improving Indigenous Outcomes project was a joint collaborative project between IPHCC and the Southwest Ontario Aboriginal Health Access Centre (SOAHAC). Throughout the project, IPHCC and SOAHAC worked closely with five hospital partners in the Erie St. Clair region with the aim of fostering greater cultural safety for Indigenous Peoples, including those dealing with substance use. Indigenous cultural safety training and education was delivered to health care providers, managers, and leaders across the collaborating hospitals. As a result of the project, resources and tools that will support scale and spread of organizational change strategies towards greater cultural safety for Indigenous Peoples are in development and will be ready for dissemination upon completion.



Each hospital site selected an Indigenous Cultural Safety Champion to spearhead change at their site and lead the development of an Organizational Change Plan. In addition, each site developed a strategic plan highlighting short, medium, and long-term goals to enact change. IPHCC and SOAHAC hosted five Think Tank sessions, where the Champions were taught engagement strategies and participated in completing self-assessment tools to highlight areas of need requiring change. This project had an ongoing collaboration with Indigenous stakeholders such as Knowledge Keepers, cultural experts, scholars, educators, and community members and was completed in July 2022. The learnings from this project helped to establish a curriculum on organizational change management with a focus on embedding Indigenous inclusion principles across organizations.

The following graphic displays examples of short, medium, and long-term goals identified by as a result of this project:

SHORT TERM PLANS

MEDIUM TERM PLANS

LONG TERM PLANS

ALL LEADERSHIP PARTICIPATES IN CULTURAL SAFETY TRAINING

ALL STAFF PARTICIPATE IN CULTURAL SAFETY TRAINING

(HR) REVIEW OF POLICIES AND IMPLEMENTATION OF CHANGES TO REFLECT CULTURALLY SAFE AND APPROPRIATE HIRING PRACTICES

# Wise Practices Guide

As an expanded component of the Improving Indigenous Outcomes project, a Wise Practices Guide was developed to highlight how non-Indigenous partner organizations can safely and respectfully engage with Indigenous Elders and Knowledge Keepers. It was central to include the perspectives, voices, and guidance of Elders and Knowledge Keepers within this process. The IPHCC’s Knowledge Keepers Circle met on a regular basis to utilize their expertise and experiences as a driving force behind the kinds of changes necessary at these sites. This meant following the right cultural protocols and practices throughout the process. To facilitate the development of this guide, IPHCC worked in collaboration with Dr. Pamela Rose Toulouse - an Indigenous Scholar with decades of experience specializing in the field of Indigenous pedagogies and Indigenous Relations in Community. IPHCC ensured that each of the Knowledge Keepers that contributed to this guide received partial ownership of the materials via the copyright process. The guide launched in the summer of 2022 and is available on our website.

## What’s To Come...

### Safe Spaces

The IPHCC is gearing up to launch the Safespace Network at three member sites during Fall 2022. Over the last year, the IPHCC has been working in collaboration with project partners Dr. Alika Lafontaine and Kamea Lafontaine to equip Anishnawbe Health Toronto, Dilico Anishinabek Family Care, and Wabano Centre for Aboriginal Health with the tools and resources to launch an app focused on collecting anonymized data highlighting instances of racism within the mainstream health care system. This app will use extrapolation and aggregate data to create patterns and trend analyses to ensure each site can be better supported by IPHCC to address these experiences of anti-Indigenous racism. The IPHCC is also currently in the process of onboarding our second cohort, consisting of Shkagamik-Kwe Health Centre, De dwa da dehs nye>s Aboriginal Health Centre, and the Southwest Ontario Aboriginal Health Access Centre.

### Bioethics

The IPHCC created a bioethics curriculum that was birthed out of our experience working with the Provincial Bioethics Table during the height of the COVID-19 pandemic. This curriculum was co-designed using the Two-Eyed Seeing approach that incorporates the strength of both Indigenous and western ways of knowing, with representatives from both the IPHCC Knowledge Keepers’ Circle and bioethicists working in mainstream healthcare. This curriculum aims to equip healthcare workers across all sectors of care with the appropriate tools and resources to incorporate Indigenous perspectives and traditional healing strategies into critical decision-making pathways for patient care delivery.

Artist Lisa Boivin created this wonderful image depicting Two-Eyed seeing as part of her ongoing collaboration with the bio-ethics team. The frog is centered in the image as they live in two worlds, water and earth. They are spiritual helpers because they help us understand the complexity of living in two worlds.

The rest of the piece shows two sides that are not identical and do not mirror each other perfectly but offer some perspective on how things align. Even if they are not perfect, there are relations. Together, we will find a way to work both tools into a working health model. It is also an invitation to respectful discussion and to provoke thoughtfulness about commonalities and differences.



### Indigenous Cultural Safety Training in Corrections

To manage the complexity of medical and mental health issues experienced by Indigenous Peoples who are incarcerated, the IPHCC is looking to partner with the Ministry of the Solicitor General to create specialized training targeted at correctional health care providers. The focus of this training is to increase participation and improve health outcomes for Indigenous persons in custody.





# Re-Establishing Balance Across All Areas of Health Inclusive of Mental Wellness



## Indian Residential School (IRS) Related Mental Health and Addictions (MHA) and Trauma Programming

### Manitoulin Island Care Pathways Mapping

The IPHCC procured Birchwood Consulting to provide expertise to map the current care pathways for Mental Health and Addictions patients among the network of providers serving the populations of Manitoulin Island. The deliverables of the engagement included the following:

- Care pathways maps
- Process documents and templates for pathway mapping to serve as guides for other organizations
- Providing training to selected IPHCC staff to build internal capacity for conducting the mapping process, and
- A final report detailing recommendations for how Addiction Medicine services can be integrated into a holistic model of primary health care on the Island.

IPHCC and Birchwood Consulting supported Noojmowin Teg Health Centre’s development and submission of a Service Plan for the launch of an Indigenous-led mobile Mental Health and Addictions Unit on Manitoulin Island.

The IPHCC submitted a sector-wide proposal to the Ministry of Indigenous Affairs for IRS-related MHA and Trauma Funding based on the response from eight IPHCC member organizations.

The IPHCC was successful in securing \$800,000.00 from this proposal to support our members on a broad range of initiatives, including:

- Providing MHA and trauma support services in community settings
- Increased HR supports for IRS-MHA needs
- Providing IRS-MHA supports for children and youth
- Training supports for those working in IRS-MHA service delivery
- Traditional healing and land-based activities
- Public education and awareness for the public about IRS and the impacts on survivors, families, and communities





# Mental Health and Addictions Advisory Panel

The MHA advisory panel continues to provide recommendations and guidance on Mental Health and Wellness initiatives to the IPHCC to support continued advocacy and resources for the Indigenous population in Ontario. The panel is currently made up of eight IPHCC member organizations with a shared vision. The goals of the panel are to:

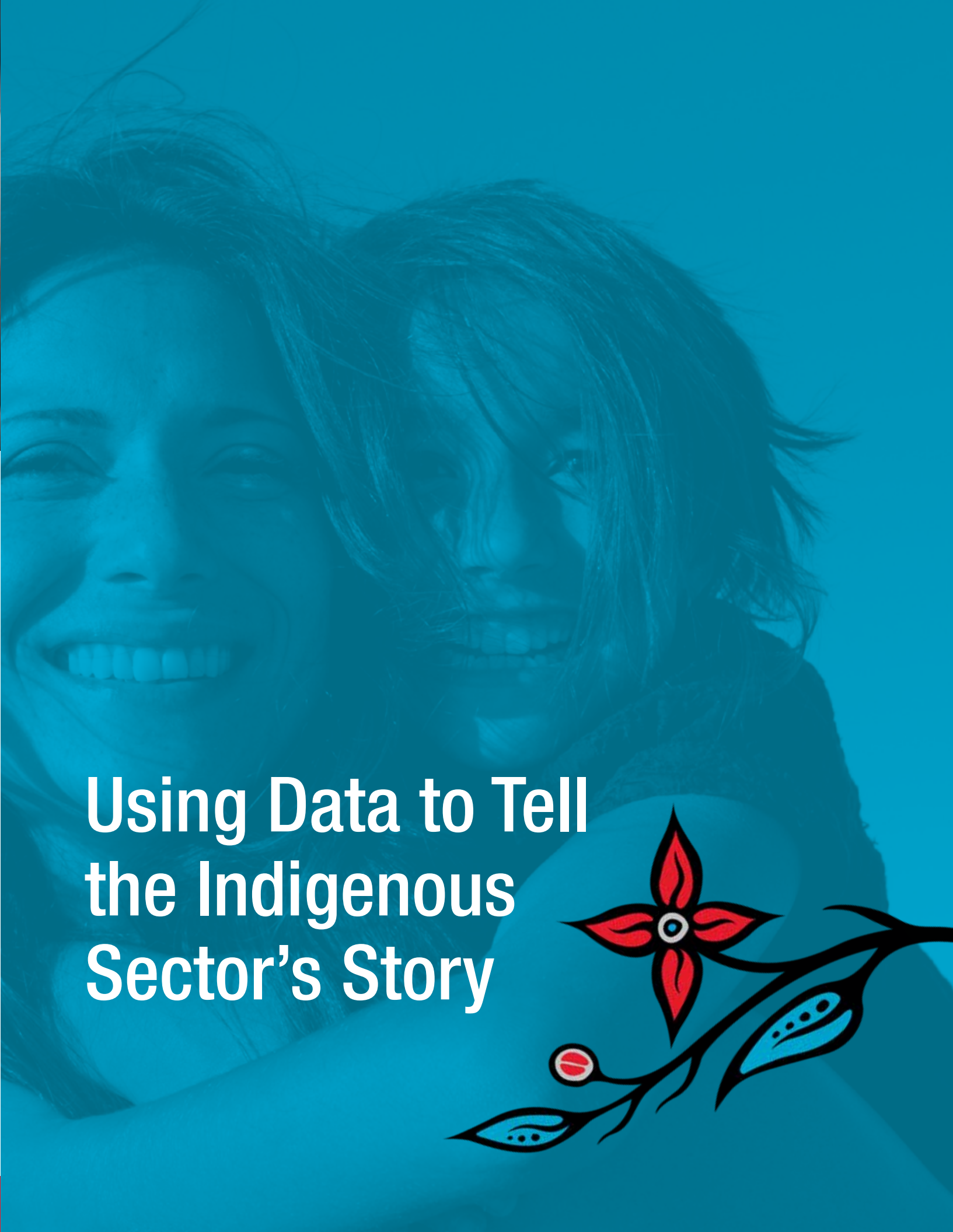
- Explore the potential for strategic opportunities that build capacity for the delivery of Mental Health and Addictions services for Indigenous Peoples
- Provide advice and recommendations on the design, development, and implementation of Indigenous governed models of care for Mental Health and Addictions
- Provide input into system coordination, outreach activities, and linkages to other activities and initiatives
- Support the identification and delivery of priority provincial-wide training, support, and wellness initiatives for all member staff and leadership
- Provide input into project-specific initiatives
- Share information from across the network

## Ontario Structured Psychotherapy (OSP)

In May of 2021, the IPHCC submitted a proposal to the Centre of Excellence, and two areas of work were identified:

1. **Complete a literature review of psychotherapy models that are in existence to support Indigenous clients within Ontario and beyond**
2. **Develop Indigenous Cultural Safety content for OSP providers**

The literature review produced the Doorways to Better Care Indigenous Adapted Structured Psychotherapy document. It is available and identifies existing capacity for our communities.



# Using Data to Tell the Indigenous Sector's Story



The IPHCC completed a sector survey that collected information about IPHCC members that is not readily available from other sources. The responses will help the IPHCC meet the needs of our growing and evolving membership. A total of 80.9% of members responded to the survey. This information will help identify areas of focus and advocacy to aid in ensuring sustainability and impact within our sector.

# Introducing the Data and Digital Equity Program

In late 2020/21 the IPHCC secured funding to expand our ability to build data collection, business intelligence, and performance measurement capacity across the Indigenous-governed primary health care sector. This was done through a partnership with the Alliance for Healthier Communities.

The Business Intelligence Reporting Tool (BIRT) provided IPHCC and its members with a strategic and operational tool that enhanced the sector’s ability to analyze quality improvement and community care practices collectively and independently. It also enables research initiatives that validate the value of the Model of Health and Wellbeing for the sector.

The IPHCC engaged with the Alliance of Healthier Communities on the development of a new, Indigenous-specific dashboard that our sector would be able to utilize to benchmark against data captured within their respective organizational categories. The dashboard will contain the following elements:

- An organizational summary banner showing key summary statistics about encounters
- A wholistic care tracking table showing performance on standards of care for high priority conditions
- A referral matrix showing patterns of internal (and hopefully) external referrals

This dashboard was designed in consultation with the Indigenous Performance Management Committee and the Data Management Coordinator community of practice. It is currently in development.

# Expanding Access to Sector-wide business Intelligence using technology

In 2021/2022, IPHCC onboarded three member organizations joining our previous ten Aboriginal Health Access Centres Business Intelligence Reporting Tool (BIRT) system.

# Technological Assessments

IPHCC received funding from the Ministry of Health to complete a technological capacity and support needs assessment across all of our sites. The goal of the assessment was to capture the digital equity needs of our members. This work will assist in our advocating for further support to enhance service delivery at our member sites. A total of 89% of members participated in the survey.

Summary of major results:

- 58% of our membership is currently outsourcing IT support
- 6% do not have a functional IT department
- 48% indicated that they do not have adequate support to cover technological needs
- 68% of members believe that they do not have the required tools and guidance documentation for data sharing with local and provincial entities
- 55% of members indicated that they do not have adequate cyber security tools and processes to combat cyber criminals and risk

IPHCC will continue to advocate for sustained capacity in this area and work with our sites to advance accessibility across the province.

# Vaccination reports

Spring 2021 saw a rapid expansion of the availability of COVID vaccines, especially for FNIM priority populations. The data team supported the rollout of vaccines by compiling weekly snapshots of the number of vaccines administered across the sector. These weekly snapshots were used to guide IPHCC advocacy efforts at executive-level tables.

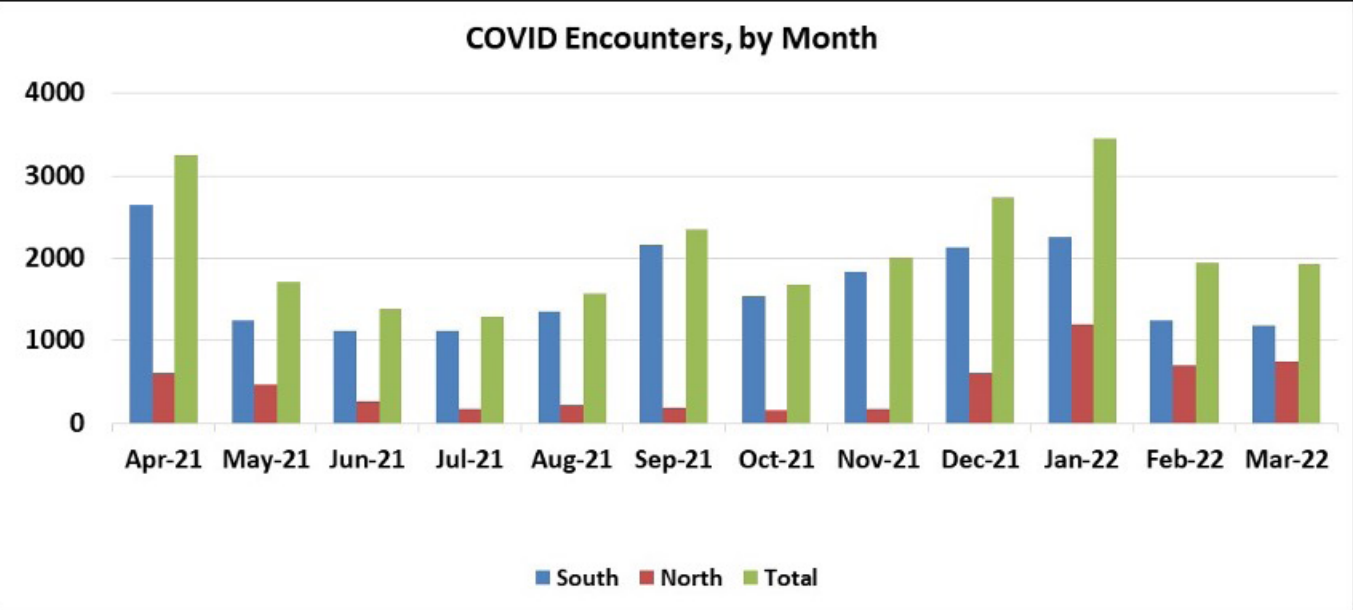


# IC/ES Reports

Early in the pandemic, the IPHCC submitted an Applied Health Research Question (AHRQ) to the Institute for Clinical and Evaluative Sciences (IC/ES), requesting information regarding the number and characteristics of COVID cases within the populations served our members. Since then, the data team has been regularly analyzing the data from ICES, preparing individualized reports for every eligible organization. This information has provided our sites with a look into the trends that we are seeing pertaining to the COVID-19 response. The IPHCC will continue to advocate for resources in this area to promote and increase vaccine uptake in the First Nation, Metis, and Inuit populations.

Based on data pulled from BIRT, (Alliance’s Business Intelligence Reporting Tool) the AHACs and Indigenous-governed CHCs have seen at least 25,321 COVID-related encounters between April 2021 and March 2022, a decrease of 12.01% based on the same time frame year over year. This number translates to at least 8,339 unique clients, a decrease of 19.77% based on the same time frame year over year.

The greatest number of encounters in our sector was in January 2022, where we had 3,458, compared to the minimum number of encounters which was in July 2021, 1,292. The greatest increase month over month was September 2021, 49.62%; the greatest decrease month over month was in May 2021, -47.48%. The greatest increase year over year in encounters was in April 2021 at 203.26%; the greatest year over year decrease was in February 2022, -45.29%



# Vaccinations - Key Findings

- 78% of clients included in the IPHCC population have received at least 1 dose, compared to 79% of the general population.
- 6% of clients included in the IPHCC population have received only 1 dose, compared to 6% of the general population.
- 32% of clients included in the IPHCC population have received 2 doses compared to 30% of the general population.
- 40% of clients included in the IPHCC population have received 3 doses, compared to 46% of the general population.
- 22% of clients included in the IPHCC population have received 0 doses, compared to 20% of the general population.
- Younger IPHCC clients seem to have slightly lower vaccination uptake compared to the general Ontario population, whereas older IPHCC clients seem to have slightly higher vaccination uptake than the general population.
- 46% of IPHCC clients aged 5-11 and 79% of those aged 12-19 have received at least one dose, compared to 51% and 81%, respectively.
- In comparison, 83% of IPHCC clients aged 80+ have received at least 1 dose compared to 78% of the general population.

# Indigenous Privacy Framework (IPF)

Existing privacy frameworks, such as the Canadian Standards Association Model Code for the Protection of Personal Information (the “CSA Model Code”) and the Generally Accepted Privacy Principles (GAPP) offer a structured, repeatable way of assessing privacy impact. However, these existing frameworks are based exclusively on non-Indigenous, individualistic notions of privacy. Most Privacy Impact Assessments to date have not approached Indigenous perspectives and considerations in any structured, repeatable way.

In the spring of 2022, IPHCC undertook the development of an Indigenous Privacy Framework (IPF) against which Privacy Impact Assessments can be conducted. The IPF developed is an Indigenous-centric privacy framework against which Privacy Impact Assessments can be conducted. The IPF is one of the first, if not the first, documented Indigenous-centric privacy frameworks.

In 2022-23, IPHCC plans on utilizing the framework as part of a Privacy Impact Assessment to reveal strengths and weaknesses so the framework can be refined into a product that can be shared.



# Negotiating the New IPHCO Agreement

The IPHCC in collaboration with the Ministry of Health developed a new funding agreement strategy based on the Model for Wholistic Health and Wellbeing (MWHW). This agreement saw IPHCC establishing a working group to identify and consolidate various funding agreements used across the sector and merge them into a single agreement. IPHCC later developed a Programs and Services Schedule based on the MWHW.

All funding through the Primary Care Branch would be under this one agreement, i.e., midwifery, mental health and addictions, offloading devices, diabetes, FNHAP funding.

This agreement would apply to all Aboriginal Health Access Centres and new Indigenous Integrated Primary Health Care Teams. However, Aboriginal Community Health Centres and Indigenous Family Health Teams had the option to stay with their current agreement or move to the new specific Indigenous Funding Agreement.

As of March 31st, 2022, all participating organizations signed under this agreement transitioned to the “new” Indigenous Primary Health Care Organizations (IPHCO).

## SIGNIFICANT MILESTONES:

- Indigenous-focused preamble
- Recognition of Indigenous Peoples Day and Truth and Reconciliation Day
- Schedule C describes programs and services according to the Model of Wholistic Health and Wellbeing
- 13 separate funding streams consolidated under one agreement
- Rewritten Annual Operating Plan submission
- Significantly reduced reporting requirements

# Data and Digital Equity Spotlight

## Supporting Members

The IPHCC is always looking for new and innovative ways to support our members outside of our regular program areas. Supports are aimed at advancing members’ efforts in the Indigenous health sector. Throughout 2021-22, the IPHCC successfully launched the Integrated Clinical Council, as well as two communities of practice (CoPs) - Data Management Committee CoP and Communications CoP to support members with the following objectives:

- Advocacy on clinical issues,
- Support for data management needs
- Advancing communication efforts and awareness with our member sites.



IPHCCs Knowledge Keepers Circle provides advice and guidance to shape the broad strategic direction of the work at IPHCC and ensures it is grounded within a cultural framework. The term Knowledge Keepers Circle embraces many cultural concepts at the core of IPHCC including the continuous cycle of reflection, awareness and learning, the interconnectedness of all beings, wholistic well-being and humility. Most importantly, the circle is representative of a safe space for sharing and learning together. The Knowledge Keepers Circle continued to grow and provide guidance and support to members on ad-hoc cultural-focused initiatives.

In addition, IPHCC continues to support its Board and membership to deliver on their responsibilities relative

to planning, evaluation, and related activities through the Indigenous Performance Management Committee (IPMC). The IPMC does this by engaging the knowledge, experience, and insights of IPHCOs to continuously improve the quality of data collected and recommending strategies for using data to drive the goals of the Data Governance Framework.

Next year, the IPHCC plans on launching the new Clinical Leadership CoP which will include clinical leads from different primary care areas across the sector. The CoP will support clinical leadership on varying issues by providing peer support and developing tools and resources among other initiatives.



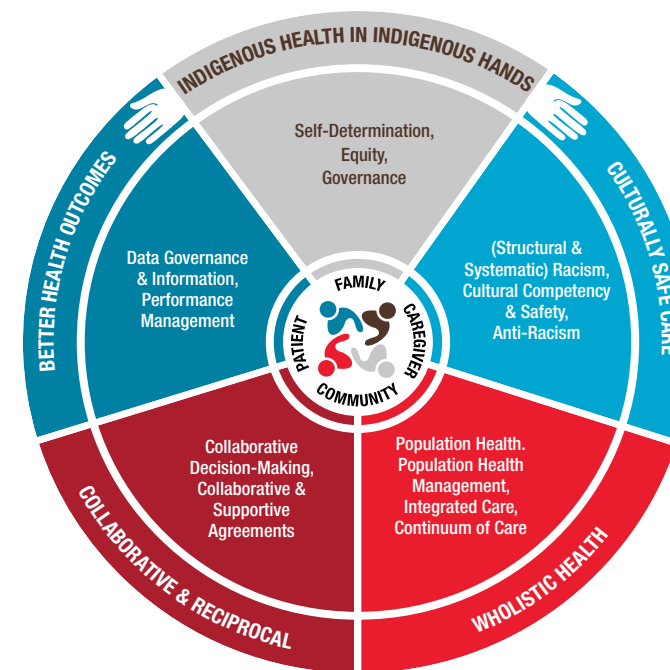
# Health System Transformation

The introduction of Ontario Health Teams (OHT) provides an opportunity for Indigenous health systems transformation to occur not only from a First Nation, on territory perspective but to a process that is inclusive of urban FNIM populations.

The IPHCC, its members, partners, and government can collaboratively work together to transform health systems so that Indigenous health outcomes are improved. To achieve this, transformation must be rooted in mutual respect, understanding, equitable funding, shared accountability, and reciprocity so that equity is achieved.

Health systems transformation often introduces new terms that become part of everyday language with the assumption that they mean the same thing to everyone who is involved.<sup>1</sup> However, these terms have a fundamentally different meaning for Indigenous Peoples as their worldviews and approaches to health and wellbeing differ from Western views and approaches.

<sup>1</sup> H. R. Wulff, *The language of medicine*. *Journal of the Royal Society of Medicine*, 2004, 97(4), 187–188 doi.org/10.1258/jrsm.97.4.187



IPHCC developed a discussion document that details the IPHCC Provincial Health Transformation Model and its underlying concepts and terms to help inform the development of the IPHCC OHT Provincial Framework and local models. The purpose of defining these terms is to:

- Define terms from an Indigenous lens and relevance to the work of IPHCC and the members.
- Support the application of equity perspectives as referenced in the Model of Wholistic Health and Wellbeing.
- Bring clarity and a consistent understanding of the terms defined by the government and non-Indigenous providers as they apply to Indigenous settings.

This document is available for sharing with provincial partners, including CCC members and OHTs via our website.

## Provincial Framework

IPHCC is currently developing a Provincial Framework to help ensure sustained support for locally driven solutions for health systems transformation. The Provincial Framework ensures that our members can effectively participate without being excluded from the Ontario Health Teams process because of existing relationships that require trust-building and development.

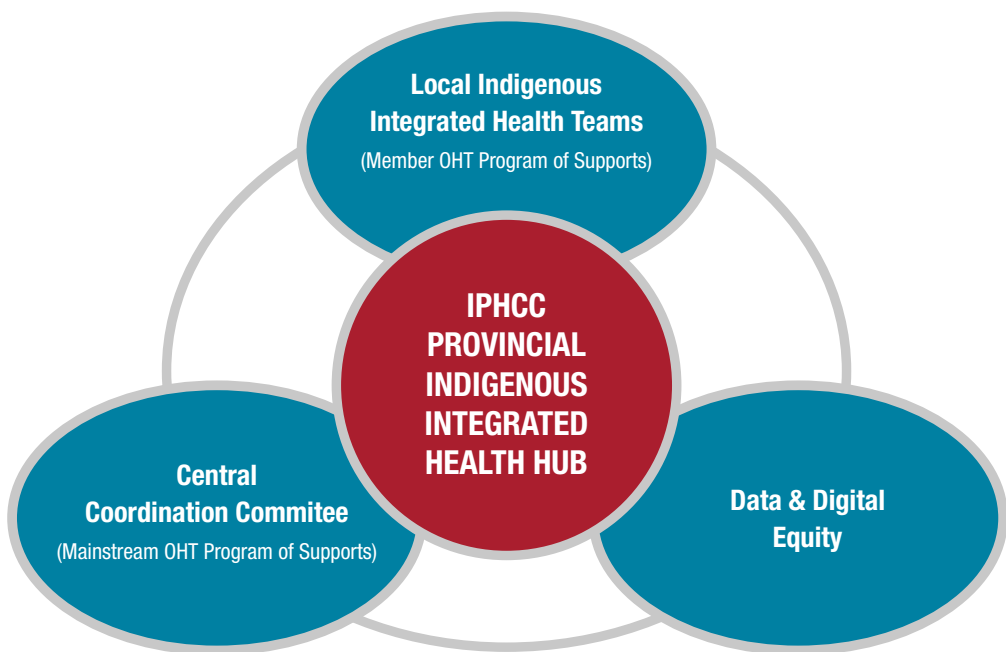
The core concept for the framework is for an “IPHCC Provincial Indigenous Integrated Health Hub”. This Hub essentially builds off the existing IPHCC mandate and strategic plan through sustainable resourcing and partnerships to support health system transformation and better-integrated care across the system.

OHTs provide an opportunity for transformative change within our sector. The IPHCC’s OHT Provincial framework and local member solutions can help fill the current void to support the province in meeting its commitment to recognize the role of *Indigenous Peoples in the planning, design, delivery, and evaluation of health services in their communities*.



## HOW CAN WE ACCOMPLISH THIS?

- IPHCC is a newly formed agile organization, mobilized and ready for change – with the benefits of decades of experience by our members on delivering health services to FNIM people in Ontario. This is in both urban and on-reserve settings.
- IPHCC already has a proven track record for working collaboratively, efficiently, and cost-effectively with our members, the province, and other partners.
- Action-focused with the ability to meet deliverables and timelines with the right resources.
- On-the-ground expertise of our members as both health professionals and members of the FNIM communities.
- IPHCC has built internal expertise on the Ontario Health Team framework and implementation strategies
- The IPHCC recognizes and respects that federal health systems transformation processes are ongoing in several of our members' communities and align our efforts where possible.
- Strong partnerships at the local, regional, provincial, and sectoral levels.
- Collaborative relationships, education and training, and knowledge translation will build government capacity to continually improve and enhance their relationships with Indigenous health service providers and communities.



# All Hands-On Deck in the Fight Against COVID-19

## Continuing the Fight Against COVID-19

As the COVID-19 virus mutated and new variant waves impacted population health at large, IPHCC endeavored to build a response strategy that addressed the specific needs of our communities. Three guiding objectives were established from our research and outreach to the sector:

- Building the capacity of health care providers (HCPs) as vaccinators and vaccination
- Community-based COVID-19 education, promotion, and outreach
- Building capacity for evidence-based vaccination communication

These guiding objectives helped IPHCC develop a centralized and goal-oriented approach to the COVID-19 activities conducted.

## IPHCC COVID Activity Highlights Include:

### INFORMATION SHEETS

After hearing sector feedback that public health information being shared often does not encompass Indigenous people, culture, or experiences, the IPHCC developed a series of COVID-related fact sheets using an Indigenous lens. The sheets were prepared in AODA compliance, designed using layman language, and graphically enhanced to ensure they were accessible to populations both Indigenous and non-Indigenous. COVID Information sheets developed to date include Indigenous Prioritization, Myocarditis, VOC-Omicron, A Guide to Isolating, Post-vaccination COVID Cases, Vaccinating Youth Aged 12-17, Variants of Concern, Vaccinating Youth Aged 5-11, and Third Doses.

### COVID-19 SOCIAL MEDIA CAMPAIGNS

As COVID information, news and guidelines constantly changed, the IPHCC developed in-house social media posts and campaigns sharing relevant COVID updates. The social campaigns were intended to educate and promote well-being to the general following of IPHCC social accounts. Campaigns included were the “I wear a mask” campaign, fourth doses, and the Moosehide campaign.



## FUNDING PROPOSALS

Several funding proposals were submitted to support member sites' capacity for COVID-19 response. Successful submissions were able to support member sites in human resources support, vaccine clinic/testing and assessment supplies, communications and knowledge translation efforts, traditional healing and land-based programs, and food and family supports among others.

# Cultivating Indigenous Voices through Communications

The IPHCC represents the unified voice of Indigenous Primary Health Care Organizations (IPHCOs). The communications team at IPHCC creates unique materials and campaigns to ensure that both internal and external stakeholders are kept up to date on recent health trends, guidance updates, opportunities, and news releases. Some of our internal and external stakeholders include but are not limited to: Our Board of Directors, Members & Associates, Knowledge Keepers Circle, Federal Ministry of Health, Indigenous Primary Health Care Engagement table, and Indigenous Advocacy groups to name a few.

Above all else, we advocate for Indigenous-specific health care needs to improve communications infrastructure, enhance communication of key initiatives updates for our internal and external stakeholders, and two-way communication tools. Over the course of 2021-22, the team focused on delivering key messages through Facebook, Twitter, Instagram, LinkedIn, and TikTok to increase knowledge about COVID-19, developing public education campaigns and posts for significant days and cultural values that our partners adhere to. To ensure the information reaches traction, the team uses different social media hashtags and caters the language to be age-specific, culturally safe, and relatable.

## Social Media

The two campaigns that increased our social media traction and growth were: Indigenous Youth Health Promotion & Advocacy During COVID-19 and Orange Shirt Day. The success of these highlights was due to the creative marketing tactics we employed, such as cohesive branding, unique hashtags, and produced YouTube videos to share on our YouTube channel. To help ensure we are doing a more effective job we monitor our social media metrics via click rate and engagement analytics. This vital information helps to inform us on the types of information that is getting traction. IPHCC total fan count continues to grow on our social media channels. Presently we have 1.7k followers, and this number continues to elevate on a regular basis.

## WISE PRACTICES FOR VACCINATORS WEBINAR

On December 7th, 2021, the IPHCC in collaboration with the Ontario Medical Association (OMA), presented a Wise Practices for Vaccinators Webinar. The webinar provided healthcare providers who would be potentially vaccinating FNIM with the foundational knowledge to identify wise practices and strategies for working in a culturally safe and respectful way whether within a First Nation community or through a mainstream healthcare organization.

## TRANSLATION

The IPHCC partnered with the Centre for Wise Practices at Women's College Hospital (WCH) for the translation of COVID-19 documents into commonly spoken Indigenous languages. An example of a translated resource arising from this partnership is a document addressing vaccine hesitancy in parents/caregivers with the goal of increasing vaccination in the 5-11 population. This document has been translated into the following 6 Indigenous languages: Swampy Cree, Mohawk, Ojibway, OjiCree, Inuktitut, and Michif.

## ENGAGEMENT WITH VACCINATION STAKEHOLDERS AND HEALTH CARE PROVIDER (HCPS)

IPHCC continued to partner with a variety of vaccination stakeholders and HCPs to build cultural safety capacity and bring an Indigenous lens to key COVID-19 discussions. Currently, IPHCC actively participates in the following COVID vaccine planning tables: Provincial Urban Indigenous Table, Provincial First Nations Planning Table, Provincial Children's Planning Table, Durham Region Indigenous Vaccine Planning Table, Urban Indigenous Team Toronto Table, COVID Vaccine Operational & Planning Calls, Ministry of Health COVID-19 Stakeholder Call (MEOC) among others.



Advocacy work

IPHCC collaborated with the Alliance for Healthier Communities, the Association of Family Health Teams of Ontario, and the Nurse Practitioner’ Association of Ontario to release a statement requesting online OHIP renewal to become permissible. This advocacy was successful, and its news received great traction on Twitter.

IPHCC collaborated with June Taylor who wrote a poem titled” Who are They” to honor all the children who didn’t make it home from residential schools across Turtle Island. A video was developed which included June reading her poem with an honor song performed by her son, Juno nominee Bryden Gwiss Kiwenzie. The video received 1,415 views on YouTube and received a 56.1% engagement Rate on Facebook.



Internal

Newsletter

The IPHCC’s bi-weekly newsletter plays an integral role in delivering key messages, news releases, opportunities, resources, and the latest health guidelines to IPHCC members. The newsletter highlights IPHCC-developed resources and program area updates to enhance engagement with subscribers.

As of March 31, the subscription count totals 72 recipients and continues to grow weekly, thereby driving traffic to IPHCC’s website. To help ensure we are capturing interest and relevance we analyze performance history on a regular basis to determine trends and capture the interests of our audiences. Based on this information, we respond accordingly. As a reference, the IPHCC’s click rate performs higher than our peers at a rate of 12.4% compared to 7.9%.

Financial Report  
2021 - 2022



The Indigenous Primary Health Care Council has successfully completed its second full year in operation and continues working through a global pandemic, with total revenues of **\$24.4 million**.

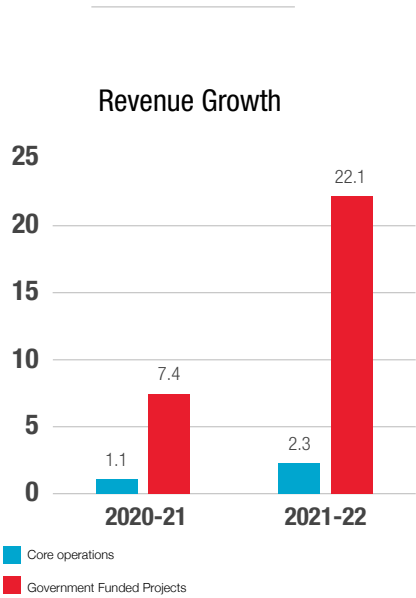
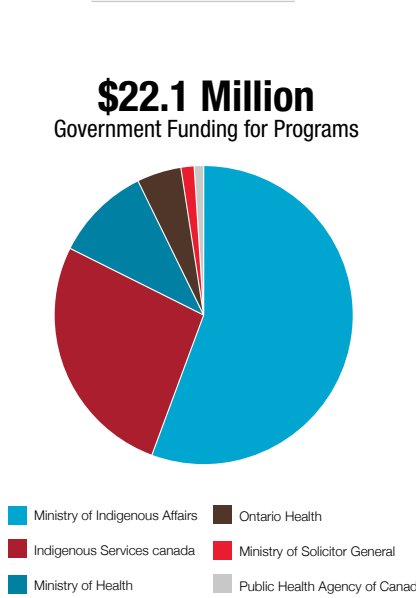
Total revenue of **\$2.3 million** contributes to our core operations: advocacy, policy, communications, and resource and policy support for our members. This revenue was earned from administration fees, funding for special projects, such as funds from Save the Children and the AHAC Quality Decision Support Specialist initiative to support the ongoing development of the BIRT system.

Revenue of **\$22.1 million** contributes to our Government Funded Projects which include:

- Indigenous Cultural Safety
- Ontario Structured Psychotherapy
- Indigenous Primary Health Care Engagement Table
- Ontario Health Teams, Bioethics Reference Group, Data and Digital Equity
- Contact Tracing
- Covid Mental Health and Emergency Mental Health & Addictions Support
- Indigenous Residential Schools Support
- Indigenous Community Support
- Safe Transition from Custody Framework,
- Anti-Racism and Anti-Hate
- Systems Coordinator and Bami'aagan – Support Indigenous Peoples on their vaccine decision making journey.

As of March 31, 2022, the IPHCC’s fund balances totalled **\$2,174,996**.

- **General Fund: \$703,470**
- **Restricted Fund: \$1,471,526**







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