INDIGENOUS PRIMARY HEALTH CARE COUNCIL

2024-2025 ANNUAL REPORT

"No One Will be Left Behind."

Acronyms and Definitions

FNIM	First Nation, Inuit, Métis
IPHC	Indigenous Primary Health Care
IPHCC	Indigenous Primary Health Care Council
IPHCO'S	Indigenous Primary Health Care Organizations
MWHW	Model of Wholistic Health and Wellbeing

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Message from our Chief Executive Officer

Aaniin! Boozhoo!

I am Ojibwe from Batchewana First Nation. I am honoured to serve as Chief Executive Officer of the IPHCC.

This past year has been one of growth and collaboration for the IPHCC. Together with our members, communities, and partners, we have continued to advance Indigenous primary health care across Ontario by building strong relationships, developing new resources, and expanding opportunities for learning and leadership.

Some of the key milestones from this year include:

- Formalizing new partnerships with Toronto Metropolitan University, York University, the Registered Nurses' Association of Ontario, Niagara Health, and the Canadian Centre for Accreditation.
- Launch of Indigenous Cultural Safety in Mental Health, developed under our Anishinaabe Mino'Ayaawin – People in Good Health approach.
- Ongoing collaboration with the Ministry of Health and Ontario Health on system-level initiatives like Ontario Health Teams and Primary Care Expansion within Indigenous communities.
- Continued growth of the Integrated Clinical Council, advancing strength-based clinical leadership that includes physician, nurses, allied health, and traditional practitioners voices.
- Development of sector resources now available through our website and Members Portal.
- The launch of the Self-Identification Toolkit and training, to support recognition, equity, and inclusion for FNIM peoples within healthcare.

None of these achievements would be possible without the dedication of our members, partners, staff, Elders, Knowledge Keepers, advisory councils, and clinical leaders. Their guidance and commitment remain at the heart of IPHCC's collective success. Together, we will continue to advance Indigenous Health in Indigenous Hands.

As we plan for the future, IPHCC remains committed to advocating for FNIM peoples, address systemic barriers, and strengthen Indigenous primary health care. Together, we will continue to ensure that Indigenous voices lead the way in shaping compassionate, evidence-based, and culturally safe healthcare across Ontario.

In good spirits and good health,
Caroline Lidstone-Jones
Chief Executive Officer

Remarks from the Board Chair

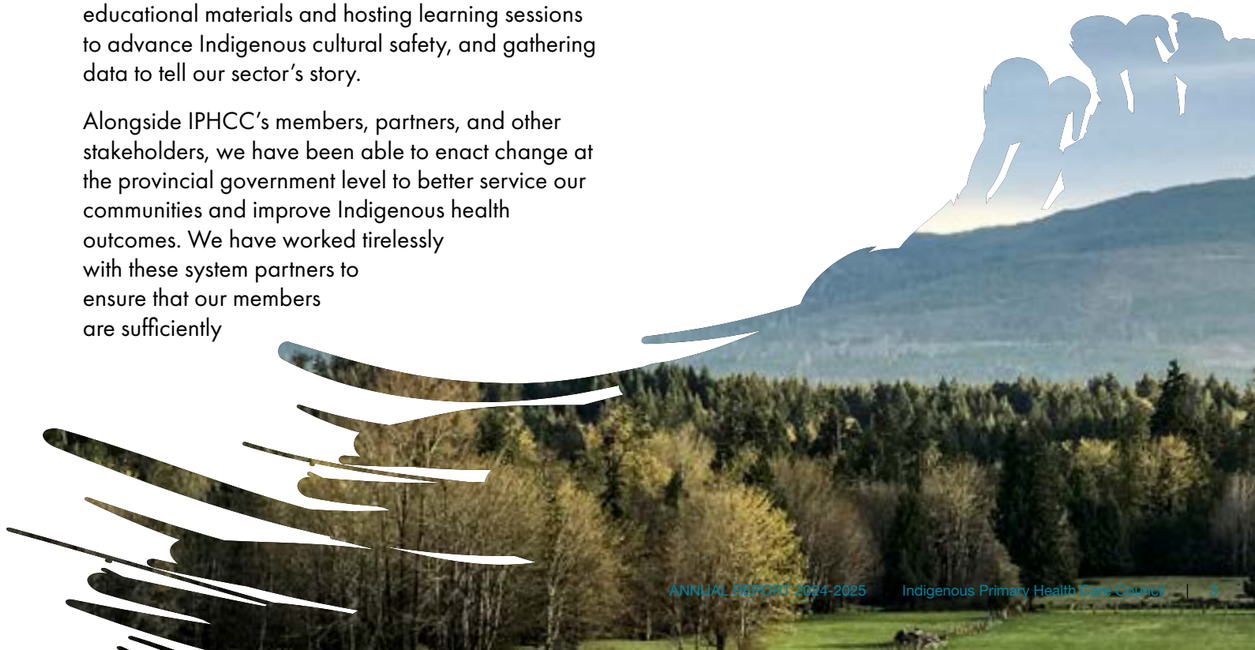
As the Chair of the IPHCC Board, it has been an honour to witness and support the advancements that have taken place this year both sector- and organization-wide. IPHCC has been successfully representing members across the province through building strong partnerships, participating in meaningful collaborations, developing digital communications on various platforms, creating educational materials and hosting learning sessions to advance Indigenous cultural safety, and gathering data to tell our sector's story.

Alongside IPHCC's members, partners, and other stakeholders, we have been able to enact change at the provincial government level to better service our communities and improve Indigenous health outcomes. We have worked tirelessly with these system partners to ensure that our members are sufficiently trained and resourced to evolve, and transform the information we collect into actionable items to better guide the operations of our members and empower evidence-based decision-making.

Through raising awareness, standardizing policies and procedures, ongoing advocacy work, and working alongside internal and external partners on Indigenous-led health care solutions, IPHCC has developed a more cohesive and well-informed platform for our sector. We will continue to uphold the teachings of our Elders by incorporating traditional healing practices into western medicine approaches to create culturally safer spaces. I look forward to seeing how these plans unfold and the positive impact this work will have on creating Indigenous health care spaces that are made by Indigenous Peoples for Indigenous Peoples.

It is with great admiration and respect that I extend my gratitude to IPHCC's members, staff, stakeholders, partners, community members, and health professionals who have played an instrumental role in our success and journey so far. I am proud of be a part of IPHCC's vision of a province where the health and wellbeing of all Indigenous Peoples in Ontario is restored and assured, and I am eager to witness how we will continue to implement innovative Indigenous-led solutions to decolonize health systems.

In unity and wellness,
Laureen Linklater-Pizzale



Our Vision, Mission & Values

Our Vision

The IPHCC envisions a world where:

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

Our Mission

The IPHCC uses 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 health care.

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.

As we move into the next fiscal year, the IPHCC reaffirms its commitment to supporting our members in addressing critical issues affecting Indigenous health in Ontario.

MEMBERS

- ABORIGINAL HEALTH ACCESS CENTRE (AHAC)
- INDIGENOUS COMMUNITY HEALTH CENTRES (CHC)
- INDIGENOUS INTERPROFESSIONAL PRIMARY CARE TEAMS (IIPCT)
- AHAC & IIPCT
- AHAC & INDIGENOUS NURSE PRACTITIONER LED CLINIC (INPLC)
- IIPCT & INDIGENOUS FAMILY HEALTH TEAM (IFHT)
- INDIGENOUS FAMILY HEALTH TEAM (IFHT)

SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY
SIOUX LOOKOUT

WEENEEBAYKO AREA HEALTH AUTHORITY
MOOSE FACTORY, ATTAWAPISKAT, FORT ALBANY

MUSHKEGOWUK COUNCIL AREA PRIMARY CARE TEAM
MOOSE FACTORY

SWEETGRASS HEALTH CENTRE
COCHRANE

MINO M'SHKI-KI
KIRKLAND LAKE, NEW LISKEARD

SHKAGAMIK-KWE HEALTH CENTRE
SUDBURY

ALGONQUINS OF PIKWAKANAGAN FAMILY HEALTH TEAM
PIKWAKANAGAN

ANISHNAWBE MUSHKIKI
THUNDER BAY

DILICO ANISHINABEK FAMILY CARE
THUNDER BAY, FORT WILLIAM FIRST NATION

MISIWAYMILOPEMAHTESEWIN COMMUNITYHEALTHCENTRE
TIMMINS

MATAWA HEALTH CO-OPERATIVE
THUNDER BAY

NORTH BAY INDIGENOUS HUB
NORTH BAY

WAASEGIIZHIG NANAANDWE'IYEWIGAMIG
KENORA

GIZHEWAADIZIWIN HEALTH ACCESS CENTRE
FORT FRANCES

MAAMWESYING NORTH SHORE COMMUNITY HEALTH SERVICES
CUTLER, SAULT STE. MARIE, WAWA, BATCHEWANA

WABANO CENTRE FOR ABORIGINAL HEALTH
OTTAWA

NOOJMOWIN TEG
AUNDECK OMNI KANING FIRST NATION

WASAUKSING FIRST NATION HEALTH CENTRE
PARRY SOUND

SAUGEEN FIRST NATION PRIMARY CARE TEAM
SAUGEEN

MAMAWAY WIIDOKDAADWIN PRIMARY CARE TEAM
BARRIE, ORILLIA

DE DWA DA DEHS NYE>S ABORIGINALHEALTHCENTRE
BRANTFORD, HAMILTON, NIAGARA

ANISHNAWBE HEALTH TORONTO
TORONTO

TSI KANONHKHWATSHERÍYO PRIMARY CARE TEAM
TYENDINAGA MOHAWK TERRITORY

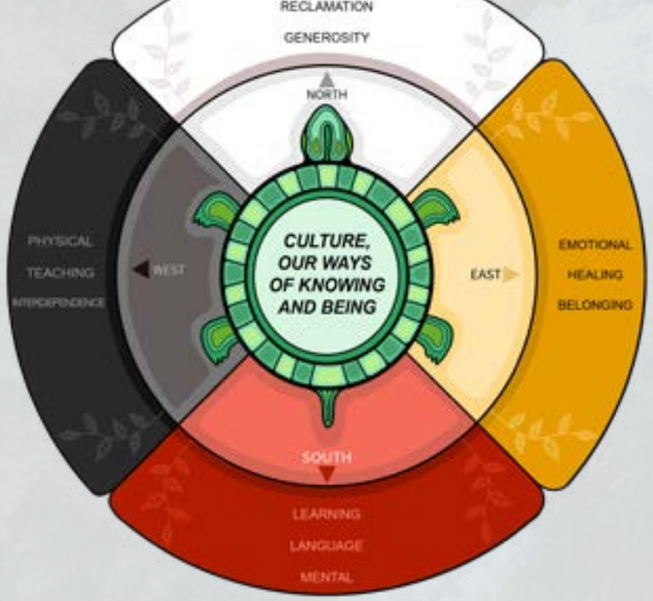
SOUTHWESTONTARIOABORIGINAL HEALTH ACCESS CENTRE
CHIPPEWAS OF THE THAMES, LONDON, OWEN SOUND, WINDSOR

AUDUZHE MINO NESEWINONG
TORONTO

Culture is Treatment. Culture is Healing.

The Indigenous Primary Health Care Council (IPHCC) embraces a wholistic model of health and wellbeing that is grounded in Indigenous worldviews, honouring the interconnectedness of all aspects of life. This **Model of Wholistic Health and Wellbeing (MWHW)** is built on the foundational understanding that health is more than the absence of disease. It is a dynamic balance of physical, spiritual, mental, and emotional wellness, rooted in identity, community, and connection to the land.

The MWHW is a community-driven, culturally grounded, and strength-based approach to primary health care. It centers traditional healing as the first point of care, honouring the knowledge and resilience of Indigenous Peoples and recognizing that true wellness is inseparable from identity, land, language, and sovereignty.



Learn more about the MWHW

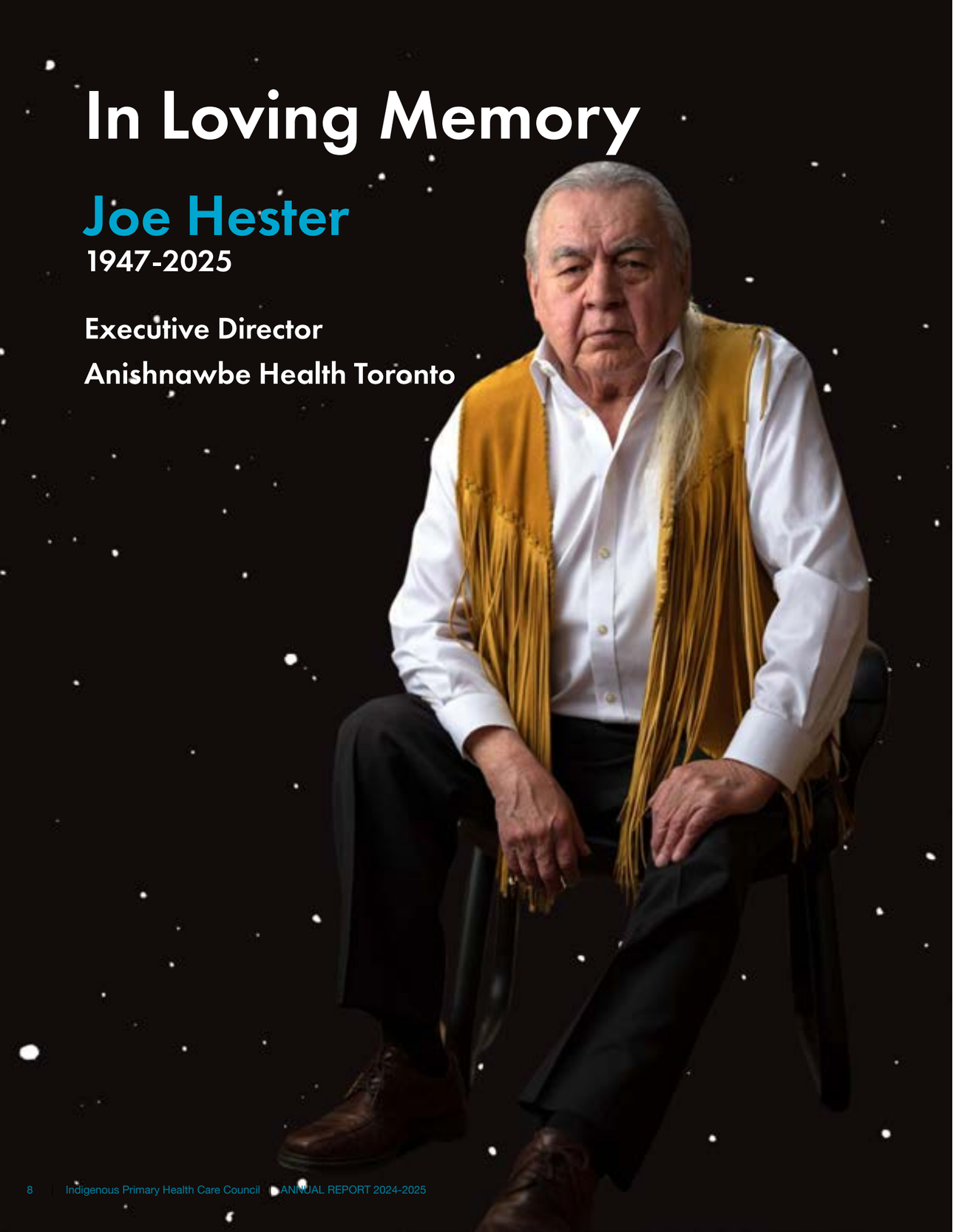
In Loving Memory

Joe Hester

1947-2025

Executive Director

Anishnawbe Health Toronto



This year, the Indigenous Primary Health Care Council (IPHCC) acknowledges with deep sadness the passing of Joe Hester, a visionary leader and one of the founding pillars of the Indigenous primary health care sector in Ontario.

As Executive Director of Anishnawbe Health Toronto (AHT), Joe dedicated his life to advancing Indigenous-led models of care that are rooted in Indigenous ways of knowing and being. Beginning his journey with AHT in 1977, he played a pivotal role in transforming the organization into a leader in culturally grounded, wholistic health care that blends Traditional Indigenous Healing with Western medicine in groundbreaking ways.

Guided by his unwavering belief that "No one will be left behind," Joe worked tirelessly to create safe, welcoming spaces for Indigenous Peoples to access care that truly reflects their identities, cultures, and traditions. For over two decades, his vision extended to the creation of the Indigenous Hub in Toronto's Canary District, completed in 2024.

"No One Will be Left Behind"

- Joe Hester (1947-2025)

This space, home to AHT, Miziwe Biik, housing, and community spaces, stands as a living legacy of his lifelong commitment to Indigenous health and wellbeing.

Joe's influence extended far beyond AHT, as he generously shared his leadership and expertise with the Toronto Indigenous Health Advisory Circle, the Toronto Central LHIN, and Toronto Public Health. His strategic vision has shaped Indigenous health care across Ontario and will continue to guide future generations.

We honour Joe's remarkable contributions, extend our deepest condolences to his family, colleagues, and community, and affirm our commitment to carrying forward his legacy of health equity and culturally grounded care for Indigenous Peoples.

Health Sector Indicators

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Note: Stats from 2023 Practice Profile for 7 participating members.

60.52%
Breast Cancer Screening Rate

53.55%
Cervical Cancer Screening Rate

1.0%
High Dose Opioid Dispensing

61.17%
Colorectal Cancer Screening Average

PROGRAM UPDATES

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ANISHINAABE MINO'AYAWIIN

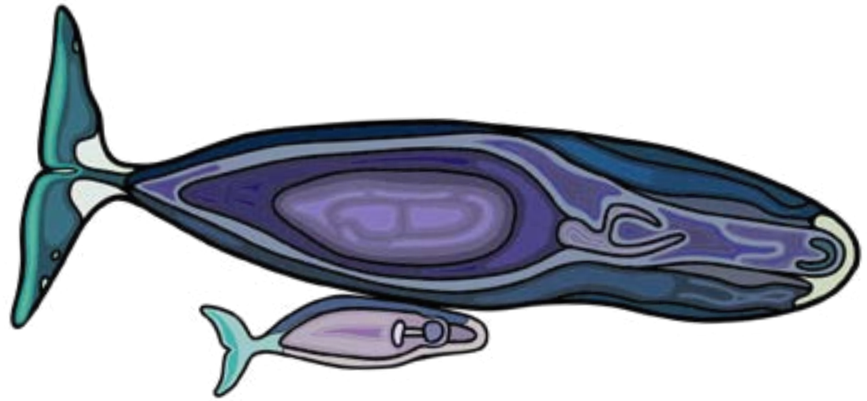
Our Approach to Indigenous Cultural Safety and Anti-Indigenous Racism in Health Care

Anishinaabe Mino'Ayaawin – People in Good Health is IPHCC's framework for advancing Indigenous Cultural Safety (ICS). Our goal is to address anti-Indigenous racism and health inequities by equipping healthcare providers with the tools, knowledge, and relationships needed to create culturally safer care environments for First Nations, Inuit, and Métis (FNIM) peoples.

Over the past year, IPHCC has advanced ICS through:

- E-learning programs to expand provider knowledge and capacity.
- Customized workshops and toolkits tailored to local contexts.
- Systemic change initiatives to support equitable health system transformation.

Our approach is guided by community knowledge, lived experience, and a Two-Eyed Seeing lens that values both Indigenous and Western knowledge systems. By centering Indigenous voices, we continue to build stronger, safer, and more equitable healthcare systems for FNIM communities across Ontario.



Curriculum Developments

In 2024/2025, IPHCC advanced its Anishinaabe Mino'Ayaawin – People in Good Health approach to Indigenous Cultural Safety (ICS), supporting the health sector in addressing anti-Indigenous racism and health inequities.

Course Development and Delivery

The Foundations of ICS course was translated into French and will be re-released to increase accessibility. A new course, Indigenous Cultural Safety in Mental Health, was launched to provide a comprehensive understanding of mental health challenges in Indigenous communities, combining historical context, present-day realities, and actionable strategies. 3,437 users registered for ICS training in 2024/2025, representing a 77% increase over the previous year.

Evaluation of Foundations of ICS

In partnership with Colliers Project Leaders, an evaluation of the Foundations course was conducted.

- Completion rate: 64.76% users completed training
- Learner satisfaction: Importance rating 8.5/10; course design 4.7/5
- Barriers identified: Course completion confusion for the learner, competing priorities and limited organizational follow-up once training was complete to help ensure accountability
- Recommendations: Learning management system (LMS) improvements, automated reminders and clearer learner expectations to be identified.

Successes:

- Higher completion rates in organizations embedding ICS into onboarding and providing internal reminders.
- Increased learner awareness of Indigenous-specific racism and confidence in applying ICS .
- Training contributed to broader anti-racism and equity planning in many organizations.

Customized Training

In the past year, IPHCC also designed and delivered several specialized workshops to advance Indigenous Cultural Safety and to initiate meaningful engagements across the sector and community-based organizations, covering topics such as:

- Leading with Cultural Safety – Strengthening ICS in Health Leadership
- Acknowledging Indigenous Ways of Being and Knowing
- Indigenous Data Sovereignty

Workshops were delivered to IPHCOs, community health centers, educational institutions, Ontario Health Teams, home care entities, hospitals, and mental health agencies.

Resources and Toolkits Developed

In 2024/2025, IPHCC continued to develop resources and tools that would support organizations with creating and sustaining culturally safer healthcare environments for FNIM when accessing services. Such resources included:

- Taking Accountability for Indigenous Cultural Safety: A reconciliation planning guide grounded in IPHCC's 4-P Framework (Policies, Processes, Partnerships, Personal Experiences).
- Listen With Us Toolkit: Explores respectful engagement with Indigenous Peoples in healthcare, including reflective prompts across the mental, emotional, physical, and spiritual domains.
- Walk With Us Toolkit: Provides guidance on authentic allyship, supporting Indigenous-led health transformation.

The following resources were translated into French this year:

- *Cultural Safety Continuum*
- *How to Develop a Meaningful Land Acknowledgment*
- *Understanding Unconscious Bias*
- *Wise Practices Guide: Protocols for Non-Indigenous Health Care Organizations Seeking to Work with Indigenous Knowledge Keepers*

Safespace Network

IPHCC continued to advance the Safespace Network project, an anonymous reporting tool designed to address barriers to reporting within the healthcare system. Safespace provides a confidential and secure way for healthcare workers, patients, and bystanders to share their experiences without fear of retaliation.

By collecting encrypted data, the Safespace Network:

- Amplifies voices by enabling individuals to share experiences and be heard.
- Identifies patterns and trends within healthcare settings that may otherwise go unreported.
- Promotes accountability by ensuring systemic change is guided by lived experience.
- Enables proactive action to prevent culturally unsafe practices before they occur.

The Safespace Network is a critical tool in advancing a more accountable, responsive, and culturally safe healthcare system for Indigenous Peoples.

Future Goals

Looking ahead, IPHCC will continue to advance its Indigenous Cultural Safety (ICS) strategy across Ontario's healthcare systems. Our priorities for 2025 and beyond include:

- **Expanding ICS Curriculum**
  Ongoing development of new courses, including further advancement of the Indigenous Cultural Safety in Mental Health course, to broaden reach across both Indigenous and non-Indigenous healthcare sectors.
- **Strengthening Evaluation Frameworks**
  Implementing routine follow-ups with learners and organizations to assess behavioral change, track institutional improvements, and measure the long-term impact of ICS training.
- **Advancing Advocacy Efforts**
  Leveraging insights from the Safespace Network to inform advocacy initiatives, amplify Indigenous voices, and promote systemic accountability in healthcare.
- **Enhancing Communication Strategy**
  Developing an improved communication strategy to increase awareness and uptake of IPHCC's ICS offerings across healthcare, education, and community sectors.

IPHCC remains committed to creating culturally safer environments, reducing health inequities, and advancing reconciliation within Ontario's healthcare system.

Advocating for Indigenous-Led Strategies Across all Levels of Government

IPHCC is committed to ongoing collaboration with the Ministry of Health (MOH) and Ontario Health (OH) on provincial health system transformation efforts to ensure Indigenous health perspectives are heard and integrated to drive Indigenous Health in Indigenous Hands. To advance this work, in 2024-25 the IPHCC and MOH signed a three year agreement.

The first year of this partnership focused on resource development to equip Ontario Health Team (OHTs) better understand the need for Indigenous participation and inclusion across the province, by creating safer spaces for Indigenous Primary Health Care Organizations (IPHCOs).

IPHCC also supported OHTs by deepening their understanding of systemic barrier experiences when accessing the health care system. This included supporting strategic planning, coordination, and implementation of foundational components that promote cultural safety, advance Indigenous health, and further inclusion and participation of FNIM in health system planning and decision making.

IPHCC worked with the ministry and province to ensure Indigenous values were recognized and respected, and achieved this in the following ways:

1. Established a provincial program of supports for members
2. Established a relationship accountability framework to work with OH and MOH
3. Developed sector- wide partnership agreements that support transformation efforts (Indigenous and non-Indigenous), and
4. Incorporated Indigenous perspectives in the development of toolkits that support alignment of local and regional member models with the OHT process

Building Relationships for Indigenous Health

IPHCC takes pride in the relationship building and engagements we participate in. New relationships are highly respected and honored through ceremonial signing. Last fiscal, IPHCC formalized relationships with

- York University
- Toronto Metropolitan University
- Canadian Centre for Accreditation
- The Registered Nurses Association of Ontario
- Niagara Health

We continue to engage with Indigenous partners, such as the:

- Ontario Federation of Indigenous Friendship Centers
- Anishinabek Nation
- Independent First Nations
- Anishinabek Employment & Training Services
- We also collaborate with others on and advance FNIM health initiatives

OHT Resource Development for Implementation of Indigenous Health System Planning

IPHCC has been working diligently to finalize key resources that were designed to support OHTs in creating a culturally safer healthcare spaces. These include:

1. Indigenous Cultural Safety (ICS) ACTION Framework

- This is a change management tool designed to help OHTs assess and enhance Indigenous Cultural Safety in healthcare.
- It provides a platform to identify gaps, ensure accountability, and embed culturally safer practices.
- The framework includes objectives, goals, resources, and reflective questions to guide self-assessment and deepen understanding, ensuring meaningful and sustained improvements in Indigenous-led healthcare transformation.

2. PCN Self-Assessment Toolkit:

- This toolkit is designed to guide Primary Care Networks (PCNs) through stages of growth, helping the PCN become more culturally competent.
- By using the toolkit effectively, PCNs gain valuable insights into their strengths and areas for improvement.

3. Knowledge Sharing Guides:

- **Indigenous Patient Family Community Engagement (For OHTs):** This guide outlines best practices for engagement and partnership with Indigenous organizations and communities, emphasizing co-designing health care systems with Indigenous input to enhance cultural safety and patient-centered care.
- **Culturally Safe Care Pathways (For OHTs)**: This guide outlines the importance of advancing culturally safe and trauma-informed care through OHTs.
- **The The Value of Participating in OHTs and PCNs (For IPHCOs):** This guide emphasizes the transformative potential of IPHCOs joining OHTs and PCNs. By participating, IPHCOs gain influence, collaboration opportunities, resources, and access to culturally informed health care solutions. By engaging with OHTs and PCNs, IPHCOs can help shape a more inclusive and effective health care systems, ensuring Indigenous perspectives lead policy and service delivery improvements.
- **Primary Care Networks: Indigenous Inclusivity (For OHTs)**: This guide highlights the need for PCNs to establish genuine and equitable partnerships with Indigenous communities. Strengthening relationships with FNIM leaders and Traditional Wellness Practitioners ensures culturally informed healthcare approaches that reflect Indigenous values.
- **Available Virtual Care Options and Supports (For IPHCOs)**: This guide highlights the critical role of virtual care in supporting Indigenous health organizations. By removing physical barriers, offering culturally informed healthcare, and integrating mental wellness programs, virtual care empowers Indigenous communities to receive high-quality, accessible healthcare services.

Advocacy and Government Relations

IPHCC continues to work on system level advocacy, from IPHCO development and expansion to wage equity for the community health sector and the recognition of traditional wellness practitioners on recognized pay scales. To accomplish this, we have been working with various government relations and consultancy firms, such as OnPoint, Enterprise, and Humani HR. The intent is to ensure we have accurate data and line-of-sight to key individuals and decision-makers within the MOH and OH.

Transitions in Care Project

The Transitions in Care (TIC) project recognizes the imminent need to support individual being released from correctional facilities with accessing timely, safe, culturally appropriate, wrap-around primary health care. In 2024/2025, we hosted a gathering with Community Health Navigators (CHNs) and various IPHCOs to explore successes of the project to date and lessons learned. From this, we better understood what was required to advance the work to better meet the needs of IPHCOs and individuals served. Successes of the TIC project included:

- Enrollment of 477 individuals to the program while incarcerated
- 47 individuals successfully connected to primary care services upon release

The remaining resources and tools are in its final stages: Relationship Toolkit, Community Health Navigator (CHN) Guide, Participant Brochure. Electronic Record (EMR) implementation plan and reporting framework.

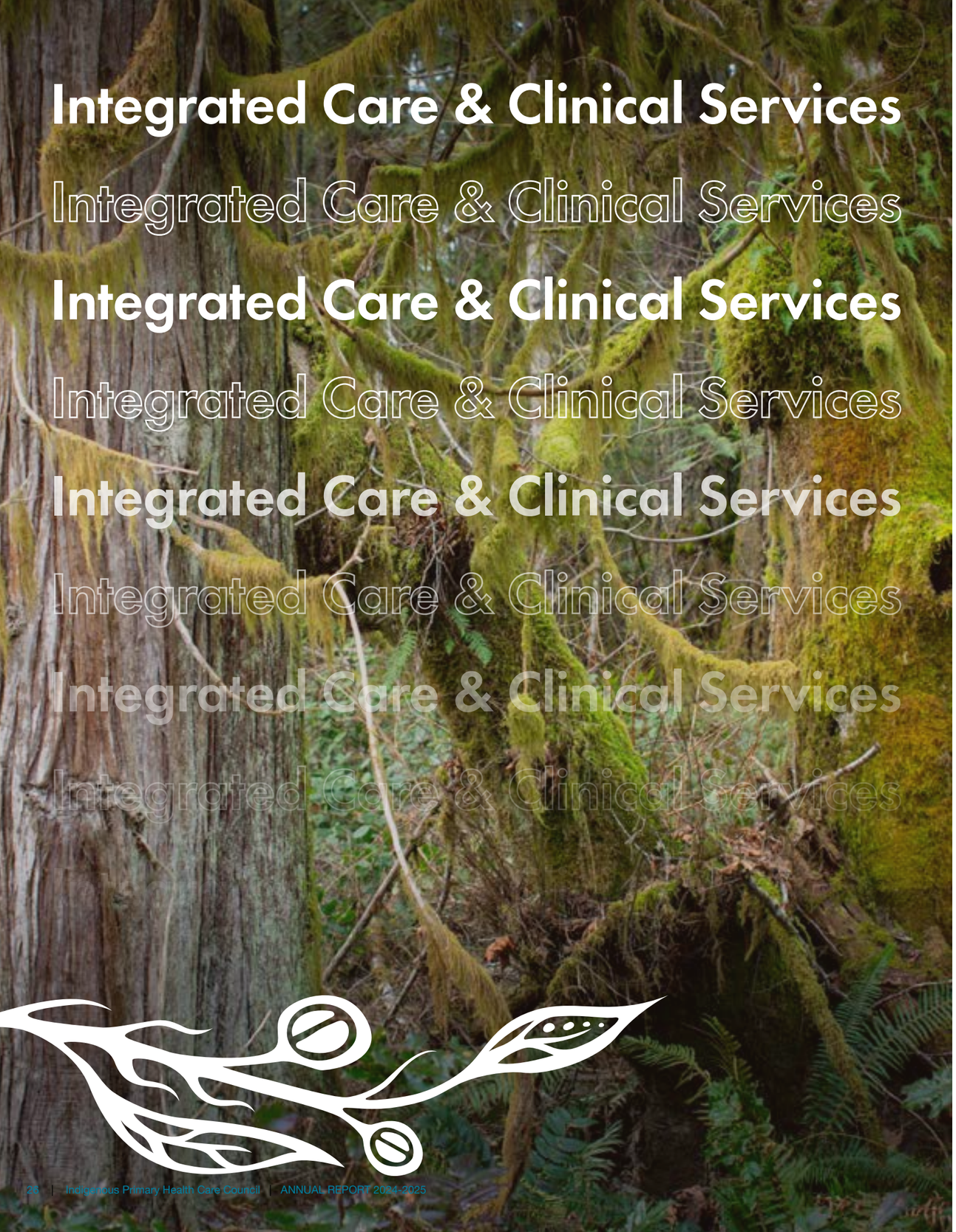
Future Goals and Plans

IPHCC remains committed to advancing Indigenous health equity, strengthening Indigenous-led healthcare solutions, and embedding cultural safety throughout Ontario's health system. Through strategic partnerships and advocacy, IPHCC continues to build capacity, expand collaboration, and support system-wide improvements that enhance healthcare access for FNIM populations.

IPHCC is now in the second year of a three-year partnership with the Ministry of Health and Ontario Health as part of "Your Health: A Plan for Connected and Convenient Care," ensuring FNIM individuals have timely, culturally appropriate healthcare services wherever they reside.

We look forward to continuing our partnership with MOH and OH, furthering OHTs' transformation, and strengthening Indigenous health system planning. Together, we can drive meaningful change, improve healthcare services, and ensure FNIM communities receive equitable, culturally safer care—wherever they live.

We will continue to provide guidance to cultural safety approaches, advocate for Indigenous-led OHT models, strengthen collaboration and enhance and promote training programs and resources to support culturally safe practices.



Supporting and Advancing the Evolution of Indigenous Public Health and Mental Health

Integrated Clinical Council Growth and Implementation

The Integrated Clinical Council (ICC) continues to expand with a growing number of practitioners, bringing increased capacity and diverse expertise to the council. This growth has strengthened collaboration and supported more wholistic approaches to Indigenous Health.

Over the past year, ICC focused on establishing a strength-based approach in clinical practice, one that is rooted in Indigenous social determinants of health while also ensuring Indigenous voices are represented in the work that we do. This ensures that cultural knowledge and health equity are guiding factors and foundational to the strategies we implement.

Accreditation Support Program

The Accreditation Support Program has expanded to include three IPHCC reviewers who will support our members in preparing for the accreditation process, including the practice of mock interviews.

Sector Evacuation

This fiscal year, the integrated care team developed multiple resources to support evacuation planning groups in meaningfully including key indigenous stakeholders, especially Indigenous Primary Health Care Organizations, during evacuation events. As a part of this work, the team continues to advocate for more inclusive sector evacuation responses.

Knowledge Sharing Circles (Virtual)

RSV (August 22, 2024)

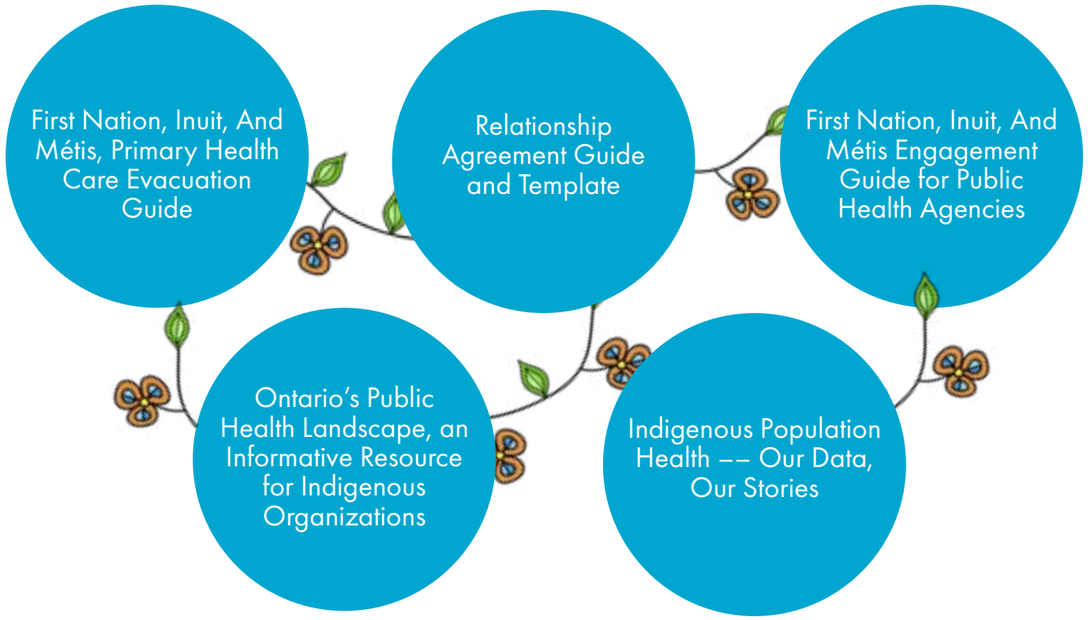
- IPHCC partnered with Dr. Daniel Warshafsky, an Associate Chief Medical Officer of Health, to collaborate on a knowledge sharing session with IPHCOs. The purpose of this session was to share important RSV updates, learn from IPHCOs on their plans and capacity to deliver RSV vaccinations, as well as to share challenges and concerns with providing RSV vaccine administration.

HPV (November 5, 2024)

- In collaboration with Ontario Health (OH), IPHCC hosted a virtual HOV Knowledge Sharing Circle that focused on the changes to the government-funded HPV testing for cervical cancer screening. In this circle, information was providing on changes to cervical screening, implementation timelines were shared, and resources were provided to support providers implement the new screening method. There was also an opportunity for IPHCOs to share of any opportunities, challenges, or concerns with the new method of screening for HPV.

Resource Development: Tools for Empowerment and Collaboration

In 2024/2025, IPHCC developed the following resources to support the appropriate FNIM engagement across the sector:



Public Health Funding

In February 2024, IPHCC submitted a funding proposal to support public health efforts. The proposal was successful, resulting in a 5-year funding agreement focused on the following areas:

- Protection and Emergency Preparedness and Management: Public health protection, specifically emergency management.
- Population Health Data: Indigenous population health data management, inclusive of data governance maturity model, privacy, data sharing mechanisms, Indigenous self-identification, extended data dashboard for the Indigenous sector.
- Relationship Building: Support implementation of Relationship with Indigenous Communities Protocol through the development of resources, wise practices, and population health specific Indigenous cultural safety training.

As part of IPHCC public health support to members in the 2024/25 fiscal year, we sent out funding letters to all member sites for the following initiatives:

- Provision of culturally appropriate resources and spaces to enable effective outreach, inclusion, and access to prevention-focused care
- Ongoing coordination and health navigation supports
- Community outreach and education to raise awareness of public health measures and address vaccine hesitancy

Curriculum Developments

Psychotherapy ICS

The Psychotherapy Indigenous Cultural Safety (ICS) course is part of the ongoing deliverables between IPHCC and Ontario Health's Centre of Excellence (CoE). Designed to support the development of an Indigenous approach within psychotherapy, the training will be available to healthcare professionals once finalized. The course is currently live on the IPHCC Learning Portal and is being piloted with CoE Network Lead Organizations.

Resources

Community Engagement Guide

Health Care Evacuation Guide

Relationship Agreement Guide

Data Governance Practical Application Guide

Future Goals and Plans

IPHCC continues to develop and strengthen supports for IPHCOs as they participate in sector evacuations. This work includes advancing tools and resources that encourage mainstream health care organizations to put Indigenous health back in Indigenous hands through meaningful engagement and collaboration.

In the upcoming year, our team will be launching a Maternal Indigenous Cultural Safety (ICS) Curriculum to further support culturally safe care.

Additionally, we are beginning work on developing a guide to support IPHCOs in establishing their own Indigenous-led OSP models.

Our Health, Our Journey and Our Stories

Over the past fiscal year, the Data and Digital Equity department at the IPHCC focused on the following key areas and activities:

Self-Identification Toolkit

The objective of this project is to improve the representation of Indigenous health data by ensuring that First Nations, Inuit, and Métis (FNIM) individuals are accurately identified in healthcare data systems through the launch of a Self-Identification questionnaire tool.
Current Status: Two modules have been developed as part of this project:

- Module 1: This module prepares frontline workers to approach self-identification interactions with sensitivity, ensuring FNIM individuals feel respected.
- Module 2: This module equips leadership to uphold data sovereignty principles in implementation.

Research Ethics Advisory Collaborative Team (REACT)

REACT is a sector-specific ethics review body established to safeguard Indigenous data sovereignty and promote ethical, community-aligned research practices. It supports the IPHCC membership by evaluating external research proposals, sharing ethical guidelines, and facilitating community education.

Current Status
IPHCC has eight REACT committee membership voting positions finalized; including representation from Executive Leaders, Data Coordinators, Elders/ Traditional Knowledge Holders, Youth, and Privacy Experts.

Next Steps
Complete recruitment for Traditional Healing Specialist and Youth roles and launch a public-facing REACT overview page on the IPHCC website.

Quality Improvement Plan (QIP)

The QIP initiative is designed to support IPHCC member organizations in their quality improvement efforts. The focus is on enhancing the quality of care provided to Indigenous communities by using data-driven approaches to monitor and improve health outcomes. For the 2025/26 fiscal year, IPHCC collaborated with Ontario Health, IPEC, and IPHCOs to identify six QIP indicators. Additionally, IPHCC assisted Ontario Health in creating a resources package, which has been reviewed, finalized, and shared with our members.

Current Status
Ongoing support has been provided to IPHCOs in submitting their QIPs. Most IPHCOs have submitted their QIPs for FY 2025-2026.

Next Steps
Continue to provide tailored support to member organizations as they implement their QIPs.

Practice Profiles

Practice Profiles provide AHACs with the necessary information to help them reflect, compare and identify opportunities to improve on their client delivery services. They are created annually alongside the Alliance, the IPHCC and the Institute for Clinical Evaluative Sciences (ICES), to offer insights into the health status and service utilization of clients served by Aboriginal Health Access Centres (AHACs). Moreover, the data gathered from the Practice Profiles can also be used to inform quality improvement efforts, health system planning; specifically related to Ontario Health Teams (OHTs).

The Practice Profile includes aggregated data on the following indicators for AHAC clients:

- Complexity (SAMI), which reflects illness burden and expected need for primary care services
- Other health care utilization, including use of acute care services
- Sociodemographic characteristics
- Cancer screening
- Opioids dispensed

Next Steps

- ICES is expected to release FY 2023-24 data sets in June/July, after which practice profiles will be created by IPHCC for the participating member sites.

BIRT Dashboards

The Business Intelligence Reporting Tool (BIRT) has been a key resource in empowering IPHCC member organizations with data-driven insights to enhance service delivery. A new BIRT dashboard is being created and includes 23 of the 47 funding indicators and will support members in submitting their mandated reports to the Ministry. IPHCC conducted training sessions to ensure that members organizations can utilize BIRT dashboards for data analysis and reporting.

Current Status

- A new BIRT dashboard has been created and shared with selected IPHCOs, and its data quality is currently being verified by those IPHCOs

Next Steps

- After the data quality check, the dashboard will be released to all IPHCOs
- IPHCC encourages more members to sign the Data Sharing Agreement (DSA) with ICES to gain access to and utilize the new dashboard

Encounter Details Form, Extended Demographic Form (EDF)

The Encounter Details Form (EDF) and Extended Demographic Form (EDF) have been in use for several years. The purpose of these forms is to keep detailed accounts of client demographics and health symptoms, diagnosis and issues resolved, along with the services provided during their interactions with the providers. A working group is being established to review these forms to ensure they continue to meet the performance management needs of IPHCOs. The feedback from the working group will be integrated into the updated forms to maintain their relevance to the sector.

SOLGEN/TIC (Transition in Care) Tracking Project

A collaboration between IPHCC, the Alliance for Healthier Communities, the Ministry of the Solicitor General, the Ministry of Health, and Ontario Health aims to bring otherwise hard-to-reach, vulnerable populations into the healthcare system. This initiative seeks to improve individual and public health outcomes while reducing the burden on costly emergency services and complex, long-term care by enhancing access to early intervention and primary healthcare services.

Data and Digital Equity Projects

Our Health Counts: Advancing Indigenous Data Sovereignty to assure Intergenerational Wellbeing Across Urban and Related Homelands

The goal of this research project is to work in partnership with Indigenous health service providers to advance availability, self-governance, and use of high-quality and inclusive demographic, health, and environmental information to enhance services for First Nations, Inuit, and Métis (FNIM) relatives living in urban and related homelands across Canada.

Building on a strong foundation of partnerships with Indigenous and allied health service providers and policymakers, IPHCC succeeded in establishing the largest Indigenous community-controlled platform for urban Indigenous health information in Canada, which consists of the latest governance innovations and technologies.

Comparative Research on Laboratory on Social Innovations in Primary Care Research Project

The Comparative Research Laboratory on Social Innovations in Primary Care is a multi-jurisdictional research initiative led by Professor Nancy Côté from Université Laval and co-led by Professor Jean-Louis Denis from the University of Toronto. The project aims to explore high-impact social innovations in primary care that improve access, equity, and health outcomes for underserved communities. By examining innovative models across Ontario, Quebec and France, the project seeks to identify best practices in integrating social and health services, addressing workforce challenges, and strengthening community-led healthcare solutions.

- In November 2024, the research team approached the IPHCC to offer potential collaborations and in January 2025, it was formal; making the IPHCC a project partner following IPHCC Planning and Evaluation Committee's (IPEC) approval.

- IPHCC's letter of Support: On February 6, 2025, the IPHCC submitted a formal letter of support for the Social Sciences and Humanities Research Council (SSHRC) Partnership Grant Application, committing to knowledge-sharing, community engagement, and research collaboration. The purpose of this letter was to outline IPHCC's willingness to provide access to its network of 25 Indigenous Primary Health Care Organization (IPHCOs) for case studies, participate in knowledge mobilization, activities and support advisory roles.

Grant Application Submission

- The complete SSHRC Partnership Grant application was officially submitted on February 11, 2025, for a requested amount of $2,499,809 for the May 2026-April 2031 period.

- The proposal included 25 letters of support from partner organizations, which reinforced the project's credibility and potential impact.

Future Goals and Plans

Continuing to support and work with IPHCOs, the Alliance, the Ministry, OH, and IPHCC departments for current projects as mentioned above. The the Data and Digital Equity (DDE) team will continue to embark on new projects to support and enhance data quality, EMR efficiency, and technical support to all stakeholders.

Throughout the last fiscal year, the DDE team collaborated closely with IPHCOs, the Alliance of Healthier Communities, the Ministry of Health, Ontario Health and various IPHCC departments to support key data initiatives. Thus, the Data team succeeded in advancing data quality of member sites, developing standardized reporting tools, and improving the use of EMRs across organizations. Therefore, it was a successful year of strengthening data-informed decision-making and ensuring that Indigenous health perspectives were meaningfully reflected in reporting. Moving forward, the Data team remains committed to supporting new data-driven initiatives for members and partners, enhancing technology, improving EMR efficiency and striving to provide tailored support throughout the year.

Connecting Through Story and Strategy

Over the past year, IPHCC's Communications Department advanced public awareness and strengthened health literacy on Indigenous health priorities through a range of impactful initiatives. The team successfully:

- Developed and executes targeted communications plans
- Produced high-quality visual content — including graphics, photography and videography — to showcase our work
- Delivered culturally grounded social media campaigns that reinforced our presence across platforms.

Through the consistent distribution of health education materials and active community engagement, IPHCC deepened its connection with audiences and expanded it's reach. By evaluating performance and adapting strategies, the Communications Department ensured that each effort contributed to meaningful and transformative change in Indigenous health.

Newsletter Developments

In 2024/2025, IPHCC's newsletter experienced significant growth in readability, visibility, and open rates. A total of 20 newsletters were published, including:

- Internal Staff Newsletter (Monthly)
- IPHCC Members Newsletter (Monthly)
- Public Newsletter (Quarterly)

Our audience continues to grow, with 1,204 total contacts and 1,180 active subscriptions. This growth was supported by the launch of new registration forms across social media platforms, which have increased subscription rates and engagement.

Metrics and Analytics

Social Media Analytics

We achieved notable growth across our social media platforms, with 1,180 email subscribers, 2382 LinkedIn followers, 842 Instagram followers, 834 X (formerly Twitter) followers, and 838 Facebook fans, demonstrating our expanding digital presence. We continue to see growth in website users this year. Website traffic was 29,000 users with the top performing pages being: our Homepage 13k users, Cultural Safety Training 9.3k users, and Resources 6.1k users.

842 Instagram Followers

1,180 email subscribers

834 X followers

2382 LinkedIn followers

838 Facebook followers

Top Performing Social Media Posts

National Ribbon Skirt Day

Welcoming New Member:
Weeneebayko Area Health Authority

Jordan's Principle

Website Traffic

We saw significant growth in website users this year. Website traffic was 29,000 users and our top performing pages were:

6,100
Resources

13,000
IPHCC Homepage

9,300
Cultural Safety Training

Media Relations

This year, IPHCC strengthened its public profile through proactive media outreach and engagement. We accomplished the following:

- Issued press releases to highlight key initiatives and achievements,
- Secured substantial media coverage, amplifying our voice in the health sector, and
- Responded to and managed media inquires, reinforcing trust and credibility with external audiences.

These efforts have enhanced IPHCC's visibility, strengthened public relations, and positioned the organization as a leading voice in indigenous primary health care.

Resource Developments

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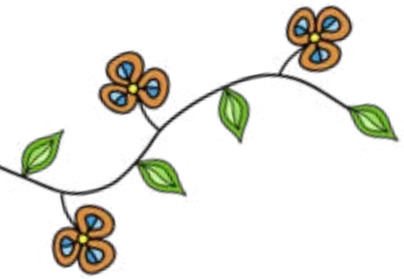
Toolkits Support and Developments

Throughout the year, we contributed to the creation of a diverse range of content. This includes videography, photography and graphic design for IPHCC's initiatives. The content was shared across multiple platforms, including YouTube, Instagram, X, LinkedIn, Facebook, email newsletters, as well as the IPHCC Learning Portal and Members Portal. The following is a list of the developments that took place:

- New IPHCC PowerPoint Template
- About us Package Fact Sheet and Staff List
- Revised branding guidelines to streamline printing requirements
- Ontario Election Lobby Kit February 2024
- Fiduciary Checklist Template

In-house Videography:

- MHW: Seven Generations of Healing
- Meditation Videos
- York University and IPHCC Logo Animation



Stakeholder Engagement: Members Portal

The launch of the Members Portal has significantly improved engagement and communication with our members. This centralized platform provides easy access to resources, streamlined administrative processes, and fosters a stronger sense fo community across the IPHCC network.

Members benefit from exclusive access to the following:

- Job opportunities
- Resources and toolkits to support their work
- Event registrations
- Ongoing updates tailored to their needs

To further enhance visibility and utilization, IPHCC has begun redirecting newsletter readers to the website and Members Portal, with fresh content added monthly. This approach ensures members receive up-to-date information while strengthening the value of membership.

Over 100 members have signed up for the portal!

Visit the Members Portal Today

PHOTO GALLERY

1. AGM 2024
2. IPHCC and CCA Signing
3. AGM 2024
4. IPHCC and Niagara Health Signing
5. IPHCC and CCA Signing
6. Members Meeting
7. IPHCC and Niagara Health Signing
8. Members Meeting

1.

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8.

What's Next for Communications

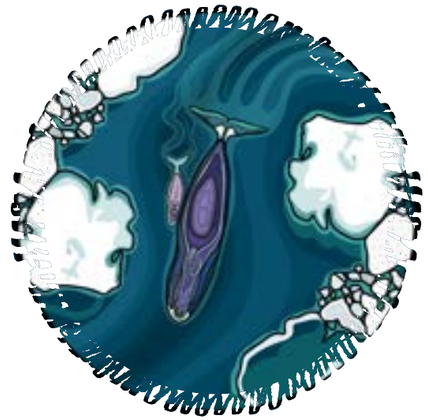
This year, the Indigenous Primary Health Care Council (IPHCC) advanced its communications and engagement work by implementing new technologies, optimizing workflows, and strengthening cross-departmental support. Our social media strategy expanded our presence across multiple platforms, while our graphic design efforts reinforced a consistent and professional brand identity. These accomplishments build a solid foundation for continued growth and innovation.

Looking ahead, our focus is to further expand brand presence on social media by strategically highlighting days of sinificance that foster engagement and deepen connections with our communities. Our objectives are to:

- Maximize content visibility and position IPHCC's brand as a central voice in Indigenous Healthcare across Ontario,
- Ensure cultural safety is at the forefront of communications,
- Strengthen community engagement, and
- Expand access to health care information and services through Newsletters, IPIHCC social media platforms, cross-departmental collaboration, and external partnerships.

By centering cultural safety and collaboration, IPHCC will continue to advance education, awareness, and equitable access to care.

Financial Summary



The Indigenous Primary Health Care Council has successfully completed its fifth full year in operation with total revenues of $10.6 million.

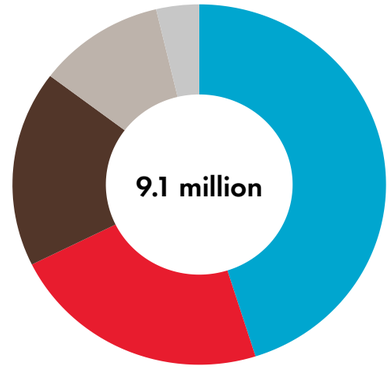
Of the total revenue, $1.5 million contributes to our core operations: including advocacy, policy communications, administration, human resources, and finance support for our members. This revenue was earned from Indigenous Cultural Safety training, membership fees, investment income, the AHAC Quality Decision Support Specialist initiative to support the ongoing development of the BIRT system, and back office supports for member sites.

$9.1 million in revenue supported the following projects:

- Indigenous Residential Schools Support
- Indigenous Cultural Safety
- Ontario Structured Psychotherapy
- Ontario Health Teams
- Data and Digital Equity
- Mental Health Systems Coordination
- Indigenous Public Health Support
- Transitions in Care
- Indigenous Health Liaison
- Indigenous Primary Health Care Engagement Table

Government Funding

- **Ministry of Health: $4,102,016**
- **Ontario Health West: $2,050,000**
- **Ministry of Indigenous Affairs and First Nations Economic Reconciliation: $1,600,500**
- **Ministry of the Solicitor General: $999,345**
- **Ontario Health: $337,600**



As of March 31, 2025, the IPHCC's fund balances totaled $5,836,192.

General Fund: $4,364,666

Restricted Fund: $1,471,526

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.

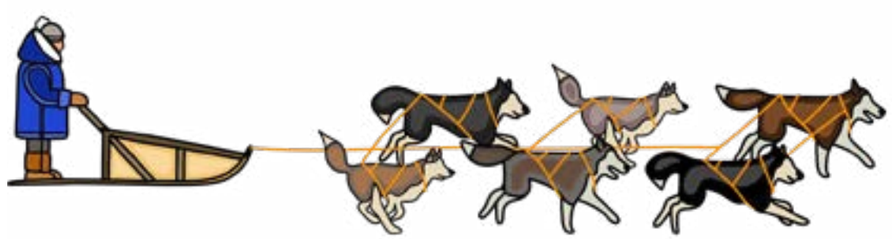
As a member of the Indigenous Primary Health Care Council, you can expect the following rights:

- 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.



Members Employee Recognition Ceremony

The Members Employee Recognition Ceremony is held to honour and celebrate the hard work and dedication of members' employees. This event provides an opportunity to recognize individuals for their leadership, years of service, and many contributions that strengthen their organization's mission and values.

We extend our heartfelt gratitude for your commitment and perseverance.
Your efforts do not go unnoticed, and your impact is deeply valued.

Categories and Awards

Categories and Awards
Categories and Awards
Categories and Awards

Take a look at the staff and teams who were acknowledged in 2025!

Staff Recognition
Merit – Administrative and Operational
Co-worker Recognition

Nursing Recognition
Merit – RPN
Merit – RN
Merit – NP

Allied Health Recognition
Merit

Innovative and Inclusive Client Care
Innovative Healthcare Practices and Approaches
Innovative and Inclusive Client Care

Traditional Healing and Wellness
Excellence in Traditional Healing and Wellness services
Honouring Traditional Teachings

Golden Recognition Award

Recipient of the Golden Recognition Award from the IPHCC CEO, honoring longstanding service, transformational contributions, and deep alignment with the organization's mission. This award highlights sustained leadership, dedication to advancing Indigenous health equity, and commitment to strengthening community-driven systems of care.

Information Technology Recognition
Recognition of innovative IT practices

Recognition of Excellence
Outstanding Leaders
Physicians Honoured
Indigenous Health and Outreach Advocate
Excellence in Mentorship

Integrated Care
Excellence in Integrated Primary Health Care Solutions
Community Innovation

Data Management
Excellence in Data Management

Chi Miigwetch!

Thank you to those everyone who supported and contributed to IPHCC's accomplishments!

- Indigenous Primary Health Care Organizations
- Knowledge Keepers Circle
- Traditional Healing and Wellness Advisory Circle
- Integrated Clinical Care Council
- Planning and Evaluation Committee
- Data Management Coordination Committee
- Mental Health and Wellness Advisory Circle
- Clinical Leadership Community of Practice

We would also like to extend our gratitude to the Funders supporting IPHCC initiatives

- Ministry of Health - Primary Care Branch
- Ministry of Health - Office of the Chief Medical Officer of Health
- Ministry of Health - Indigenous, French Language and Priority Populations Branch
- Minister of Indigenous Affairs and First Nations Economic Reconciliation
- Ministry of the Solicitor General
- Ontario Health