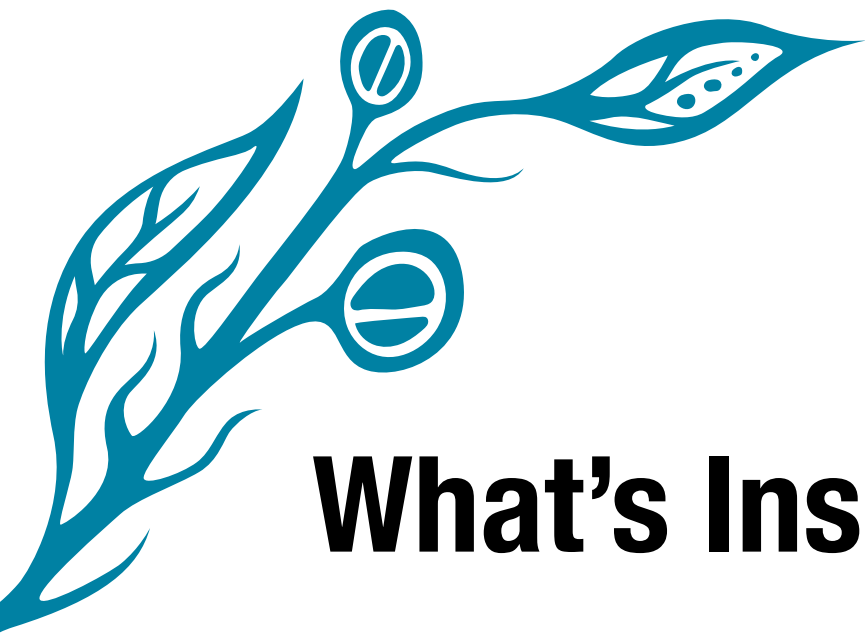


# ANNUAL REPORT

## 2022-2023

Stories of Strength: Indigenous  
Health In Indigenous Hands





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# Meet the IPHCC's CEO Caroline Lidstone- Jones



## Aanii, Tawâw, Iyuskin, Iindigen, Wotziye, Tunngasugit, Pee-pihtikweek, Bonjour, Waaciye, Tánsi, Kuwa, Welcome

Caroline Lidstone-Jones is Ojibway and a proud member of Batchewana First Nation located in the province of Ontario, Canada. She is an accomplished executive with over 17 years of experience in hospital management and administration, whilst being well acquainted with public health.

Caroline has dedicated a significant amount of time working with First Nations and the Northern health care delivery systems in Canada. She has also served as the provincial lead and Director of the Aboriginal Cancer Care Unit at Cancer Care Ontario (CCO), where she oversaw the development and implementation of the Aboriginal Cancer Care Strategy.

Caroline is the Chief Executive Officer of the Indigenous Primary Health Care Council (IPHCC) that was incorporated in November of 2019. Since the IPHCC's formation, Caroline's dedication and commitment to providing quality health care services to Indigenous communities continues to exceed through innovative programs, services, and initiatives that address the culturally appropriate healthcare needs of Indigenous Peoples across Ontario.

It is with great pleasure that the IPHCC welcomes all to access the 2022-2023 annual report to explore our successes over the past fiscal year. In this report, you will gain insight into our incredible accomplishments, milestones, highlights, and innovative efforts that have furthered our mission and vision of bettering healthcare disparities for Indigenous Peoples across Ontario.

## Indigenous communities have displayed remarkable efforts in improving health outcomes and addressing formidable barriers

The 2022-2023 fiscal year saw growth throughout the Indigenous primary health care sector and the rapid expansion of the IPHCC. It is commendable to have witnessed outstanding strength and continued establishments of our member sites, and Indigenous communities who are tirelessly working to improve Indigenous health outcomes and to drive significant change across Ontario. Caroline expresses the utmost gratitude for being a part of this evolving journey and being able to advocate for our Indigenous communities.

## Message from the Chief Executive Officer

The IPHCC's achievements are entirely thanks to the remarkable commitment of our members who are tirelessly contributing throughout the province. The profound regard, reliance, and industriousness you exhibit in your endeavors are evident in the exceptional range of primary health care services you deliver. Thank you 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 contributed to the IPHCC by our Elders, Knowledge Keepers Circle, Integrated Clinical Council, IPHCC Planning and Evaluation Committee, Data Management Coordinators, Traditional Healing and Wellness Advisory Council, Mental Health Advisory Council, and Clinical Leads Community of Practice. 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 partnerships.

Chi-Miigwetch,

Caroline Lidstone-Jones  
Chief Executive Officer



# About the Indigenous Primary Health Care Council

The Indigenous Primary Health Care Council (IPHCC) is an Indigenous-governed, culture-based, and informed organization. Our key mandate is to support the advancement and evolution of Indigenous primary health care services throughout Ontario. We work with 22 Indigenous Primary Health Care Organizations (IPHCOs) across Ontario, including Aboriginal Health Access Centers (AHACs), Indigenous Interprofessional Primary Care Teams (IIPCTs), 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.

The IPHCC is status neutral and supports Indigenous organizations by providing services to Indigenous Peoples who live on and off territory (reserve), who are status, non-status, Inuit, and/or Métis residing within what is now called the province of Ontario. Like historic Indigenous alliances, such as the Three Fires Confederacy, the IPHCC incorporated with the objective of working collaboratively, collectively, and deliberately for the health and wellbeing of Indigenous Peoples.

## The IPHCC's Vision, Mission & Values

### Vision

#### We envision a world where:

The health and wellbeing of all Indigenous Peoples in Ontario are restored and assured.

Health systems provide Indigenous Peoples with high quality care, empathy, dignity, and respect.

### Mission

We use Indigenous solutions to transform Indigenous health outcomes and decolonize health systems by:

- Empowering the voices of Indigenous Peoples and communities to effect change.
- Partnering with Indigenous communities, mainstream health organizations, and government agencies.
- Gathering and sharing data about the health status of Indigenous Peoples in Ontario and inequitable service gaps.
- Equipping council members with the tools, training, and networks to provide quality healthcare

### Touchstone Values

- We honour Indigenous knowledge systems.
- We promote Indigenous health in Indigenous hands.
- We respect that culture is treatment.
- We create respectful relationships.
- We endorse community-based approaches to healing and wellbeing.
- We value and support staff throughout our network.
- We are open to learning from each other.
- We establish and promote safe spaces.
- We laugh together.



# Model of Wholistic Health & Wellbeing

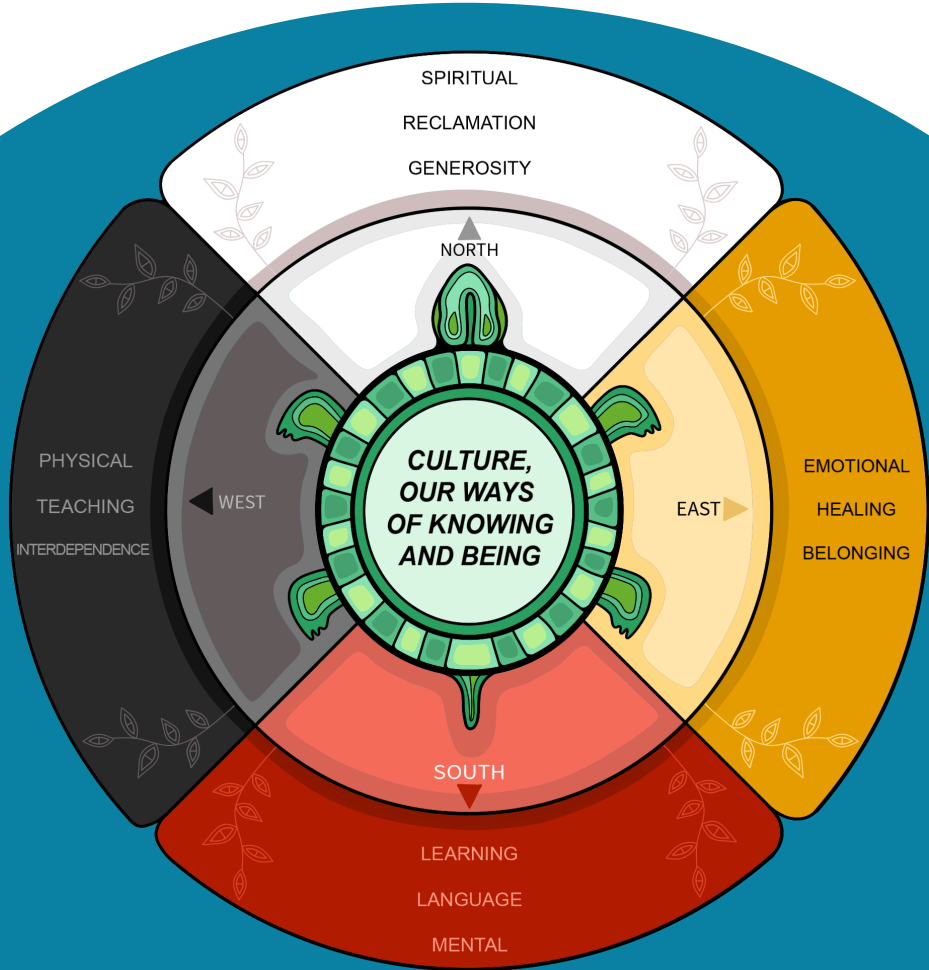


The IPHCC promotes high quality, integrated and wholistic care through the *Model of Wholistic Health and Wellbeing (MWHW)*. This model is rooted in the population needs-based approach to healthcare planning, Indigenous-informed evaluation approaches, and scaling leading practices for excellence in Indigenous Health.

The MWHW guides organizations to operate from a wholistic Indigenous health framework. Recognizing Indigenous rights to self-determination in health, the framework focuses on the restoration and rebalancing of the physical, mental, emotional, and spiritual wellbeing of Indigenous Peoples, families, communities, and nations.

The Model incorporates physical, mental, emotional, and spiritual elements of wellbeing and it is the belief that all elements must operate in harmony to achieve optimal health. Culture as treatment and culture as healing are central to the Model of Wholistic Health and Wellbeing, implanting a strong self-identity to foster self-determination and advance positive health outcomes.

Our model of care promotes and celebrates the diversity in our Indigenous Peoples so that all voices are elevated and the power to control our destiny lies within our communities.



# Our Members



# Member Code of Conduct

The Indigenous Primary Health Care Council Member Code of Conduct serves as an important resource to ensure our daily interactions with one another are conducted in alignment with Traditional Indigenous Teachings that are respectful of First Nations, Inuit, and Métis cultures, as well as the IPHCC’s Vision, Mission, Values, and Beliefs.

## Membership

Your membership in the Indigenous Primary Health Care Council means that you are part of a dynamic network of Indigenous primary health care organizations across Ontario. Working together, we will create an inclusive, safe, and Indigenous-led health system for First Nation, Inuit, and Métis Peoples.

### As a member of the Indigenous Primary Health Care Council, you can expect the following rights:

- To be treated with respect by IPHCC Board, staff, and Council members at all times.
- To have your diversity respected and acknowledged by the IPHCC in our advocacy as we attempt to reflect most of our members needs.
- To understand the IPHCC organizational structure and be made aware of any relevant operational changes at the IPHCC that may have an impact on members.
- To expect safe, equitable, and timely responses from the IPHCC with privacy and confidentiality, where applicable.
- To attend, participate, submit resolutions and vote at the Annual General Meetings, and participate in semi-annual Council meetings to share perspectives and feedback.
- To provide guidance, participate in, and benefit from services and projects carried out by the IPHCC.
- To have any concerns shared with the IPHCC be heard and addressed in accordance with the Concerns Policy.
- To withdraw participation from the IPHCC as per By-Law item 7.0.
- To receive resources compliant with the Accessibility for Ontarians with Disabilities Act (AODA) and to receive AODA accommodations, if requested, when participating in IPHCC initiatives.

IPHCC takes an Indigenous-led and community-centred wholistic approach to improve the mental, emotional, physical, and spiritual health and wellbeing of Indigenous Peoples. Traditional knowledge, Traditional Healing practices, and self-determination underpin Indigenous Primary Health Care and are central to restoring balance at the individual, familial, community, and nation levels.



### As a member of the Indigenous Primary Health Care Council, you can expect the following responsibilities:

- To support the fulfillment of IPHCC’s Vision and Mission to advance Indigenous primary health care service provisions and planning in Ontario.
- To act in accordance with Traditional Indigenous Teachings which are respectful of First Nations, Inuit, and Métis cultures in your daily operations and in all interactions with IPHCC and other members.
- To demonstrate an ongoing commitment to promoting the Model of Wholistic Health and Wellbeing, and approach solutions using Two-Eyed Seeing within your organization.
- To participate fully, speak freely and respectfully, and share your opinions and seek clarification as necessary.
- To nurture relationships with the IPHCC and other members.
- To behave in a culturally appropriate, equitable, and inclusive manner consistent with the expectations as outlined in this Code of Conduct and IPHCC policies.
- To publicly support the IPHCC and the collective objectives of members, and to raise any concerns respectfully and directly to IPHCC leadership in a safe, private space.
- To respect the diversity of all members’ voices and where differences arise, come to a consensus in a safe, respectful manner.
- To participate in moving forward the collective objectives of members and provide feedback and input, when possible, to help ensure strategies are informed.
- To be familiar with and aWct accordingly to the information contained in this Code of Conduct, as well as applicable IPHCC policies.

# IPHCC HIGHLIGHTS



# Health Systems Transformation

**Several Health Systems Transformation (HST) initiatives have been advanced over the last fiscal year, specifically focussed on:**

- Advocating to the government to act on their commitment to recognize the role of Indigenous Peoples in the planning, design, delivery, and evaluation of health services in their communities (*Connecting Care Act, 2019*), and to safeguard self-determination over Indigenous-led health care services and systems.
- Building awareness of the IPHCC and IPHCOs through ongoing dialogue and engagements to build and strengthen meaningful relationships across the system and continuum of care.
- Supporting members with applications for funding opportunities.
- Advancing discussions with Ministry regarding a Provincial Indigenous Integrated Health Hub to ensure adequate and sustained funding, resources, and supports for IPHCOs are safeguarded as provincial efforts are advanced to build a more integrated system through Ontario Health Teams.
- Advocating for both the provincial and federal government to work with the IPHCC and members to ensure that the sector is engaged in discussions surrounding the Indigenous Health Equity Fund and the Federal governments distinctions-based Indigenous health legislation.

**Efforts and advocacy to advance the needs of members continues and agreements with the Ministry have been renewed. This will enable our teams to advance these important discussions, including planned gatherings, education sessions, and ongoing engagements to ensure we are continuously seeking feedback and perspectives of members as this work progresses.**

## Ontario Health Teams

In 2019, Ontario Health Teams (OHTs) were introduced as a way of better connecting a fragmented system. There are presently 57 OHTs in the province, all at different stages of maturity. The Ministry has recently announced that they intend to standardize approaches across the province and OHTs will be expected to incorporate and align with established governance and operational processes that will be developed with the OHT Governance and Operations Advisory Committees established by the Ministry/OH.



In 2022-2023, the IPHCC worked with the Ministry and OH on deliverables related to education and training for OHTs, Indigenous data, and discussions surrounding local supports that are needed for both OHTs and members.

Through this work, the IPHCC identified challenges associated with Indigenous inclusion and representation within the OHT model, including:

- Inconsistent and often poor engagement and experiences across the province.
- Concerns around ability to safeguard self-determination over the planning, design, delivery, and evaluation of primary health care services for Indigenous Peoples.
- No methodology to identify Indigenous populations served across teams and no accountability to ensure culturally safe care is provided across the healthcare system.
- Concerns around Indigenous data governance, data sovereignty, and digital equity.
- Lack of awareness and recognition that integrated care looks different for Indigenous communities.
- Lack of an established model for IPHCOs to gain access to adequate, equitable, and sustainable funding and resources to support self-determined planning to advance Indigenous-led models of care and foster connections and improvements across the healthcare system.
- Several opportunities were presented for senior leadership at the Ministry and OH to visit IPHCOs across the province to learn about challenges and barriers, and to see first-hand the advancements and tremendous benefits that IPHCOs bring to Indigenous communities. The quote on the next page was provided following one of these visits.

# Provincial Indigenous Integrated Health Hub

The IPHCC is having ongoing conversations with the Ministry and OH about the IPHCC's proposed Provincial Indigenous Integrated Health Hub (Hub) and solutions that can be developed to support the delivery of integrated care for Indigenous communities, including access to funding opportunities for integrated care, while also respecting Indigenous autonomy, governance, and decision-making.

The IPHCC is committed to supporting IPHCO members and is well positioned to work with other Indigenous-led organizations and communities at both provincial and regional levels to assist in advancing positive health outcomes for the Indigenous populations we jointly serve.

Regardless of level of participation in OHTs, IPHCOs require access to sustainable supports to ensure Indigenous-led health systems transformation efforts are supported. The proposed Hub will enable this, while also safeguarding self-determination, ensuring Indigenous health remains in Indigenous hands.



“Firstly, I want to thank each of you and acknowledge the tremendous amount of work that all of Ontario’s Indigenous Primary Health Care Organizations do every day to care for your patients and clients.

I had the opportunity to visit Shkagamik-Kwe Health Centre to see first-hand the important work that their team is leading to provide integrated and holistic care, including Traditional Healing and culture-based services, to Indigenous Peoples and their families in Sudbury. And I look forward to meaningfully engaging with you over the coming months.

As we move forward with plans to create a more connected and convenient healthcare system, the Ministry of Health is committed to working with Indigenous Peoples and communities across the province, including with organizations such as the Indigenous Primary Health Care Council and your collective membership, to ensure Indigenous Peoples are directly involved in the planning, design, delivery, and evaluation of Indigenous health services. This will include revisiting current plans to determine where things aren’t working and where there are opportunities to do things differently to ensure Indigenous health needs are being prioritized and addressed.

You have my commitment to continue this important work together.

Miigwetch, Maarsii, Nakurmiik, Nia:wen, thank you for all that you do, every day.”

**Rhonda McMichael**  
Assistant Deputy Minister, Strategic Partnerships,  
Ontario Ministry of Health (March 2023)



## This Hub would enable the IPHCC to work with our members and across branches of the Provincial Government to:

- Enable self-determination over planning, design, delivery, and evaluation of Indigenous health services across the province.
- Work with members and across the system to improve clinical pathways for Indigenous populations, which will include strengthening and supporting relationships between IPHCOs, Indigenous organizations, OHTs, and all health system partners.
- Support our members with a fully functioning back-office to build economies of scale, with quality improvement, training, HR, information technology, data analysis and finance supports.
- Advance health promotion and education for Indigenous communities and partners.
- Continue to develop and deliver Indigenous cultural safety training, anti-racism training, as well as organizational change toolkits and resources for healthcare organizations.
- Continue to advance initiatives related to data collection, capture and reporting, which honour and align with the IPHCC’s Indigenous Data Governance principles and framework.
- Advance accreditation, including a significant leadership initiative to design a framework that will accredit Traditional Healing and Wellness programming throughout the province.
- Address complex policy considerations in a more coordinated and meaningful way

Proposals are also underway to ensure members receive appropriate funding and supports to continue delivering services, including Traditional and cultural supports, through established Indigenous home and community care and long-term care programs. These will reference the value proposition of a Hub model to support our network of members in a streamlined and coordinated way.

Engagement sessions with members are being planned for this fiscal to continue the dialogue about how members can collectively support advocacy efforts to advance this Hub model.

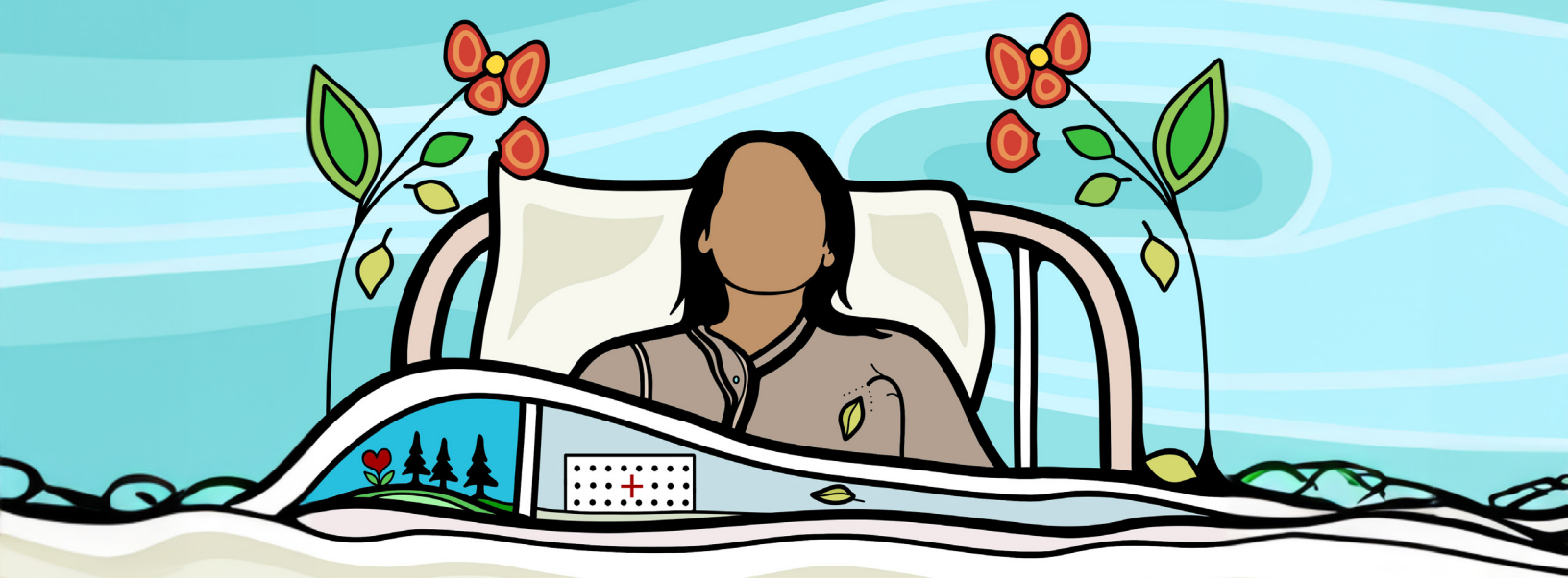


# IPHCC Pre-Budget Submission



In 2023, the IPHCC submitted our first Ontario Pre-Budget Submission to Ontario’s Ministry of Finance. Together with and on behalf of IPHCO members across Ontario, the IPHCC prepared a submission which calls on the Provincial Government to immediately invest \$112 million over the next five years toward addressing healthcare needs of First Nations, Inuit, and Métis Peoples across this province, no matter where they reside. Please see the full submission here (<https://iphcc.ca/wp-content/uploads/2023/01/Pre-Budget-Submission-2023-V19-FINAL.pdf>).

Budget requests included \$37 million over three-years toward developing a Provincial Indigenous Integrated Health Hub. The submission also calls for \$75 million dollars specifically toward building on, and enhancing, a comprehensive network of Indigenous Primary Health Care Organizations to ensure Indigenous Peoples have access to appropriate and safe Indigenous-led health care services. The next section regarding the call for Expression of Interests to expand Interprofessional Team-Based Care has enabled the IPHCC to update our expansion ask to include additional resources needed for existing IPHCOs.



# Expressions of Interest for Interprofessional Team-Based Care Expansion Funding

***Your Health: A Plan for Connected and Convenient Care*** (<https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>), includes a plan to connect more people with primary care closer to home, in communities across the province. As part of this plan, the Government announced an investment of \$30 million to expand existing teams and/or create up to 18 new teams in communities with the greatest need and to help bridge the gap in accessing interprofessional primary care for vulnerable, marginalized, and unattached patients to ensure they are able to connect to care where and when they need it.

The Ministry is focussed on how submissions will achieve the following three outcomes:

Enable multidisciplinary care teams to provide direct care to vulnerable and marginalized people as well as those without a family doctor across Ontario

Help connect people to care when they need it and avoid unnecessary emergency department visits

Improve health outcomes by increasing preventive care and screening procedures

The IPHCC continues to emphasize that equitable and sustained investments in IPHCOs will advance all of these and so much more.

The Ministry and OH co-managed the Expression of Interest (EOI) application process and the team at the IPHCC worked with the Ministry and OH to provide feedback on the application template, as well as attended frequent meetings to ensure timely and accurate information was being provided to members about the process. In addition, a resource was created to help support members with applications.

Most members submitted EOIs and shared final submissions with the IPHCC. This information will help us to continue to advocate for the funding that is needed to support the sector and expand services to meet the needs of your clients and patients.



# Ontario Medical Association Negotiations



The IPHCC was invited to provide feedback into the Ontario Medical Association's Negotiation Task Force (OMA NTF) as they prepare for negotiating the next Physician Services Agreement with the Ministry of Health. Feedback was requested for five specific categories: 1) Compensation (e.g., fee increases, overhead); 2) Fairness (e.g., relativity, gender pay gap); 3) Policy (e.g., virtual care); 4) Accountabilities; and 5) Healthcare system improvements.

**The IPHCC raised three main priorities for the OMA NTF to consider in their deliberations and negotiations with the Ministry, including:**

- 1 Improving Indigenous health outcomes** with a focus on complexity and chronic diseases, which includes efforts to ensure appropriate access to safe and culturally appropriate care.
- 2 Recruitment and retention of family physicians to Indigenous Primary Health Care Organizations.** This includes northern, rural, and urban communities, with a particular focus on addressing the fragility of health system capacity in rural and northern communities .
- 3 Incentives for Indigenous physicians and new graduate family physicians** who commit 2-3 years in an IPHCO or who serve Indigenous populations.

The IPHCC continues to advance discussions with the OMA and the Ministry regarding the importance of ensuring equitable and appropriate funding and incentives are in place to ensure physicians are encouraged to work in IPHCOs. The IPHCC has also been strongly advocating for the need to ensure Indigenous Cultural Safety training is mandatory for all physicians to ensure Indigenous Peoples feel safe, no matter where they receive care throughout the province.

## Transitions in Care Project

The Ministry of the Solicitor General (SolGen) has begun to roll out their new Community Reintegration Strategy.

**The strategy involves:**

- The introduction of community reintegration policy guidelines
- New Community Reintegration Officers (CROs) currently at select institutions
- Community reintegration planning form/checklist
- Community reintegration training
- Inter-ministerial engagement
- Community Reintegration Planning Tables



In the current Community Reintegration Strategy, health care services in institutions are involved at the point of admissions where they conduct the mental health and suicide risk assessments and provide some of the information collected on the community reintegration checklist. An enhanced community reintegration process would present an opportunity to strengthen transitions in care by building on the new Community Reintegration Strategy to embed healthcare reintegration considerations and health services staff to a greater extent in reintegration planning and discharge processes.

Justice-involved persons utilize less primary care and utilize more expensive emergency services. Provincial and municipal public health initiatives often miss vulnerable justice-involved people and do not fully account for the unique challenges Black and Indigenous Peoples face in terms of access to culturally appropriate and continuous wrap-around primary health care services, including mental health and wellness supports.

In 2021, SolGen funded a joint proposal from the IPHCC and Alliance for Healthier Communities (Alliance) to develop a strategy to support individuals being released from a correctional facility get timely access to wraparound healthcare. Procurement was conducted and consultants DPRA Canada and John Howard Society were retained. The IPHCC, Alliance and SolGen co-led the project with IPHCC and Alliance member participation on an Advisory Panel.

**In 2022, three comprehensive reports were developed:**

1. Gap Analysis
2. What We Heard Report, and
3. Summary and Recommendations Report.

As a result of this work, SolGen provided funding to the IPHCC and the Alliance to initiate a Transitions in Care Project in 2022-2023 to develop a Provincial and Local Transitions in Care Partnerships (PLTiCP) Framework. A project governance structure was established with representation from relevant SolGen, Ministry and OH partners in both steering committee and working group functions.

The IPHCC and the Alliance engaged member sites and identified community health organizations to act as pilot sites for Phase 2 of the project based on capacity and readiness to participate in the PLTiCP framework. The PLTiCP framework will be further established in Phase 2 of the project.

The PLTiCP Framework will enhance access to community health services and will result in an interconnected provincial and local approach for streamlining culturally appropriate, safe, and continuous community health service delivery for individuals discharged from provincial correctional facilities. At the provincial level, the model will address a lack of formal pathways for transitions in healthcare upon release from correctional institutions including:



- **Access to safe, culturally appropriate primary health care services**
- **Sharing of medical information**
- **Ensuring continuity of medication and treatment**
- **Referrals for complex healthcare needs**
- **Health care-related discharge planning**
- **Providing healthcare networks with resources (including education and training) to better support the needs of the formerly incarcerated population**

Provincially funded Community Health Navigators will be in place within IPHCOs and CHCs to enhance partnerships/pathways between corrections and community health care.

**The IPHCC sites participating in Phases 1 and 2 of the initial pilot phase of this work include:**

Location	IPHCOs
Thunder Bay	Matawa Health Cooperative Dilico Anishinabek Family Care Anishnawbe Mushkiki
Kenora	Waasegiizhig Nanaandawe’iyewigamig
Barrie	Mamaway Wiidokdaadwin Primary Care Team
London	Southwest Ontario Aboriginal Health Access Centre



# Integrated Care & Clinical Services

The Integrated Care and Clinical Services (ICCS) Division has made significant progress over the past year. Our focus on incorporating the Model of Wholistic Health and Wellbeing within primary health care has resulted in several key deliverables promoting Indigenous Health in Indigenous Hands. In this section, we provide a glimpse into what lies ahead for the Integrated Care Team.

## Clinical Leadership Community of Practice



Brought together clinical leads from IPHCOs across the province



Facilitated knowledge exchange, collaborative problem-solving, and the sharing of best practices



Fostered a strong network of clinical leaders



Enhanced the quality of care and improved health outcomes for communities served

## Integrated Clinical Council



Comprised of representatives from various healthcare disciplines, including physicians, nurses, midwives, and Traditional Healers



Ensures coordinated and comprehensive feedback on IPHCC initiatives and proposed deliverables

## Knowledge Translation

To inform the mainstream health system on the importance of incorporating the MWHW within service delivery models for FNIM clients, families, and communities, the ICCS team spoke at the Ontario Public Health Convention, International Congress in Academic Medicine gathering, and Alliance’s Building Equitable Integrated Healthcare conference.

## Relationship Agreements

Building strong partnerships and fostering respectful relationships have been integral to our work. We have successfully negotiated and established relationship agreements with Indigenous Diabetes Health Circle (IDHC) and the Provincial Council for Maternal & Child Health (PCMCH) and are in discussions with the College of Nurses of Ontario. These agreements have paved the way for meaningful collaboration, co-design of services, and shared accountability in delivering Indigenous-led healthcare solutions.



# Population Health

## COVID-19, Seasonal Respiratory Illnesses & Other Communicable Diseases Response:

This past year, the ICCS team has worked to support IPCHOs with their response to COVID-19 and other seasonal respiratory illness, as well as with the Office of the Chief Medical Officer of Health (CMOH) and Ministry of Indigenous Affairs (IAO). For example, in the fall when the rates of respiratory syncytial virus (RSV) and influenza increased sooner and greater than expected, the team worked with the CMOH office to ensure IPHCOs were informed of their prioritization for the RSV treatment program. Similarly, when the country experienced a shortage in children's medication in the late fall, IPHCC worked with IAO to ensure IPCHOs had priority access to the essential medication. With regards to communicable diseases, members of the ICCS team have continued to participate in both the advisory circle and Indigenous working group on the development of the roadmap to eliminate Hepatitis C, which is now completed and available [here \(https://endhepc.ca/wp-content/uploads/2023/03/Ontario-Hepatitis-C-Elimination-Roadmap-Full-Report-in-English.pdf\)](https://endhepc.ca/wp-content/uploads/2023/03/Ontario-Hepatitis-C-Elimination-Roadmap-Full-Report-in-English.pdf).

Supporting knowledge translation of the accomplished work, the Traditional Healing and Wellness Manager participated as a panelist on a national discussion for elimination of Hepatitis C, bringing forward perspectives on consideration, opportunities, and challenges with expanding the delivery of Hepatitis C care to structurally marginalized groups.

## Public Health Agency of Canada Project:

On March 31st, 2023, the IPHCC concluded the Bami'aagan – Supporting Indigenous Peoples on their Vaccine Decision-Making Journeys. Over the project, there were a series of social media campaigns, fact sheets, TikTok videos with Indigenous influencers, and translation services. Through this partnership, we have been able to make significant strides in addressing vaccine hesitancy and increasing vaccine confidence and knowledge. With the help of social media, we shared how to book vaccines along with the most up to date prioritization guidelines, helping decrease barriers to vaccination for Indigenous communities.

## Sector Evacuations:

Recognizing the increasing vulnerability of Indigenous communities to natural disasters and emergencies, we are developing a comprehensive Sector Evacuation Toolkit to complement existing mainstream documents. This toolkit will provide step-by-step guidance and resources for healthcare providers and community leaders to plan and execute safe and efficient evacuations during emergencies while meaningfully engaging with the local IPHCO. By prioritizing local engagement with key players, we will have a strengthened and culturally safe approach to emergency preparedness in these communities.

# Home and Community Care

With the historic \$1 billion announced last year for home and community care (HCC), IPHCC will be advocating for sector support to deliver HCC services to FNIM Peoples through Indigenous Health in Indigenous Hands.

A business case has been developed requesting the Ministry of Health provide annual funding to support HCC delivery through IPHCOs across Ontario.

Initial discussions are that IPHCC will establish an HCC program for the next three years that will see IPCHOs deliver HCC services to FNIM across the province, focusing on Personal Support Worker (PSW) and Registered Practical Nurse (RPN) recruitment and visits in the first three years, then expanding to a full spectrum of services in the fourth year to include Therapies, PSW, Nursing, palliative and end of life care, as augmented by Indigenous-led practices including Traditional Healing and Wellness as well Cultural Practices.

In year five, the IPHCC would assume complete responsibility for IPHCO HCC operations including Care Coordination, System Navigation, and HCC Administration (Finance, IT, HR, Quality, Contract and Performance Management)

The recruitment, training, and allocation of new Indigenous PSW and RPN graduates would have an immediate health human resources impact to the current home care system.

**It is expected that the positive outcomes would include a reduction of missed visits, an improvement to patient satisfaction, and renewed trust in the system.**



# Accreditation Support Program

The ICCS team is in the beginning stages of establishing an Accreditation Support Program that includes IPHCC representatives becoming accreditors through the Canadian Centre for Accreditation. Having the lens of what accreditors are looking for during the accreditation process will enable the ICCS team to develop resources, and templates available for IPHCOs to support their accreditation journey. The ICCS team will engage IPHCOs to learn of their current accreditation status with which accrediting body, CCA or Accreditation Canada, and support required from the Accreditation Support Program.



We are grateful for the dedication and expertise of our member sites, partner organizations, and the FNIM communities we serve. Together, we will continue to work towards equitable, culturally safe, and sustainable healthcare for Indigenous Peoples, families, and communities.

## What's To Come...



**Expanding the Clinical Leadership  
Community of Practice**



**Strengthening the Integrated Clinical  
Council's role in IPHCC initiatives**



**Further development of relationship agreements  
with mainstream health organizations**



**Continuing to enhance the  
Sector Evacuation Toolkit**



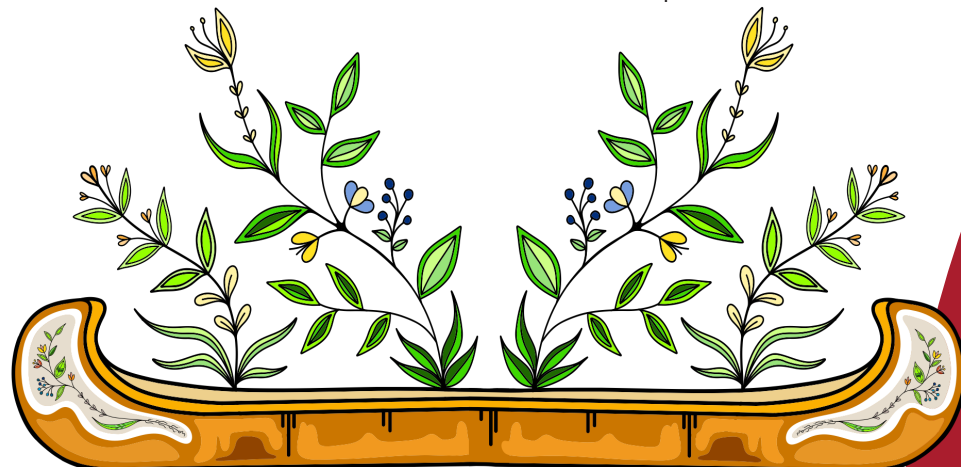
# Promoting Indigenous Mental Wellness and Health Equity in the Wake of COVID-19

In 2022, the IPHCC was successful in securing \$4.38 million for the 2022-2023 fiscal year from the Public Health Agency of Canada (PHAC). The purpose of this funding is to promote Mental Health and Wellness and support the prevention of burnout and mental illness to those most affected by the COVID-19 pandemic and the frontline's post-pandemic recovery.

The IPHCC's Mental Health and Wellness team quickly mobilized and began research specific to frontline healthcare providers while seeking ways to retain staff and reduce burnout, compassion fatigue and vicarious/secondary trauma present in the industry and specific to Indigenous health teams.

The team planned and promoted culture-based activities to provide protection from stress while working to enhance the capacity of individuals, establishing culturally relevant training, working with service providers such as the Mental Health Commission of Canada and member organizations to promote mental health and prevent mental illness in safe, effective, and trauma-informed ways.

Through promoting staff wellness and preventing burnout at a systems level, this funding continues to support the heroes who are working on frontlines to care for the Indigenous population. Funded initiatives aim to promote mental health awareness, prevent mental illness, and build the capacity of members and service providers to address new and complex needs emerging from the pandemic.



## Care Pathways Mapping

The Mental Health and Wellness team has procured consulting teams to work in collaboration with multiple member sites on developing Service or Care Pathway Maps. The intent of the Mapping is to increase awareness and understanding of mental health and wellness programming available for First Nations, Inuit, and Métis populations served by IPHCOs. As well, service mapping furthers the knowledge of patient care pathways, and the relationships and partnerships required to ensure that clients have access to a full continuum of care.



## IPHCC continues to work on several mapping projects with IPHCOs, which will:

**Outline services to support mental health, addictions and wellness**

**Develop how to guides, tools and templates for pathway mapping**

**Develop communication tools, guidance documents and templates**

**Identify successes, barriers, gaps and needs at a local level and a systems level**

Final reports will detail recommendations for how MHA services can be integrated into a wholistic model of primary care.



# Ontario Structured Psychotherapy

The IPHCC continues to work with the Centre of Excellence to establish a framework and design of Indigenous-led psychotherapy clinical and operational model and improve cultural safety in existing NLO's.

The IPHCC is currently in the process of developing content and curriculum to create a psychotherapy specific stream of Indigenous Cultural Safety Training for each NLO in the province. This will complement the curriculum developed under the **Anishinaabe Mino'Ayaawin – People in Good Health** program. IPHCC will also develop, deliver and plan the evaluation for the training.

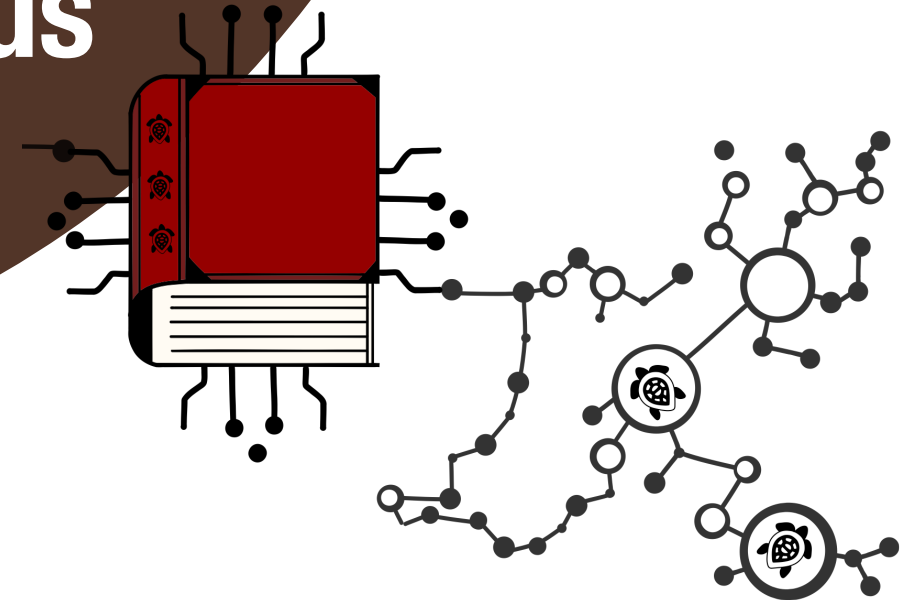


## Ministry of Health Mental Health Funding Evaluation

In 2022-2023, IPHCC was selected by the Ministry of Health to lead the evaluation of Mental Health and Wellness funds provided to Primary Health Care Organizations throughout the province. We are working in collaboration with the Nurse Practitioner-Led Association (NPLCA), the Association for Family Health Teams of Ontario (AFHTO) and the Alliance for Healthier Communities on this report, with the hope that we can use the information to advocate for sustained mental health and wellness funding and supports in interprofessional primary care, with the goal of having it become part of ongoing base funding.

The IPHCC continues to advocate for more sustainable funding for Mental Health and Wellness across the system, to work towards more equitable care for First Nations, Inuit, and Métis communities.

## Harnessing the Power of Data for the Indigenous Sector



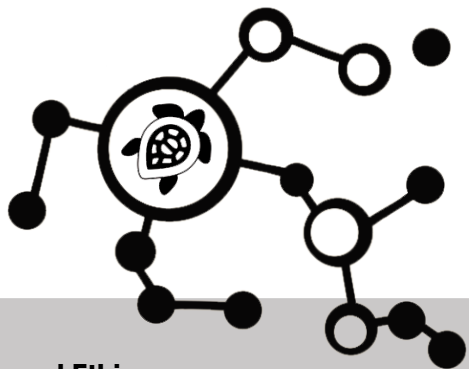
The Data and Digital Equity (DDE) department completed a successful 2022-2023 fiscal year marked by significant strides in various areas, all aimed at improving the accessibility and quality of health services for Indigenous communities.

Our work covered a broad range of focus areas, including data governance, privacy frameworks, research ethics, and more.

In all our endeavours, our objective was to champion the development of Indigenous-specific data and privacy frameworks, pilot telemedicine initiatives to increase health care services accessibility, and launch tools and resources to grow the sector's capacity in reporting and evaluation.



# Program Areas & Accomplishments



## Data Governance

Our work in data governance saw the finalization of the IPHCC Data Governance Framework, marking a milestone in establishing a coherent and inclusive set of rules to govern the data, stories, knowledge, and insights that IPHCOs create, collect, hold, handle, and share. A significant accomplishment within this program was the successful launch of the first of a series of three planned workshops. These workshops were designed to enable the co-designing of an indicator framework, measuring the effectiveness of the implementation of data governance principles, with stakeholders participating at different levels.

## Research and Ethics

The IPHCC Research and Ethics Committee (REC) was formed this year, with a mandate to ensure that any research conducted by or on behalf of the IPHCC is ethical, respectful, and responsive to the needs and priorities of Indigenous communities. After obtaining approval from the IPHCC Board of Directors for its creation, committee members were recruited from across IPHCC membership and the Indigenous health and research sector. Through its work, the REC will aim to protect the rights and wellbeing of Indigenous communities while facilitating ethical research that contributes to the overall health and wellbeing of FNIM.

## Indigenous Privacy Framework

The Indigenous Privacy Framework was drafted this fiscal.. This framework was thoughtfully developed to address the unique requirements of Indigenous communities. It was built upon the existing Canadian Standards Association (CSA) Model Code while introducing supplemental principles and clauses specific to Indigenous contexts. This framework stands as a testament to our efforts in acknowledging and incorporating Indigenous perspectives and considerations into the development of structured and repeatable approaches to Privacy Impact Assessments.

## Data Sharing Agreements

Recognizing the necessity of formalizing data partnerships, we engaged with IPHCC's Indigenous legal team for the development of Data Sharing Agreements (DSAs). The team focused on developing DSAs that tackled five key stakeholder pathways to facilitate strong agreements effectively. These agreements, designed in line with IPHCC's vision and mission, stipulate the rights, responsibilities, and terms of sharing and protecting data, thereby ensuring transparency, accountability, and upholding the principles of Indigenous data sovereignty.

## Indicator Framework

To support better reporting for the quarterly funding reports that must be submitted by the IPHCOs as part of the funding agreement between the IPHCOs and the Ministry, the DDE team created technical specifications for the 47 reporting indicators. IPHCOS as part of the funding agreement between the IPHCOs and the Ministry, the DDE team created technical specifications for the 47 reporting indicators. This effort was done with the support of four IPHCC member pilot sites, who provided invaluable feedback on the development of the technical specifications, guiding us on data source and criteria descriptors and suggesting where new workflows were required, assisting in this effort.

## Practice Profiles

The Practice Profile initiative provided IPHCOs with valuable information to identify opportunities to improve the care and services their clients receive and improve health system planning. Our team engaged in a meticulous process of cross-comparing and validating data from both individual organizations and the Alliance. This ensured the accuracy of the profiles and allowed us to identify and rectify any data gaps effectively. All of these efforts have contributed to setting a firm foundation for enhancing workflow documentation in the future.

## Business Intelligence Reporting Tool (BIRT)

The Alliance's Business Intelligence Reporting Tool (BIRT) is an essential resource that enhances our data analytics capabilities. Providing both ad hoc analysis and predefined dashboards, BIRT encompasses various essential areas like Client Encounters, Preventative Immunizations, and Wholistic Care. The fiscal year 2022-2023 saw the onboarding of two IPHCC member organizations – North Bay Indigenous Hub and Wasauksing First Nation Health Centre – to the BIRT platform. Our ongoing efforts remain focused on expanding BIRT's reach, with plans to onboard two additional organizations in the coming year.

## Institute for Clinical and Evaluative Sciences

The Institute for Clinical and Evaluative Sciences (ICES) is an indispensable repository for Ontario's administrative health data and a crucial partner for IPHCOs. Over the past year, our collaboration with ICES has empowered us to better understand and serve our communities. We achieved this through a data-sharing relationship that provides organizations with the choice of signing either a project-specific or controlled-use agreement. Notably, we onboarded Tsi Kanonhkhwatsheriyo to ICES, enhancing their capability to comprehend their client population via AHAC/CHC Practice Profiles.

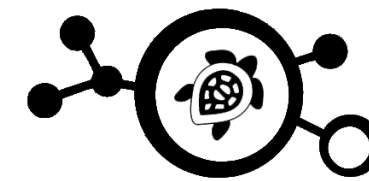
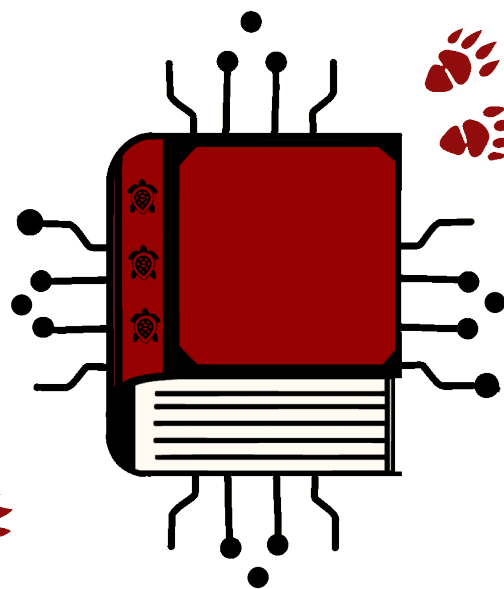
### EMR Instructional Development

Healthcare professionals need a standardized, customizable, and user-friendly way to document patient data. That's why the use of PS Suite (PSS) – an Electronic Medical Records (EMR) system – is widespread within the industry. The IPHCC aimed to streamline the onboarding process for new and current PSS users across the sector by providing training on how to navigate the EMR system in order to capture, organize, and display patient data in a user-friendly way. Thirteen EMR Training modules with knowledge checks were created for onboarding of PSS users. These modules equip health professionals with the tools necessary to effectively capture, organize, and display patient data, thereby standardizing and simplifying the documentation process. The feedback received from the pilot team will inform the upcoming rollout of these training modules to the broader sector.

### Robotics Pilot

In a significant stride towards improved healthcare delivery, the IPHCC explored the use of advanced robotics technology in IPHCOs. Recognizing the potential of robotics to mitigate the ongoing healthcare worker crisis and enhance access to care, IPHCC initiated a pilot project called “Shkaabewis,” meaning “Helper” in Ojibway.

The pilot project involved the use of Double Robotics’ telemedicine robots at four member locations to provide remote consultations to clients in both urban and remote areas. The pilot project began on February 1, 2023, and aimed to improve access to healthcare for Indigenous clients in remote, underserved, and urban areas. Through the Shkaabewis pilot, IPHCC laid the groundwork for a new age of technologically advanced and culturally appropriate health care delivery for Indigenous communities.



## What's To Come...

In all these endeavors, our objective remains the same: we will continue to innovate, lead, and leverage technology to improve health outcomes and wellbeing, and champion health equity in Indigenous communities.

As we move forward, we are grateful for the support of our partners and stakeholders and are eager to take on another year of transformative work in the field of Data and Digital Equity.

### First data gathering conference in Toronto, Ontario, in November 2023



This conference will focus on addressing health system gaps, dissecting the role of data as an instrument for social change, and exploring ways of decolonizing data and using it to amplify health equity initiatives in Indigenous communities.

### Further development and implementation of our Data Governance & Indigenous Privacy Frameworks



The frameworks will be supported by the creation of two policy handbooks. These handbooks, one on privacy and security, and the other on data governance, will be instrumental in standardizing procedures and upholding our data governance principles.

### Refine & finalize Data Sharing Agreements



These agreements will be finalized based on stakeholders’ feedback combined with continued improvements to our Indicator Framework technical specifications and further onboarding of our membership to BIRT and as partners with ICES. These efforts will ensure a standardized and robust approach to data sharing and reporting across our networks.

### Technology Updates

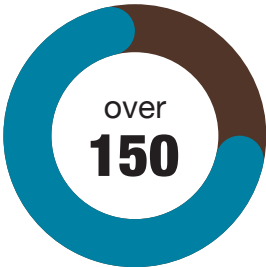


On the technology front, the launch of our redesigned website and dedicated member portal will improve digital accessibility and foster better collaboration amongst our members. Concurrently, guided by the success of the “Shkaabewis” pilot project, we will continue to explore the potential of robotics technology in healthcare delivery.

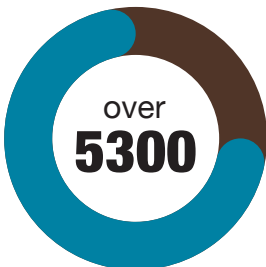


# Foundations of Indigenous Cultural Safety

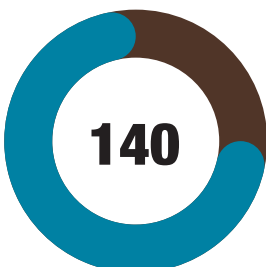
Launched in the fall of 2021, IPHCC’s Foundations of Indigenous Cultural Safety (ICS) is the first course within the Anishinaabe Mino’Ayaawin – People in Good Health training approach. Since the launch of the course, IPHCC has successfully worked with many organizations and healthcare professionals to enhance their learnings and to support the fostering of cultural safety for Indigenous Peoples in Ontario. The training draws upon the lived experiences of many Indigenous partners encountering care within mainstream systems, alongside stories shared by First Nation, Inuit and Métis Peoples living in Ontario.



organizations participated in the curriculum



registered users



responses to post-training evaluation surveys

## “Learners have said:

“It reinforced and enhanced my understanding of the historical and contemporary experience for Indigenous Peoples. In particular, I found its practical emphasis on Indigenous-specific racism and micro-aggressions in healthcare settings to be very helpful.”

“I have gained a better understanding of the historical inequities created through colonialism that continue to oppress Indigenous Peoples across Turtle Island. Additionally, I unlearned many things and relearned many things, especially how to be a better Ally.”

“I feel more aware and take into consideration more factors of cultural safety on a daily basis, even beyond the context of healthcare.”

# Ministry of Indigenous Affairs: Indian Residential School Trauma-Informed Training

The IPHCC worked with the Ministry of Indigenous Affairs (IAO) to develop a 4-day in-depth Indian Residential Schools (IRS) trauma-informed training as well as a half-day, high-level IRS trauma-informed training. The training was designed to equip participants with a deep, multi-faceted, and culturally informed understanding of trauma, Indigenous perspectives on trauma, traumatization, mental health, and healing. The training focused on a different theme each day:

- Positioning Yourself and the Roots of Colonialism
- Understanding the Roots and Impacts of Trauma
- Understanding the IRS system and Intergenerational Trauma
- Practical Applications of Trauma-Informed Care

The IPHCC also provided trauma counselling and support for individuals involved in IRS work at Ministry meetings and events who experienced triggers or trauma in relation to the IRS burial investigations. Mental health supports have been delivered by IPHCC upon various gatherings and meetings, hosted by Nishnawbe Aski Nation (NAN), regarding the ground searches of Residential Schools. In February 2023, members of the IPHCC attended the Residential School Site Search Forum in Thunder Bay, Ontario as Mental Health supports.

## Safespace Networks

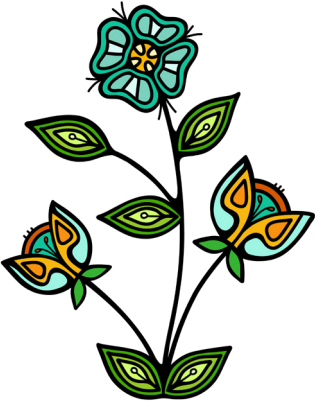
The IPHCC has been working in collaboration with Dr. Alika Lafontaine and Dr. Kamea Lafontaine to equip IPHCC and its members with the tools and resources to launch the Safespace Networks – an application focused on collecting anonymized data highlighting instances of racism within healthcare.

The IPHCC has completed the onboarding process for the Safespace app for both Cohort 1 and Cohort 2, consisting of six IPHCC membership organizations; Anishnawbe Health Toronto, Dilico Anishinabek Family Care, Wabano Centre for Aboriginal Health, Shkagamik-Kwe Health Centre, De dwa da dehs nye>s Aboriginal Health Centre, and Southwest Ontario Aboriginal Health Access Centre.

IPHCC will be doing an official launch of the application at the 2023 AGM in September.

Reports can be submitted through a hotline, a secure email, or online at <https://www.safespacenetWORKS.ca/>.

This aggregate data will support IPHCC and its members by capturing patterns and trends within the healthcare system and enhancing advocacy efforts for addressing anti-Indigenous racism.



# ICS Resources



IPHCC continues to enhance its ICS training approach by developing various tools and resources that will support healthcare professionals in enhancing their knowledge and awareness of cultural safety and how to interact with Indigenous Peoples.

Below are some resources currently available through IPHCC:

- Wise Practices Guide: **Protocols for non-Indigenous Health Care Organizations seeking to work with Indigenous Knowledge Keepers**
- Infographics: **The Cultural Safety Continuum** and **Understanding Unconscious Bias, and Macroaggressions vs. Microaggressions**

## Customized Workshops

The IPHCC continued to develop and deliver customized Indigenous Cultural Safety training throughout 2022-2023. These approaches to cultural safety workshops will continue into the new fiscal year.

### St. Joseph’s Hospital’s Mental Health Grand Rounds

- The IPHCC delivered a customized webinar series which covered the foundations of Indigenous Cultural Safety, Indigenous approaches to Traditional Healing and its importance in supporting mental health and healing, and using knowledge to create meaningful change at the individual and organizational level.

### Correctional Services Canada

- The ICS team developed three virtual training sessions which addressed the history of colonialism, the impact of internalized bias and stereotypes, the importance of Traditional Healing, ceremony, and Traditional Medicine for health and wellbeing, and turning knowledge into action to support better health outcomes for Indigenous People in corrections.



## Learners have said:

“I really appreciated this informative and well organized presentation. While this information can be difficult to hear, we need to acknowledge Canada’s history with Indigenous Peoples to better inform our clinical practices, policies, environments, etc. I hope more of my colleagues will participate in your future offerings.”



## What’s To Come...

### Relationship Building

The IPHCC is working to strengthen its current relationships with various educational institutes to support the advancement of ICS within education. This past year, IPHCC worked with the Northern Ontario School of Medicine (NOSM) to offer ICS training to incoming students. NOSM made it a requirement that every student coming into their medical program complete ICS training – IPHCC’s Foundations of ICS was one of three approved trainings.

### Organizational Change

Building off the pilot project **Improving Indigenous Outcomes** with IPHCC and the Southwest Ontario Aboriginal Health Access Centre, IPHCC has developed an Organizational Change curriculum and framework. The curriculum, tools, and resources will support scale and spread of organizational change strategies towards enhanced cultural safety for Indigenous Peoples with a focus on embedding Indigenous inclusion principles across organizations. IPHCC is expected to launch the curriculum and framework in the fall of 2023.

### Bioethics




The IPHCC developed 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 professionals 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. IPHCC has piloted the curriculum by delivering virtual workshops before its online course launch which is expected for the fall of 2023.



# The Establishment of the Traditional Healing Advisory Circle

In December 2023, the IPHCC hosted its first Traditional Healing and Wellness Gathering, with representation from IPHCOs from across the province. The gathering was held in Toronto and nearly 200 participants attended.

The purpose of this meet was to inform IPHCOs on the important Traditional Healing and Wellness key deliverables that include:

-  Creation of an “accreditation” framework that will serve to sustain and enhance Traditional Healing programs and its Practitioners, while reflecting diverse cultural epistemologies and practices.
-  Development of a mentorship program that will support upcoming Traditional Healers and Cultural Practitioners.
-  Micro-credentialing e-learning offerings to help educate mainstream primary care teams on Traditional Healing and how it can complement wholistic healthcare approaches.

**In early March, the Traditional Healing and Wellness Advisory Circle was formed, comprising of the following 11 IPHCOs:**

- Anishnawbe Mushkiki
- De dwa da dehs nye>s Aboriginal Health Centre
- Dilico Anishinabek Family Care
- Mamaway Wiidokdaadwin Primary Care Team
- Matawa Health Cooperative
- Shkagamik-Kwe Health Centre
- Southwest Ontario Aboriginal Health Access Centre
- Gizhewaadiziwin Health Access Centre
- Mino M’shki-ki Indigenous Health Team
- Waasegiizhig Nanaandawe’iyewigamig
- Wasauksing First Nation Health Centre



## Approach



## What’s To Come...

### Sector Expansion and Equitable Compensation

As part of IPHCC’s commitment to advocating for sustainable and equitable resources for Traditional Healing and Wellness programs, we are currently working on a Compensation Market Refresh for Traditional Healers, as well as Cultural and Ceremonial Practitioners. This refresh will look at current sector salary structures being offered and inform new policies on creating equitable salaries for all practitioners. Other priority areas include addressing workforce challenges for Traditional Healing and Cultural Services, including recruitment, retention, skills development, capacity building, diversity, and inclusion. IPHCC continues to seek innovative ways to meet these challenges by designing a mentorship model for future Healers and Knowledge Keepers.

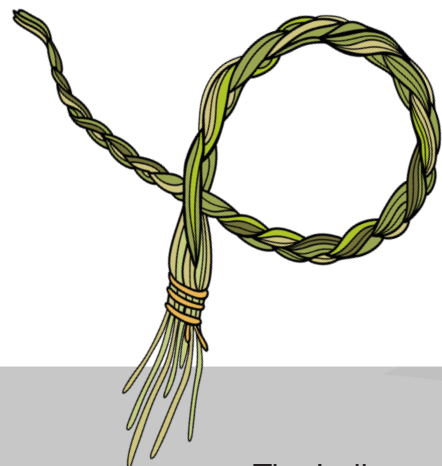
### Medicine Distribution

IPHCC will be starting a Traditional Medicine program that will take place throughout the year. IPHCC will support medicine keeper Joe Pitawanakwat of Creator’s Garden in the creation and distribution of medicine packages and videos that will provide instructions and information on how to distribute the medicine to patients. The videos are going to be instructional for qualified training components for primary care clinicians, Traditional Medicine people, and practitioners.

### Digital Storytelling

IPHCC will be facilitating a variety of digital storytelling workshops in partnership with Community Story Strategies. A digital story is a short-media narrative that uses photos, video, media clips, art, and sound to share a personal life story.

# Financial Report



The Indigenous Primary Health Care Council has successfully completed its third full year in operation with total revenues of **\$21.3 million**.

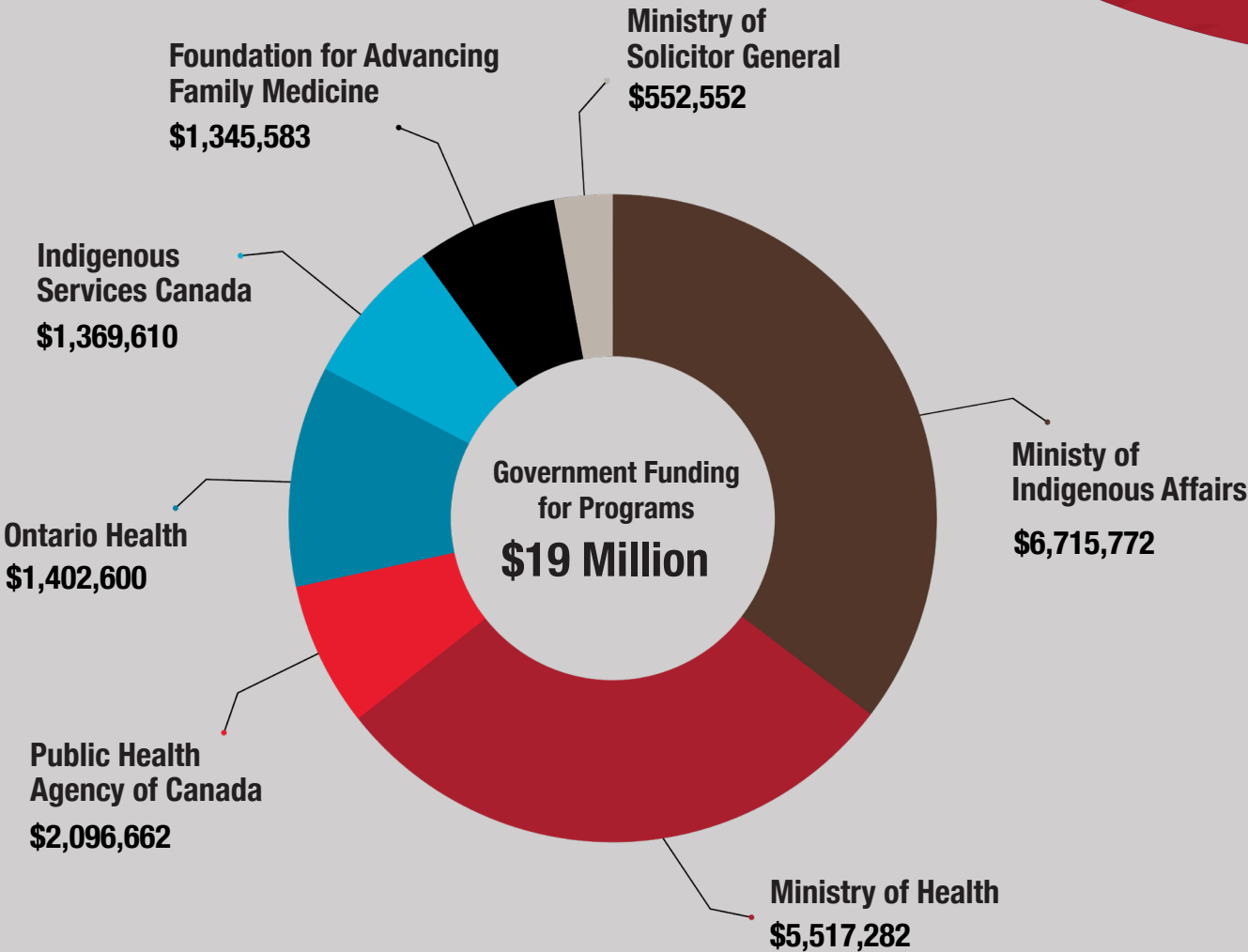
Of the total revenue, **\$2.3 million** contributes to our core operations: advocacy, policy, communications, and resource and policy support for our members. This revenue was earned from administration fees, funding for special projects, the AHAC Quality Decision Support Specialist initiative to support the ongoing development of the BIRT system, and back office supports for member sites.

## Revenue of \$19 million contributed to our Government Funded Projects which include:

- Indigenous Cultural Safety
- Ontario Structured Psychotherapy
- Ontario Health Teams
- Data and Digital Equity
- Mental Health Systems Coordination
- Traditional Healing and Wellness
- Land-based Programming
- Emergency Mental Health and Addictions Support
- Indigenous Residential Schools Support
- Indigenous Community Support
- Safe Transition in Care
- Anti-Racism and Anti-Hate
- Systems Coordination
- Bami’aagan - Supporting Indigenous Peoples on Their Vaccine Decision-Making Journeys
- Supporting the Health of Those Most Affected by COVID

As of March 31, 2023, the IPHCC’s fund balances totalled **\$3,131,018**.

- General Fund: \$1,659,492
- Restricted Fund: \$1,471,526

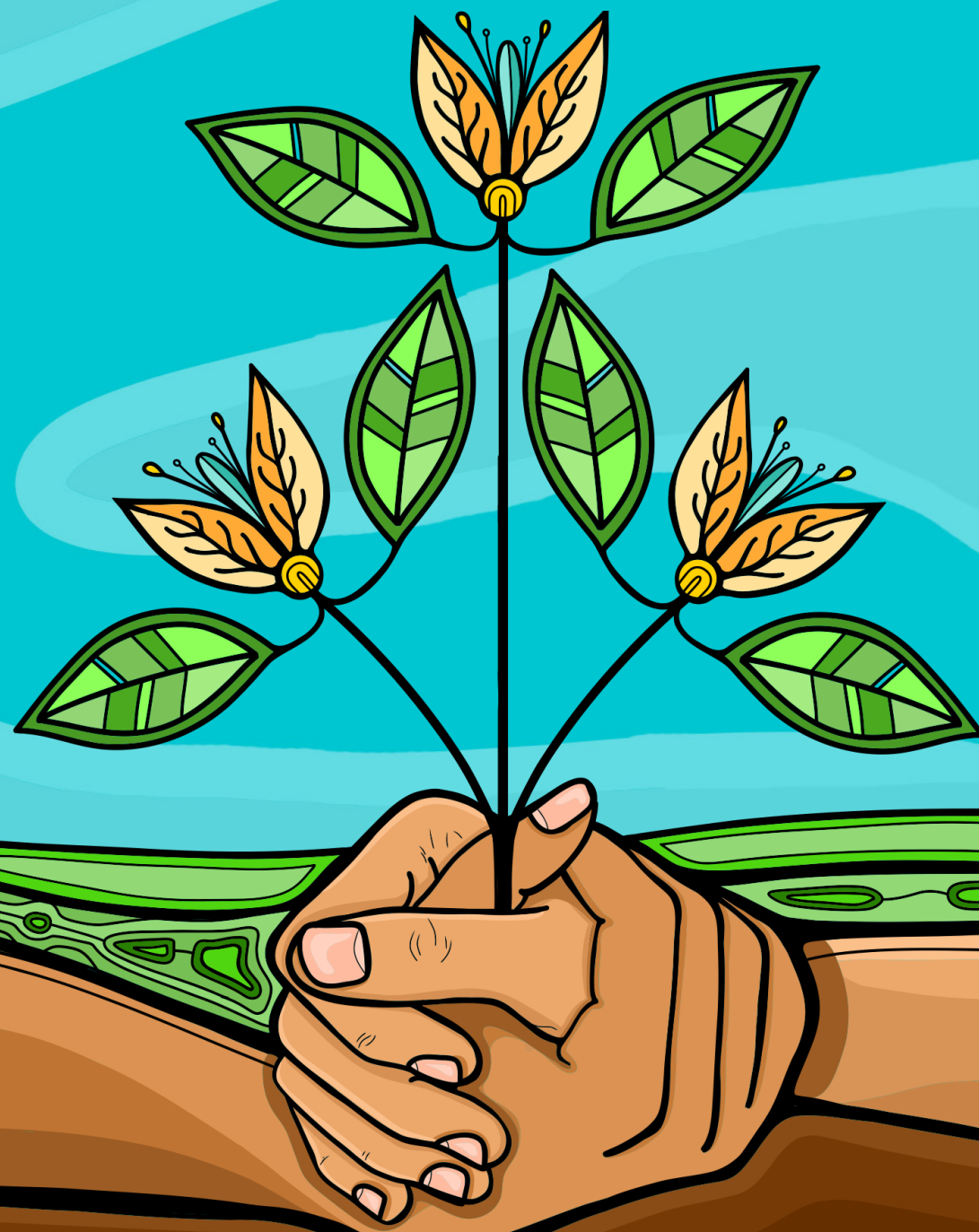




# Employee Recognition

The Employee Recognition Program was especially designed to recognize and celebrate the hard work, dedication and persistence of the staff at our member sites.

Each year, we recognize and celebrate their contributions to supporting the advancement and evolution of Indigenous primary health care.



Each department and division deserves the utmost celebration and gratitude for serving Indigenous communities.

Take a look at the staff and teams who were acknowledged in 2022!

## Allied Health Recognition: Recognition of Merit

Tara Loveday - *Sioux Lookout First Nations Health Authority*

## Mental Health & Wellness: Recognition of Merit

Brad Hample - *Noojmowin Teg Health Access Centre*

## Staff Recognition: Administrative and Operational

Sandra Waboose - *Dilico Anishinabek Family Care*

## Nursing: Recognition of Merit

Mary Anne Wisenburg - *Southwest Ontario Aboriginal Health Access Centre*

## Co-Worker Recognition

Quality Improvement Team and Lacey Jackson - *Southwest Ontario Aboriginal Health Access Centre*

## COVID-19 Collaborative Approaches to COVID-19 Responses

Dave Remy - *Southwest Ontario Aboriginal Health Access Centre*

## Integrated Care: Community Innovation Health and Wellness Team - Noojmowin Teg Health Access Centre

## Excellence in Traditional Healing and Wellness Services

Youth Wellness Program - *Waasegiizhig Nanaandawe'iyewigamig*

## Honouring Traditional Teachings

Jackie Labonte - *De dwa da dehs nye>s Aboriginal Health Centre*

## Health System Transformation: Indigenous Change Champion

Serena Joseph - *Waasegiizhig Nanaandawe'iyewigamig*

## Innovative Healthcare Practices and Approaches

FASD Team - *De dwa da dehs nye>s Aboriginal Health Centre*

## 2021 Recognition of Excellence: Outstanding Leaders

Charisse Sayer - *Southwest Ontario Aboriginal Health Access Centre*

## 2021 Recognition of Excellence: Physicians Honoured

Dr. Louisa Marion Bellemare - *Misiway Milopemahtesewin Community Health Centre*

## 2021 Recognition of Excellence: Excellence in Mentorship

Ryan Taggart - *Shkagamik-Kwe Health Centre*

## Recognition of Innovative IT Practices in 2021

Deanna Guernsey - *Southwest Ontario Aboriginal Health Access Centre*

## 2021 Recognition of Excellence: Indigenous Health & Outreach Advocate

Donna Lyons - *Wabano Centre for Aboriginal Health*

## Innovative and Inclusive Client Care

Harvey Manning - *Anishnawbe Health Toronto*

## Recognition of Community Practices and Strategies

Paul Capon - *Matawa Health Cooperative*

# Website & Members Portal Development

In the past year, the IPHCC has embarked on an extensive project to enhance the accessibility and functionality of our digital platforms. We have partnered with a specialist consulting team to redesign our website and develop a separate member portal.

The website redesign aims to create a more user-friendly and accessible platform. It is expected to offer intuitive navigation, easier access to resources, and an overall improved user experience, ensuring that essential information and resources are readily available to the public. We anticipate that the redesigned website will better reflect IPHCC's mission, vision, and commitment to Indigenous health and wellbeing.

Simultaneously, the member portal development is focused on creating a secure, private space for IPHCC members. This portal will provide members with exclusive access to specific resources, documents, and potential collaboration tools. Not available to the general public, this secure portal will serve as a hub for knowledge sharing, collaboration, and strategic planning among IPHCC members. We believe this initiative will significantly enhance communication and collaboration within our organization, thus driving our collective efforts forward.



## Members Portal Features:

**Virtual Tipi  
& Workplace  
Wellness**

**News,  
Careers,  
& Events**

**Knowledge  
Sharing &  
Resources**

