INDIGENOUS PRIMARY HEALTH CARE COUNCIL

First Nation, Inuit, and Métis Community Engagement Guide for Public Health Agencies

2025

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CONTENTS

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Acronyms and Definitions

FNIM	First Nation, Inuit, Métis
IPHC	Indigenous Primary Health Care
IPHCC	Indigenous Primary Health Care Council
IPHCOs	Indigenous Primary Health Care Organizations
MOH	Ministry of Health
MNO	Métis Nation of Ontario
MWHW	Model of Wholistic Health & Wellbeing
OFIFC	Ontario Federation of Indigenous Friendships Centres
ONWA	Ontario Native Women's Association
PHC	Primary Health Care
PHUs	Public Health Units
PTOs	Political Territorial Organizations
TI	Tungasuvvingat Inuit

PURPOSE OF THE ENGAGEMENT GUIDE

This First Nation, Inuit, and Métis (FNIM) Community Engagement Guide has been designed by the Indigenous Primary Health Care Council (IPHCC) and partners to support and guide public health agencies to partner, collaborate, and engage Indigenous communities[1] in a good way.

If you are short on time, please consider starting with the "Public Health Agency Self-Assessment Checklist" section of the engagement guide, on page 44. It may be helpful to determine the level of readiness your agency is starting with before doing a deeper dive.

This resource includes principles for engagement, protocols, and tools that can be used to partner with FNIM communities and organizations to ensure public health programs and services are designed by, with and for FNIM. Co-creating and co-producing programs and services with input from the community, and those with lived/living experience is critical to advancing a community-centred, culturally safe and appropriate public health system that effectively meets the wholistic health needs of FNIM.

This Guide serves as an informative resource for public health agencies to ensure meaningful engagement with FNIM communities and organizations is taking place as Boards of Health implement requirements outlined in the *Health Equity Guideline, 2018* (or as current). Specifically, noting that Boards of Health shall engage in multi-sectoral collaboration with municipalities and other relevant stakeholders in decreasing health inequities and that this shall include the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships, in accordance with the *Relationship with Indigenous Communities Guideline, 2018* (or as current). A principle within is that of Partnership, Collaboration and Engagement which includes building and further developing the relationship with FNIM communities. These relationships may take many forms and need to be undertaken in a way that is meaningful to FNIM community partners. The Health Equity Guideline underscores the importance of engaging in a way that honours a wholistic model of health and the right to self-determination.

It is important to recognize that connecting with FNIM communities on a single topic, or with one person or group is not appropriate nor meaningful engagement. Ongoing, purpose-driven, reciprocal, and results-based collaboration is needed to create change that will result in improved outcomes. It must be more than an exercise to receive and document concerns and complaints. Engagement means a commitment to respectful dialogue, mutual understanding, and an open mind to consider all possible options, in good faith.

Evidence has shown that the health system as a whole, including public health, can be discriminatory and not always the safest spaces for FNIM to access services. While non-

Indigenous public health practitioners often demonstrate compassion and empathy for the communities they serve, it is unlikely that they are able to comprehensively understand the full impact of Indigenous histories, worldviews, and cultural paradigms. These are critical to provide effective person and community-centred care.

Public health agencies often want to engage with FNIM communities but are not always sure how to do so. This Guide has been created from an Indigenous lens, with specific attention, care, and focus on engagement with FNIM communities and organizations in culturally safe and respectful ways. In this document, public health agencies include but are not limited solely to public health units (PHUs).

Please note, this Guide is not intended to replace existing relationships, practices and protocols public health agencies may already have in place. Rather, it is a tool offered to those who may require support with developing meaningful relationships and partnerships with Indigenous populations. The information in this Guide is provided for information purposes and does not constitute legal or professional advice or define the only path for engagement.

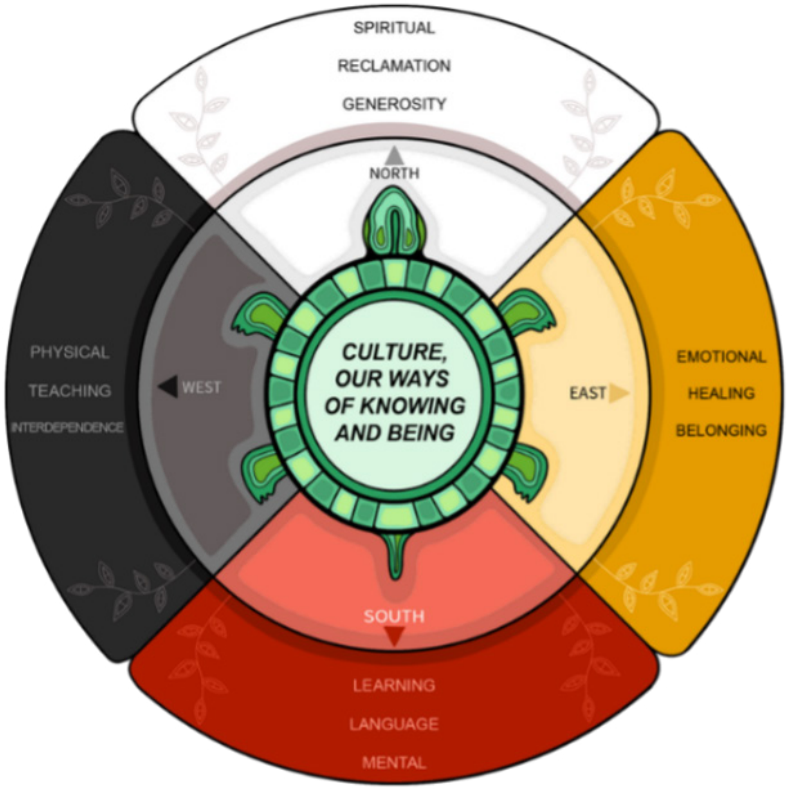
The IPHCC recognizes and understands that many First Nations follow a parallel process with Indigenous Services Canada (ISC) and their Communicable Disease Unit for various aspects related to public health. We acknowledge the importance of these distinct processes and encourage collaboration between systems where appropriate.

In many Indigenous cultures, the Beaver is a symbol of perseverance, resourcefulness, and hard work.

INDIGENOUS HEALTH IN INDIGENOUS HANDS

Traditional knowledge, traditional healing practices, and self-determination are central to restoring balance at the individual, familial, and community levels. IPHCC promotes high-quality care provision through the community-endorsed Model of Wholistic Health and Wellbeing (MWHW). The model is rooted in a population needs-based approach to health system planning and delivery for FNIM.

Self-determination is generally accepted to mean that "human beings, individually and as a group, are equally entitled to be in control of their own destinies" (Dalee Sambo Dorough, 2011). *The Truth & Reconciliation Commission (TRC)* Calls to Action and *Missing and Murdered Indigenous Women & Girls (MMIWG)* Calls for Justice point to the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)* and Aboriginal and Treaty rights that form self-determination.



Understanding the public health structure and current landscape as it exists for Indigenous communities is imperative for public health agencies. Many FNIM communities and organizations have existing public health programming that is unique to their local setting. Some are complementary to services offered through PHUs, such as the Indigenous Healthy Babies, Healthy Children programs delivered through select Indigenous Primary Health Care Organizations (IPHCOs), Métis Nation of Ontario (MNO) office, and Ontario Native Women's Association (ONWA) chapters. Other programs are designed through the MWHW where culture is at the core. For example, a food security initiative implemented at some IPHCOs is a food kitchen that incorporates traditional foods with accompanying teachings on harvesting, trapping, appropriate sourcing, etc. In addition, it includes land-based teachings to help educate about the natural food sources and how to effectively prepare and cook the foods. This is a community-based approach to health and wellness because the foods secured are disseminated and shared with community members thereby ensuring families are eating balanced meals based on affordability. There are also examples where FNIM communities and organizations and PHUs have collaborated to provide services, such as co-hosting vaccination clinics where both elements of mainstream and traditional practices are embedded. Approaches to vaccination clinics included having an Elder open the community vaccination clinics with a ceremony praying for health and wellness, having access to the natural medicines (sweetgrass, sage, tobacco and cedar) for smudging, having drum groups to sing and play to help ease anxieties,

providing access to social workers and helpers to speak about any insecurities in getting the vaccine, providing a small gift to thank community members for their time and commitment to advancing community wellness. These offer examples of ways to plan more equitably on the design, delivery, and evaluation of public health programming.

Systems for FNIM must be Indigenous-governed, positioning FNIM leaders as the central authority for decisions about Indigenous health and well-being. Public health agencies and other system partners play an important role in supporting Indigenous Health in Indigenous Hands by advocating for Indigenous health equity, ensuring that public health is provided in a culturally safe manner, and addressing the broader determinants of health. The aim is to improve the health outcomes for Indigenous peoples.

INDIGENOUS POPULATION & PUBLIC HEALTH

Indigenous health systems follow a natural continuum of care that is based on the cycle of life – from pre-conception to end of life. There is a shared understanding among Indigenous groups of the interconnectedness between the physical, mental, emotional, and spiritual realms of being that are shaped by the environment in which we live (NCCIH, 2021). In many publications, Indigenous health is presented through a deficit-based lens and synonymous with poor mental health and addiction, intergenerational trauma, greater incidence of communicable diseases, lower life expectancy, and greater rates of chronic conditions. Indigenous health is further compromised by continuing deficits across the social determinants of health; namely, poverty, overcrowded housing, food insecurity, over-representation of Indigenous peoples incarcerated, and inadequate access to health services from either a physical or culturally appropriate and safe perspective, or both. These disparities and inequities were magnified and heightened during the COVID-19 pandemic, requiring many FNIM communities and organizations to lead work to protect those they serve.

Improving the health of Indigenous people is a shared responsibility between Indigenous, federal, provincial/territorial, and local partners. To move the dial on FNIM health outcomes, it is imperative that sustainable, long-term, integrated solutions are developed through dedicated and collaborative efforts. And that government entities not only support but enable Indigenous people to address their own health needs by increasing their control over health program design, delivery, and evaluation through Indigenous Health in Indigenous Hands.

Blending some health care and public health components, the Primary Health Care (PHC) approach used by the First Nation Inuit Health Branch Structure (Figure 1), encompasses (Government of Canada, 2020):

- **Health promotion and disease prevention programs** – to improve health outcomes and reduce health risks.
- **Public health protection, including surveillance** – to prevent and/or mitigate human health risks associated with communicable diseases and exposure to environmental hazards.
- **Primary care** – where individuals are provided diagnostic, curative, rehabilitative, supportive, palliative/end-of-life care, and referral services.

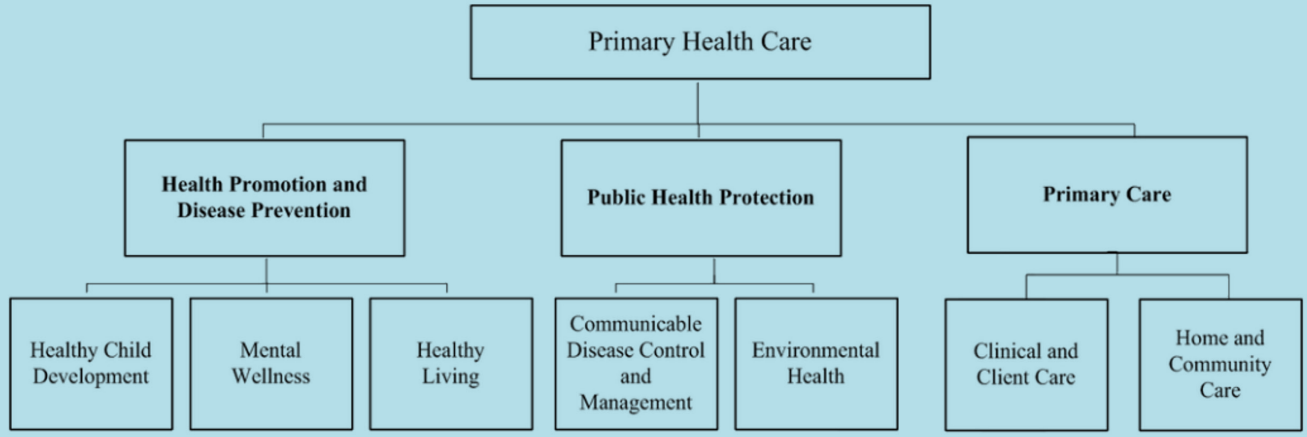


Figure 1: Primary Health Care

Indigenous primary health care (IPHC) takes an Indigenous-led and community-centred wholistic approach to improve the mental, emotional, physical, and spiritual health and wellbeing of Indigenous peoples. It compasses distinct Indigenous models of care and existing mainstream knowledge and practices that are adapted to be inclusive of Two-Eyed Seeing[2] and traditional healing. Indigenous peoples are free to choose a model of care or one that blends both, which best facilitates and enhances their health.

The following table lays out core public health functions, providing implementation examples from both Indigenous and mainstream entities.

Public Health Core Functions	Description of the Function	IPHCO Example	PHU Example
Population Health Assessment	These assessments provide data and/or stories to understand the health status and needs of a certain population. They not only report on health outcomes but can also provide an understanding of health behaviours and social determinants of health.	Aboriginal Health Access Centres and Aboriginal Community Health Centres: Report to Communities (2016) provides data on the health and services offered to clients of Aboriginal Health Centres and Health Access Centres. Customized reports can be generated for a common set of 47 indicators across the sector.	Community Health Status Reports provide data on disease incidence, risk factor information, and breakdowns of income and education level.
Surveillance	The ongoing, systematic collection, analysis, and interpretation of health data. Surveillance is used for early detection of disease outbreaks, to monitor the health of populations, and guide public health practice.	IPHCC and its members use the Business Intelligence Reporting Tool (BIRT) to analyze quality improvements and community care practices and carry out research. IPHCC has established key performance indicators to help better assess integrated care outcomes for the Indigenous population. Structured training is also provided to educate about the indicators.	Every jurisdiction in Canada has a public health information system that they enter case information for reportable diseases and risk factor information (e.g. Panorama, iPHIS) Some jurisdictions have Immunization Registries.

Public Health Core Functions	Description of the Function	IPHCO Example	PHU Example
Health Protection	The public health services focused at reducing risk to the health and safety of the population. Through action on environmental health hazards, communicable diseases, and/or outbreaks.	IPHCC continues to work with the Public Health division of the Ministry of Health (MOH) to identify pertinent information to be disseminated to IPHCOs to help address infectious diseases, such as the RSV prophylactic program, influenza rates and timeliness of clinics, Mpox assessment and treatment guidelines, and more. IPHCOs have been involved responding to public health emergencies like COVID-19 and tuberculosis by providing diagnosis supports, treatment and referrals.	When someone tests positive for a reportable disease, the positive lab is sent to the local public health unit, where a Communicable Disease Nurse will, when required, contact the individual, assess their contacts and whether they qualify for prophylaxis (if available), ensure the client gets proper treatment and provide education to the client.
Health Promotion	Health promotion aims to empower individuals and communities to make informed choices that enhance their well-being. It encompasses a wide range of social and environmental interventions designed to benefit and protect people's health and quality of life.	Many IPCHOs coordinate and deliver land-based healing and wellness programs for youth and families. These programs include learning about hunting and harvesting, natural navigation and working together as family units to successfully implement key roles and responsibilities.	A campaign or strategy for Mental Health Promotion

Public Health Core Functions	Description of the Function	IPHCO Example	PHU Example
Disease and Injury Prevention	Disease prevention specifically targets efforts to reduce the development and severity of chronic diseases and other health conditions. This can include screening programs, vaccination campaigns, and preventive programs/ strategies.	Southwest Ontario Aboriginal Health Access Centre (SOAHAC) opened a dental clinic that supports wholistic health and provides oral health care services to FNIM adults and children with preauthorized dental coverage. This helps bring care closer to home and in safer environments.	Public Health Units provide school-based vaccinations, one of which is HPV that is linked to reducing the risk of cancer.
Emergency Preparedness and Response	*This involves the planning, coordination, and readiness to address health risks arising from an event that can be associated with natural disasters, communicable diseases, environmental health risks, and other issues.*	*IPHCC membership has been closely involved in emergency evacuations of FNIM communities. Many IPHCOs were identified as leads for primary care as part of the response. From these evacuations, challenges in response coordination were identified and a need to better harmonize the response process was recognized. To address this need, the Sector Evacuations portfolio was created to capture sector knowledge and translate this into a set of deliverables that would contribute to process improvement.*	Public Health Units will often participate in and prepare Response Plans for Mass Gathering Events (i.e. large sporting events) where an influx of people from other jurisdictions will be in attendance which could impact disease transmission, healthcare utilization, or infrastructure.

CHALLENGES INDIGENOUS PEOPLES FACE IN THE PUBLIC HEALTH SECTOR

It is critical to implement trauma-informed and strength-based approaches when designing and delivering public health programming to Indigenous communities. A strengths-based approach is needed to dismantle negative and sometimes false narratives about the health of FNIM, it is also important to recognize that intergenerational impacts of colonization and racism are determinants of health. Some struggles that FNIM face in the public health sector include, but are not limited to:

Inequitable access to care

- In general, public health programming is often not designed by or for FNIM, and many services are not culturally appropriate or safer in their design. This may mean that services are not designed according to strengths-based approaches, incorporating the social determinants of health, or encompassing physical, spiritual, mental and emotional elements of care.
- Due to geographic barriers, there are challenges in gaining access to certain public health services, such as the senior's dental program.
- There are limited transportation or technology options available in rural, remote, and urban areas for FNIM to access public health programming, whether available virtually or in person.

Limited access to culturally safe and appropriate care

- Indigenous peoples may experience challenges with access to culturally safe and appropriate care due to gaps in Indigenous-led health services (e.g., gaps in access to IPHCOs in communities due to limited funding, as well as limited numbers of FNIM providers and cultural practitioners available to help provide public health services).
- Many FNIM are unwilling or reluctant to access available mainstream services, whether it be acute care or public health, because of previous negative experiences resulting from stereotypes, and systemic anti-Indigenous racism.
- The MWHW, and importance of culture-as healing and treatment is not well understood, nor is it very well received by the public health sector when there is a lack of understanding as to how it can be integrated within western approaches to care. As a result, the MWHW is not effectively incorporated, or possibly not incorporated at all within existing public health program designs.

Systemic discrimination and barriers

- Lack of awareness, resources and/or action in the healthcare system to uphold existing commitments like the following:
  - Truth & Reconciliation Commission Calls to Action,
  - Missing & Murdered Indigenous Women & Girls Calls to Justice,
  - Jordan's Principle,
  - more recent Joyce's principle
  - Connecting Care Act, 2019, to "recognize the role of Indigenous Peoples in the planning, design, delivery, and evaluation of health services",
  - United Nation Declaration on the Rights of Indigenous Peoples (UNDRIP), and
  - the Canadian Constitution - Section 35.
- Higher rates of depression, suicide, Post Traumatic Stress Disorder (PTSD), and mental health conditions among FNIM due to the ongoing impact of colonization and continual anti-Indigenous racism.
- Lack of requirement for public health practitioners to complete Indigenous cultural safety training and implement learnings, as well as accountability for public health agencies on organizational change towards creating culturally safer spaces for FNIM to work and access services.
- Unequal access to traditional language speakers and interpreters.
- Lack of Indigenous-led health system navigation supports, including navigating Non-Insured Health Benefits (NIHB), Jordan's Principle, and jurisdictional barriers to receiving public health services both on and off territory (reserve).
- Disproportionate number of Indigenous children in foster care combined with the lack of Indigenous foster homes.
- Disproportionate number of Indigenous people incarcerated that leads to further isolation and disconnection from community.
- Jurisdictional challenges between federal and provincial governments. Public health guidelines on territory are governed by federal laws and often times provincial guidelines do not align or harmonize as well as they should.

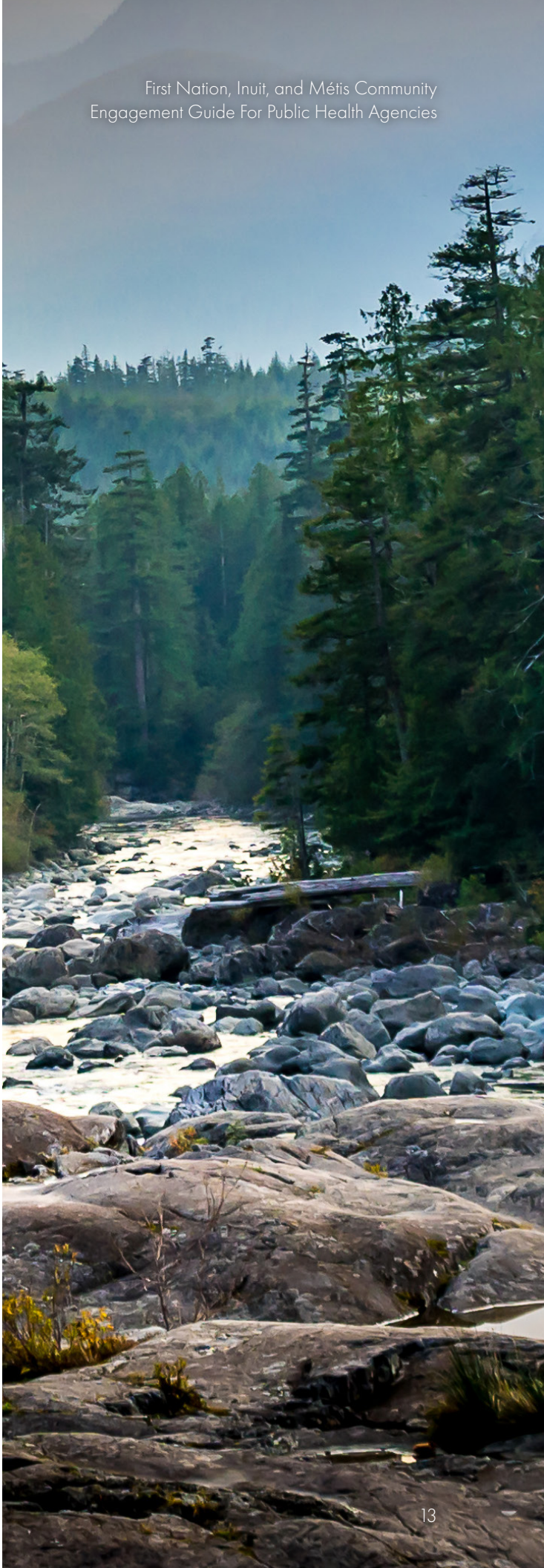
Specific public health and intersectoral concerns:

- Lack of clean drinking water in many communities including long-term drinking water advisories (specific to on-territory).
- High community evacuation rates due to seasonal changes, fires, flooding, and other emergencies (specific to on-territory).
- Overcrowded housing, which can cause greater exposure to second hand smoke, spread of airborne infections, as well as impacts on mental wellbeing and family dynamics (impacts those living in remote, rural, and urban settings).
- Higher unemployment causes lack of available income for food and medical expenses (impacts those living in remote, rural, and urban settings).

Community strengths enable FNIM to survive and overcome the many challenges they encounter that have current and historical basis. These strengths include individual and community persistence, and a determination to establish a rightful place in society and on the land. For many, the desired changes to health may best occur through a wholistic approach. It also hinges on the connections between individual, family, community, kin, relations, and all of creation.

FNIM ENGAGEMENT

Mainstream services that provide support or offer public health services to First Nation communities, or neighbourhoods with a high proportion of Indigenous peoples should ensure that FNIM communities are at the forefront of co-design and decision-making processes for public health programs and services. This requires taking direction from FNIM communities and prioritizing their expertise and leadership to shape programs that reflect their unique perspectives and needs. Public health agencies should work under the guidance of Indigenous leadership and structures such as advisory councils, relationship agreements, and Indigenous-led staffing initiatives to uphold Indigenous elf-determination and authority in health program development and delivery.



Improved Outcomes from Appropriate Engagement

- Shows respect for Indigenous rights, self-determination, culture, and identity.
- Builds trust through relationships built upon love, care, and humility.
- Respects the importance of FNIM communities to feel connected to their culture, land, and traditions.
- Enables Indigenous Peoples to fully embrace and embody every ounce of their being.
- Understands the essence of healing among all aspects (physical, mental, spiritual, and emotional).
- Ensures Indigenous Peoples are empowered to lead and inform all decisions impacting their health and wellbeing.
- Enhances community-centered, and culturally safer and appropriate care.
- Helps to ensure that safeguards are put into action to protect Indigenous knowledge.
- Understands the importance of Indigenous self-determination and what it means to have Indigenous Health in Indigenous Hands.

Five Requisite Approaches to FNIM Engagement

1. Community Specific

Community is a pillar of identity for Indigenous Peoples. Indigenous communities are not solely limited to First Nations on territory (reserve). They include First Nation, Inuit, and Métis people, no matter where they reside. Indigenous communities are not a homogenous entity within Canada, but have many unique histories, languages, cultural practices, and spiritual beliefs.

Indigenous community is an encompassing concept rooted in gathering for ceremonial purposes, for mourning and grieving, to celebrate success and milestones, to seek advice and guidance, to garner support from members, and to acknowledge many other important events. For FNIM, community is healing. It is important to support wellness for FNIM through initiatives that reflect the community's unique lived/living experiences and highlight culturally appropriate modes of enhancing wellbeing. The importance of diversity in communities must be recognized to be effective. Program development needs to support initiatives that follow the vision and needs of the specific communities that are involved. Community-specific engagement will help ensure that the needs of the community are put forward as priority and the strategies identified are co-created to meet needs.

There have been past evaluations and learnings relevant to partnerships between FNIM communities and public health agencies. These learnings can continue to be built upon and implemented across Ontario Public Health Units.

Wise Practice:

SMDHU Indigenous Engagement Learning Journey

Simcoe Muskoka District Health Unit (SMDHU) embarked on an Indigenous Engagement Learning Journey of Growth in 2018. Their approach to this started with completing a situational assessment to answer the following question

"What does SMDHU need to know to inform the agency of how to proceed with building and maintaining meaningful engagement and mutually desired collaborative working relationships with Indigenous Peoples, organizations and communities in Simcoe Muskoka?".

To answer this question, Indigenous Health Circle resources were gathered and synthesized; scoping reviews were completed on engagement practices and public health services for Indigenous peoples; an environmental scan of SMDHU's management and MOH Office was completed; and focus groups both internally and externally with local Indigenous partners were held.

Results were collated and recommendations to guide the health unit's ongoing and future work with Indigenous Peoples, communities and organizations were made, which include:

1. Through respectful and reciprocal ongoing consultation and partnership, identify, invite, and respond to requests from Indigenous communities and organizations for potential formal mechanisms (i.e., processes, policies or agreements) to enhance public health programming and services for Indigenous Peoples. Such programming and services would be guided by the principle of Indigenous self-determination in decision-making.
2. Commit to the resourcing (staffing, time, training, internal committee creation, etc.) required to develop and maintain relationships and to prioritize the implementation of requested public health programming and services in collaboration with Indigenous communities and organizations. Developing an internal system to record and track engagement opportunities and program activities to ensure coordination of resources amongst health unit programs and staff.
3. Create an agency Indigenous Liaison position, who works with an internal Indigenous engagement steering committee to support and enhance the development of relationships with Indigenous communities and partners, facilitate the integration and implementation of culturally safe policies and practices within SMDHU, and help improve local access to public health programs and services for Indigenous communities, organizations and Peoples.

Wise Practice:

IPHCC Knowledge Holders Circle

Reinforcing the importance of Indigenous knowledge in shaping IPHCC health initiatives is imperative. IPHCC's Knowledge Holders Circle plays a pivotal role in guiding and supporting projects and initiatives to ensure the approach is enriched with ancestral wisdom.

This collaborative effort has successfully supported many IPHCC projects, including identifying the 16 Indigenous social determinants of health. Through a strength-based approach, the Knowledge Holders Circle delved into discussions, sharing their insights and understanding of community to re-shape the framing of these determinants so that they were more culturally appropriate.

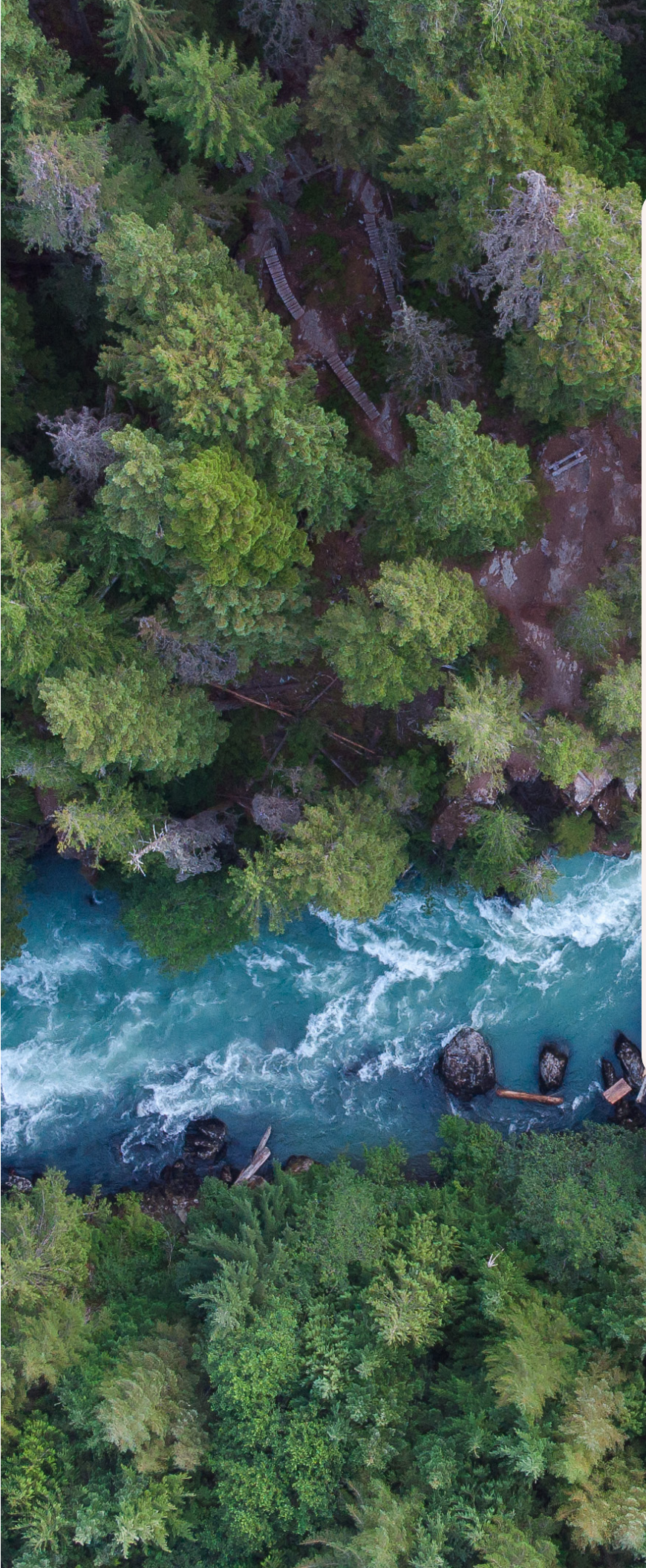
Similar structures can be implemented within Public Health Units to provide important insights and feedback on community matters and strategic planning. Refer to IPHCC's resource on Indigenous Advisory Circles for consideration on culturally appropriate and safe ways to establish or support Indigenous-led structures.

2. Spiritually Grounded

In developing culturally appropriate public health programming, it is essential to understand the spiritual importance to FNIM. For Indigenous Peoples, being spiritually grounded includes being connected to language and culture, Indigenous traditions, a wholistic view of wellness, connecting to the land and sustaining relationships with family and community members. For FNIM communities, spirituality is a way of life and a way of knowing (worldview) and these ways inform the foundation of all beliefs and practices.

A **Knowledge Holder** refers to a person who holds Traditional knowledge and teachings. These gifted individuals have been identified by their respective communities as embodying physical, emotional, intellectual, and/or spiritual gifts that are unique. Knowledge Holders refers to those who are identified as Elders, Métis Senators, Knowledge Sharers, Helpers, or other culturally appropriate terms.

It is important to understand and appreciate that these exceptional individuals are diverse, and their presence and service are just as distinct. Some roles that Knowledge Holders hold in public health settings include, but are not limited to, leading openings, closings, smudging and diverse ceremonies, leading and/or participating in sharing circles, and providing advice, support, and guidance on how to share teachings, where appropriate. In many cases, Knowledge Holders are invited to participate in program design and delivery, bringing their experiences to the decision-making table as both a Traditional person and a service recipient.



Wise Practice:

Indigenous Representation on Board of Health

Maurice Switzer, a citizen of the Mississaugas of Alderville First Nation and a resident of North Bay since 2000, was appointed to the North Bay Parry Sound Board of Health by the City of North Bay as a citizen appointee in 2023. In addition, Maurice serves on the Board of the North Bay Indigenous Friendship Centre. The Indigenous community in the North Bay Parry Sound catchment area that includes nine First Nations and over 9,000 urban Indigenous residents.

Maurice is facilitating improved Indigenous health advocacy strategies, increasing a shared sense of urgency for reconciliation, and supporting leadership in developing strong Indigenous partnerships. He has advocated for the development of clear objectives for the health unit's Indigenous Wellness Circle and is seeking ways to integrate their feedback into all regional programs and services delivered through public health.

3. Trauma-Informed

It is important to understand that history has had a strong impact on Indigenous communities, individuals' identity, and their mental health. Public health agencies can improve their services by considering the intergenerational impact of colonization and its associated negative influences on the lives of FNIM. From an Indigenous perspective, trauma-informed care is a strength-based, person, family, and community-centred approach.

To engage with a trauma-informed approach through an Indigenous perspective, **public health agencies can familiarize themselves with the root causes and effects history has created on Indigenous Peoples and understand the potential impacts this has on wholistic health.** They can co-create principles that reflect an Indigenous worldview as directed through engagement, create a healing environment that is culturally safer, educate public health practitioners and staff about colonial policies and practices such as residential schools, Indian hospitals, child welfare, and their impacts and importance of creating opportunity for the development of healthy, supportive relationships. Public health programs and services can be created in respectful ways that will not perpetuate colonial systems that have alienated FNIM communities or re-traumatize them going forward.

One of the cornerstones to genuine engagement and/or collaboration is to ensure a culturally safe lens is incorporated and, to continue to build trusting, working relationships. As previously mentioned, this is something that has been lacking when minimalistic engagement occurs for the sake of filling a checkbox. However, often fear of causing harm or worsening situations can hold engagement efforts back. It is important for individuals to recognize that mistakes will get made and that uncomfortable moments will occur. The benefit of approaching the conversation with openness and humility far outweighs the perceived risk. This is part of the learning journey.

Wise Practice:

Maamwesying and Algoma Public Health

In the height of the COVID-19 pandemic, Maamwesying responded to a community request for a local Indigenous specific coordinated plan to mobilize a response to an outbreak in of the North Shore Tribal Council member communities. Maamwesying put together a COVID-19 task team that comprised of both Indigenous and non-Indigenous organizations including Algoma Public Health, Canadian Red Cross, Public Health Sudbury and Districts and more. Together, they developed an action plan that focused on 7 pillars:

1. PPE/Swabs (Access and Training)
2. Testing, Surveillance, Contact Tracing, Vaccination
3. Redeployment (Ensuing that staff were available in each community in the event of an outbreak)
4. IPAC (Provide guidance and ensure infection control measure are in place)
5. Public Education and Communication Strategy (Consistent messaging, ongoing updates)
6. COVID-19 Community Wellness Support
7. Food Security

Partnering with Algoma Public Health was a success to both the staff at Maamwesying but also to local First Nation Communities as they identified this as a step in establishing trust and rebuilding a relationship with public health that was previously broken. The supportive presence of the CEO/Medical Officer of Health at the Maamwesying COVID-19 Task Team meetings clarified roles, responsibilities, advocacy and communication.

4. Strength-Based

Individuals dealing with health concerns or wanting to promote their own health are often not given the opportunity to take control of their lives to develop an approach that is best suitable for them and their culture. A strengths-based approach attempts to identify resources an individual can access to positively address the issue. This approach focuses on developing assets and recognizes that FNIM have mental, physical, spiritual, social, and emotional abilities that can be utilized.

Far too often, pictures of the Indigenous population tend to be painted in the most negative light. Attention is constantly placed on lower life expectancy and poorer health outcomes, particularly around mental health and addictions. This desolate picture is perpetuated through government reports, policy papers, and even the media. It is a narrative consistently portrayed that being Indigenous is a cataclysm.

Social determinants of health (SDoH) reflect the circumstances, conditions, and contexts of peoples' lives, and the effect these have on health and wellbeing. From an Indigenous perspective, SDoH include unique structural determinants such as the continuing impact of colonization. Addressing Indigenous health inequities requires focusing on changing underlying structural determinants rather than just addressing symptomatic effects and needs to be done using a strength-based perspective that celebrates positive determinants such as connection to the land, relationships, and communities.

By mainstream conceptualizations of health continuing to portray Indigenous Peoples through a deficit-based lens, they are undermining communities' strengths and self-determined perspectives of health and wellbeing. A strength-based approach recognizes that Indigenous Peoples are strong, resilient, kind-hearted, and connected with spirituality. Evaluations of public health services and programs should also include what is going well and how participants are working to improve and maintain wellness. It is crucial to note that health systems should be grounded in continuous feedback cycles. While it is important to take a strength-based approach to addressing Indigenous health programs and services, it is also important to recognize the ongoing challenges in Indigenous communities due to current impacts of colonization and ongoing racism. It may also be helpful for public health teams to reflect on what aspects of existing approaches may be seen as "deficit-based" (e.g. focusing primarily on rates of disease burden without incorporating community strengths or stories). Refer to IPHCC resource Population Health Indicators from an Indigenous Lens for further context and applicability considerations.

Wise Practice:

Sioux Lookout First Nations Health Authority 'Approaches to Community Wellbeing'

Approaches to Community Wellbeing (ACW) is a regional integrated public health system developed by Sioux Lookout First Nations Health Authority (SLFNHA). ACW delivers public health education, services, and support to 31 First Nations communities in Northwestern Ontario. The department focuses on the prevention of illnesses and the promotion of healthy lifestyles, as opposed to treating illnesses, while delivering services rooted in cultural knowledge.

By integrating the public health system into the community, it allows for wholistic, sustainable, and proactive approaches to community wellbeing, increased community ownership, and increased connections to the teachings of First Nations peoples.

Future directions taken from a 2020 external evaluation include:

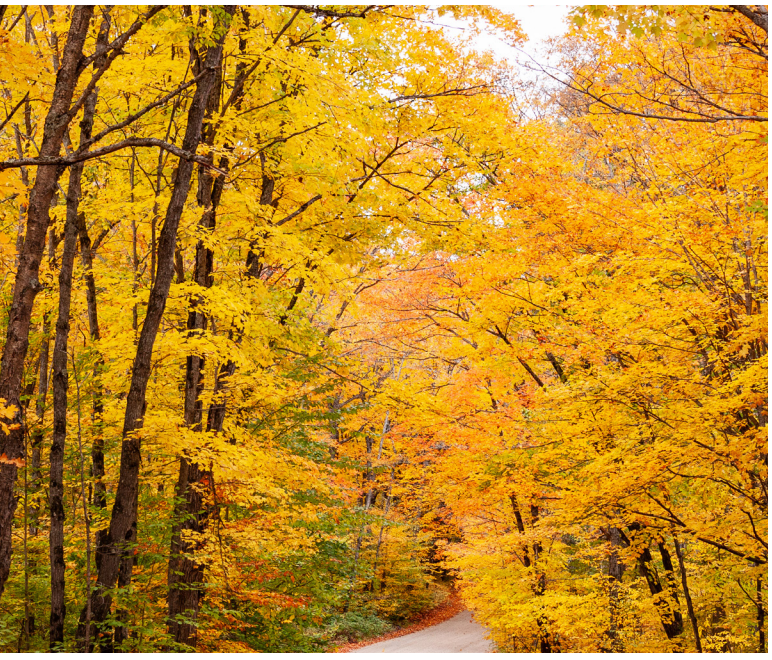
- Continued emphasis on internal decolonization to ensure culturally safe environments.
- Furthered support for community workers
- Increased communication with communities and key partners, including creating greater knowledge of public health.
- Ensuring community and context-based funding.
- Visit the Sioux Lookout First Nations Health Authority website for detailed information.

5. Cultural Humility

Cultural humility requires self-reflexivity and assessment, as well as appreciation of a communities' expertise on the social and cultural context of their lives. It requires establishing power-balanced relationships and a commitment to learn, not necessarily lead. With a foundation of cultural humility and commitment to community engagement, public health agencies can develop and implement meaningful partnerships to collaboratively address health equity, health disparities, and health inequities (CDC, 2022).

When engaging with FNIM communities and organizations, public health agencies can avoid the posture and framing of language that is hierarchical, paternalistic, and embedded in saviorism and colonialism mentalities. The primary role of public health agencies should always be as an invited partner where they:

1. Take the lead from the community, while emphasizing the hope for collaborative, mutually beneficial, and peer-to-peer approaches for solving shared challenges together in a respectful way.



2. Where applicable, make findings and final resources accessible to the communities and collaborators involved, including forms of communication in local languages and beyond written text (e.g., verbal presentations, group meetings, individual discussions, infographics).
3. Actively identify and remove markers of hierarchy and paternalism that are often seen in the public health sector. Examples of markers include:
    - An assumption that the Indigenous population needs assistance from public health agencies. Many FNIM communities and organizations already deliver culturally appropriate public health services that effectively meet the needs of the communities they serve. Engagement is an opportunity to learn from one another and explore where each other's knowledge and skillset can be used to better serve the broader Indigenous population.
    - An assumption by public health agencies that they know more about the community, health issue, or most appropriate strategies to address them than the people who are from that community. This can lead to a patronizing tendency of non-community members explaining to community members the very things they experience every day (i.e., lived experience).
    - Greater value placed on the opinions/voice/expertise of public health agencies that devalues the knowledge and expertise of those with lived experience or non-mainstream practitioners (e.g., community leadership, traditional practitioners, etc.).

- A disregard for local knowledge and ability and/or an inflated sense of personal knowledge and ability.
- An assumption of power or domineering posture when speaking with representatives from local organizations/populations.
- Lack of willingness to share authority, credit for success, or responsibility for challenges/failures.
- A reluctance/refusal to discuss with, listen to, learn from, or partner with members of FNIM communities or organizations in a manner that is culturally appropriate and that treats them as equals.
- A lack of flexibility/understanding that inhibits respect or patience for diverse local traditions, religions, beliefs, ideas, and expertise.

Building relationships with FNIM communities requires a long-term commitment that goes beyond immediate project timelines. It is important to be prepared to invest time in fostering these relationships, understanding that trust-building cannot be rushed. Engagement should be seen as an ongoing process, where meaningful connections are prioritized over quick outcomes.

Wise Practice:

Na-Me-Res Vaccine Clinic Pow Wow

During the COVID-19 pandemic, Na-Me-Res, a Toronto emergency shelter for Indigenous men organized a Vaccine Clinic Pow Wow at University of Toronto's Varsity Stadium to provide First Nations, Inuit and Métis people with a culturally safe vaccination site. Community members were able to access their vaccine, while Powwow drummers, dancers and singers preformed socially distanced.

This clinic was coordinated in partnership with the Waakebiness-Bryce Institute for Indigenous Health at the Dalla Lana School of Public Health, Well Living House, and Seven Generations Midwives Toronto. Close to 200 individuals were vaccinated on the clinic day in the company of pow wow drummers, dancers, Métis, and Inuit performers.

Na-Me-Res opened their doors on October 16, 2020, as a FNIM specific comprehensive COVID-19 response program through a partnership with Call Auntie Clinic and Well Living House. In response to calls for more diverse community-led primary care services, Auduzhe Mino Nesewinong ("place of healthy breathing"), was established and as of April 1, 2024, operates as an Indigenous Interprofessional Primary Care Team.

FIRST NATION, INUIT, MÉTIS ENGAGEMENT GUIDE

Building relationships with FNIM communities requires a long-term commitment that goes beyond immediate project timelines. It is important to be prepared to invest time in fostering these relationships, understanding that trust-building cannot be rushed. Engagement should be seen as an ongoing process, where meaningful connections are prioritized over quick outcomes. Guided by the Five Requisite Approaches to Indigenous Engagement, public health agencies can follow these steps to apply the information in the Guide to practice. In addition, refer to Appendix A for a Public Health Agency Self-Assessment Checklist to support engagement efforts.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Assess organizational readiness	Learn about the local FNIM community	Learn from the local FNIM community	Develop an engagement plan	Develop a relationship sustainability plan

Step 1: Assess organizational readiness

Organizational readiness refers to the need for synchronization and coordination between people, processes, systems, and performance measurement. Without this, implementation will not be successful. In assessing their readiness for engaging FNIM communities and organizations, public health agencies should have clearly laid out processes and people in place to coordinate their efforts and ensure they are doing so in a culturally safe way.

*Understand the **why** of engagement*

One of the first steps public health agencies should take with assessing organizational readiness is understanding and communicating internally, the reason **why** engagement is occurring.

As Indigenous engagement continues to increase among most mainstream sectors, including public health, many within organizations are uncertain to the reasons why engagement is taking place. It is important to provide consistent communication and messaging across the organization.

Reflection

Is there a clear understanding as to the purpose of the engagement and has it been communicated across the organization?

Recommended Activities:

Reflect on why the public health agency wants to engage with FNIM communities, answering the following questions...

- Why is it important to engage now?
- Are the benefits of engagement reciprocal or one-sided?
- What do the potential benefits for each partner look like?

Develop communication(s) for distribution across the public health agency that includes the following key messages...

- Reflection on why the organization is engaging FNIM communities, including responses to the reflection questions.
- Expectations for staff who are engaging with Indigenous communities that may include first completing cultural safety training.

Consider developing a commitment statement that your public health agency can share both internally and publicly. This statement should be reflected on and updated as you progress through your ongoing work.

*Assess the **status** of relationships with FNIM communities*

Many public health agencies, particularly during the COVID-19 pandemic, developed and/or strengthened their relationships with FNIM communities. However, some relationships dissipated when the public health response to COVID decreased. In most cases, it wasn't the fault of either partner.

Reflection

Are there established relationships with FNIM communities already in place?

Recommended Activities:

- Reflect on whether there was a positive working relationship/s in place during the response to COVID-19. If so, have the relationship(s) continued? Why or why not?
- Consider what the potential benefits of established relationships would be for each partner.

*Ensure appropriate **resources** are in place*

More and more mainstream organizations are recruiting Indigenous lead positions to design and implement FNIM initiatives. Practice continues to move towards targeting recruitment to ensure it is FNIM employees leading this work. There are several benefits towards implementing Indigenous-specific hiring practices that include but are not limited to...

- **Diverse Perspectives and Experiences:** Indigenous employees bring unique perspectives and experiences to the role, which are essential when designing and delivering Indigenous programs and services. Ideally, this will lead to the design of culturally appropriate and safe programs that honour Indigenous Health in Indigenous Hands.
- **Local Knowledge and Connections:** Indigenous employees often have a deep understanding of the local environment, including its natural resources, history, and culture. This knowledge is imperative when designing an engagement plan and Indigenous-specific programming.
- **Community Engagement:** Recruiting Indigenous employees can help build stronger relationships with local FNIM communities. By demonstrating a commitment to employing FNIM staff with equitable pay and recognition, public health agencies can show their intent to support and invest in the local community.
- **Positive Impact on FNIM Communities:** Recruiting FNIM employees provides job opportunities and contributes to economic development. This can help to address existing social inequality resulting from a history of colonization and ongoing anti-Indigenous racism.

With the number of Indigenous-specific positions on the rise, unique approaches to recruit and create safe spaces are essential. For public health agencies with an Indigenous person overseeing the work, starting points for creating/fostering a safe space includes...

- **Having self-awareness:** Understanding one's own cultural background and how it shapes perceptions, beliefs, and values.
- **Enhancing cultural knowledge:** Learning about the values, beliefs and traditions of different cultures. For FNIM, this also includes their unique history and rights.
- **Ensuring cultural sensitivity:** Developing the ability to recognize and respond to cultural differences in a respectful and appropriate manner.
- **Diverging communication strategies:** Developing effective communication skills that consider cultural differences in language, non-verbal cues, and communication styles.
- **Expanding conflict resolution approaches:** Developing the ability to address and resolve conflicts that arise from cultural differences.

In addition to targeting recruitment and creating safer spaces for FNIM employees to work and succeed, it is important to determine the degree and quantity of work that the employee will undertake. Ensuring the work is staffed appropriately will ensure inappropriate workload and demands is not placed solely on one individual.

Reflection

Were efforts made to have an Indigenous person lead this work? And is the work environment designed to support them achieve success in their role?

Recommended Activities:

Reflect on the recruitment process or delegation of activities to Indigenous initiatives, answering the following questions...

- Was recruitment or assignment of duties FNIM-targeted?

  If yes, were you successful in having an Indigenous person lead the work? Why/why not?

  If not, is there an opportunity to revisit? Who is overseeing the work, and do they have a connection with the local FNIM community and/or Indigenous advisory structure that provides guidance and support?
- Are there opportunities for ongoing learning and growth within your organization? Even if the person in this role identifies as FNIM, Indigenous cultures are diverse and there must be ongoing opportunities for continued learning and engagement across nations and communities.
- Are processes in place to ensure a safe working environment for FNIM employees?
- Does the quantity of work and deliverable expectations of appropriately align with the number of staff employed for Indigenous initiatives?

*Support the **practice** of engagement*

The practice for each engagement must include a uniform understanding of why the public health agency is engaging with FNIM communities, workers need to be clear on what they hope to achieve with the engagement, resources must be identified, and public health agencies must have an understanding on what they are able to and not able to commit to before going out into the community. Once this vital information is known by the team involved, the next step is to prepare public health practitioners to engage and work with FNIM communities in a culturally safe and appropriate manner.

For many, engaging with FNIM communities is going to be a new practice. And given the past harms to FNIM people by the healthcare sector, there may be hesitancy from public health practitioners to engage out of fear of doing something wrong or inappropriate. It is the responsibility of the public health agency to provide practitioners with the necessary training and tools to learn about and engage with FNIM communities in a culturally safer way so that stressors are eased.

Necessary training includes the various courses available across all elements of the Indigenous cultural safety continuum, from competency to humility. Refer to IPHCC's approach to ICS, Anishinaabe Mino'Ayaawin – People in Good Health, for cultural safety specific training options. All staff, including leadership, should be mandated to complete comprehensive Indigenous Cultural Safety training. This should not be a one-time requirement, but part of ongoing professional development. Additionally, public health agencies should implement accountability mechanisms, such as annual assessments, reflective practices, and reviews of internal processes, to ensure that staff apply their learnings and adapt organizational practices accordingly. Regular evaluations can measure how training leads to concrete actions in the workplace.

Another training necessary for practitioners across all sectors that work with FNIM clients and communities, is Indigenous Trauma Informed Care, which differs from mainstream. An Indigenous worldview and perspective center the wholistic wellness of the individual as part of the collective community, and exists in relation to the natural world, spirit world and Ancestors. An Indigenous Trauma Informed Approach recognizes the social historical impacts that have disrupted Anishinaabe Bimatisiwin (Indigenous life), and the revitalization of this worldview that naturally encompasses strategies of anti-oppression, non-interference and client self-determination.

Reflection

Are staff provided the necessary tools and training to appropriately and safely engage FNIM communities?

Recommended Activities:

Outline and communicate your organization's commitment to ensuring accountability to mandate Indigenous cultural safety training and anti-Indigenous racism education and training.

- What is the plan to require public health practitioners and leadership to complete Indigenous cultural safety training?
- What accountability measures will be put in place to ensure learnings are completed as well as reflected and acted upon?
- What is the organizational commitment to ensure on-going training and development in this area?
- Outline the public health agency's plans to prioritize Indigenous-specific trauma-informed care that is culturally appropriate, and Indigenous led.

Step 2: Learn about the local FNIM community

Many public health agencies, especially those where there are small or no First Nation communities in their catchment areas, are surprised to learn that there may be a large local Indigenous population. It is important to understand that in Ontario, 85.5 percent of FNIM live off territory (reserve) and in urban or rural areas (Government of Ontario, 2018).

To determine the size of the local FNIM population, many public health agencies utilize data available through Statistics Canada. However, this data grossly underestimates the true population size for the following reasons:

1. Due to a history of mistrust, many Indigenous people are hesitant and reluctant to participate in a government data collection tool that asks them to self-identify.
2. Statistics Canada does not collect data from the following groups:
    a. Those residing on territory (reserves)
    b. Those experiencing homelessness or unhoused (overrepresentation among FNIM)
    c. Those within correctional settings (overrepresentation among FNIM)
3. An Indigenous self-identification question is only included on the long-form census which only goes to 25% of Canadian households. Note, not everyone will choose to self-identify on this form.

Key improvements are immediately required that can be implemented at the federal, provincial, and local level to include Indigenous self-identification and the right to be counted (Smylie, 2015). One strategy for consideration that will provide more accurate data is the use of respondent-driven sampling to reach and include Indigenous Peoples more effectively. Community-driven data collection approaches have shown to be effective in reaching FNIM commonly excluded, unidentifiable, or underrepresented in health information systems. Until this is done, using the usual data sources will undercount Indigenous populations by up to 40%.

Some regions throughout the province have engaged in community-driven data collection through the Our Health Counts or other smaller, data collection approaches. Our Health Counts includes the following communities: Hamilton, Inuit in Ottawa, London, Thunder Bay, Kenora and Winnipeg. It is important to understand what data collection has been done at the local level to determine whether more accurate community data is available or if Statistics Canada is the only source. In that case, approach the numbers with the mindset that the actual population size is likely three to four times greater than what is reported in the Census data.

Reflection

How many Indigenous people reside in the catchment area?
What is the history of the local region?

Recommended Activities:

- Determine if community data is published and available publicly, reporting on the FNIM population size within the local area. This may include looking to local First Nations, Métis offices, ONWA chapters, Friendship Centres and Inuit associations to help determine what is available and accessible.
- If community data is not available for population size, review Statistics Canada data, being mindful that that true population size is likely 3-4x greater.
- Become educated about the original inhabitants of the waters and lands on which you live, work, and play.
- Learn about Indigenous laws and teachings, and the First Nation territories, Treaties, and unceded (never surrendered) territories across Ontario and within your local geography. This knowledge and history are deeply rooted in historical relationships and will help to create a local understanding.
- Acknowledge the inherent rights of Indigenous Peoples that are upheld based on provincial, national, and international laws and understand that health system transformation efforts must be led and informed by Indigenous communities or their representatives. This supports sovereignty.

Step 3: Learn from the local FNIM community

Authentic engagement relies on mutual recognition and respect for Indigenous ways of knowing and expertise in public health service delivery. It is important for public health agencies to not assume they have all the answers and are needed to 'help' FNIM communities. Rather, it is essential to practice cultural humility and be ready to listen to alternative ideas and perspectives and learn of wise practices already in existence for wholistic public health programming. Strategies to support learning from FNIM communities include but are not limited to:

- Acknowledging Indigenous Peoples' inherent rights to lead their own population health efforts. It is important to recognize that the efforts and defined priorities of public health agencies may not reflect the same priorities of FNIM communities.
- Understanding that FNIM face greater rates of chronic disease at earlier ages because of colonization and its ongoing effects. Generally, population health is measured utilizing mainstream designed approaches. FNIM communities are well positioned to engage in the dialogue about how to measure health and wellbeing and solutions and supports needed to affect change. It is important to practice humility and listen to, learn from, and support Indigenous-led approaches.
- Appreciating the barriers that exist for FNIM communities living in rural and remote communities. If possible, public health agencies should be willing to partner with FNIM communities to ensure accessible mobile health services, adequate technology, and emergency services are available.

In many Indigenous cultures, the crow is seen as cunning and intelligent and considered to be an old spirit carrying with it knowledge from past lifetimes.

- Working with FNIM communities to ensure supports and appropriate care pathways are developed in the local area, including awareness of and access to Indigenous-led services.
- Focusing on strength-based rather than deficit-based models. Using a strengthen-based model that recognizes the strength and resiliency of Indigenous Peoples will reduce the risk of stereotyping and empower spiritual and cultural knowledge.

Reflection

What FNIM services are available in the local area and through which agencies?

Recommended Activities:

Conduct an environmental scan to identify FNIM communities within the public health agency catchment area. This includes the following:

- First Nation/on-territory communities
- Indigenous Primary Health Care Organizations
- Indigenous Friendship Centres
- Métis Nation of Ontario offices
- Inuit associations and affiliated organizations
- Ontario Native Women Association chapters

Learn more about each FNIM organization within the local area focusing on:

- Communities served (understanding service delivery reach)
- Key mandates and advocacy efforts
- Programs and services are provided (consider areas of crossover, gaps, and potential opportunities for collaboration)
- Leadership team (to determine who is the most appropriate person to direct outreach to)

Step 4: Develop an engagement plan

Prior engagement experience has shown that engaging with FNIM communities early in the planning and design phases of any program development can benefit all those concerned. Conversely, there have been instances where failure to engage early has led to avoidable development delays and increased cost and dedicated time to work on the relationship.

Early engagement is about starting the conversations and relationship building before work begins (e.g. projects, research, program design, tables, or other activities). In the very early days, it means two-way conversations that are open, honest, forthright, and reciprocal. It is important to understand that it takes time to build assurances, bridge cultural differences, and gain trust.

*Ensure **inclusivity** with engagement efforts*

This Guide focuses on improving engagement with Indigenous service providers. FNIM communities are dynamic and sometimes complex. Like many communities, they may include a myriad of formal and informal structures that are connected to and/or impacted by health systems, including public health.

Identify who you have (and have not) engaged with (e.g., Chief and Council, Health Directors, leadership from IPHCOs, Friendship Centres, MNO chapters, Inuit associations, ONWA chapters, or other local Indigenous organizations). Recognize that participation and/or collaboration may not equate to consent and support. In addition, when planning outreach, it is important that the reason for wanting to reach out to that specific group is clearly understood internally.

Formal	Informal
• First Nations Chiefs and Councils, and their attached departments/teams that provide services for community members. • Indigenous Primary Health Care Organizations • Métis Nation of Ontario offices • Inuit Associations • Ontario Native Women Association Chapters • Indigenous Friendship Centres • Independent Health Provider entities • Schools and Day Care Centres	• Advisory and/or Community Circles • Elders Group/ Councils • Youth Groups • Women's Groups • Specific program groups (e.g., support and resilience groups) • Advocacy and support groups • Parent groups • General public (service users)

Reflection

Have all the appropriate FNIM communities been engaged or included in plans to engage? Is there a clear understanding of who to connect with?

Recommended Activities:

- Understand that FNIM communities are not homogenous. Be prepared to highlight gaps in your engagement efforts, including openly outlining limitations.

*Ensure a **coordinated** approach to engagement*

Far too often, mainstream organizations have different departments or program areas reaching out to FNIM communities independently. This creates the appearance that there is a lack of communication within the organization and often results in different areas of the same organization reaching the same people within FNIM communities. Most FNIM communities are already stretched with their own mandates and service delivery. In addition, many mainstream organizations are reaching out for engagement purposes. Filtering through engagement outreach requests from the same organization can be time consuming and frustrating for FNIM communities as they may not see the departmental differences but rather view the organization as whole.

Centralizing engagement efforts through one area within the public health agency ensures that a consistent approach to engagement takes place and there is a line of sight to all engagement requests, which will help mitigate the risk of overburdening the FNIM community. It also provides a clear point of contact for community and staff to direct their questions and concerns to.

*Appreciate **diverse** meeting structures*

Meetings among mainstream entities tend to be structured with set agenda items and tight schedules. The same can be for FNIM communities; however, there may be diversity in how meetings are structured. It is best to work with the local FNIM community being engaged to determine an appropriate meeting structure, but some general considerations may support the process, such as:

Agenda Setting: Co-design the agenda to ensure that the meetings are shaped with the needs of both the public health agency and FNIM community in mind. This could be achieved by meeting with a representative from the FNIM community prior to the meeting to collaboratively identify agenda items and the intent of them.

Match Team Composition: Aligning your team to the FNIM community's team is a wise and respectful strategy that can establish a good working relationship. For example, if the IPHCO Executive Director is attending, it is appropriate for the most senior position within your public health agency to attend as well.

Location: Where possible, meet at the location of the FNIM community. Doing so demonstrates your commitment to working collaboratively and differently with FNIM communities.

Knowledge Holder Support: It is respectful to invite a Knowledge Holder to attend the meeting, not only to provide an opening and closing prayer, but also to be active participants in the meeting. It is appropriate to inquire with the FNIM community if they have a Knowledge Holder they recommend. Refer to the IPHCC Wise Practices Guide for more information on protocols when working with Knowledge Holders.

Holding Space: It is important to work with the FNIM community to create a safe space for meaningful conversations. Pay attention to the energy of the room and respond to it. Holding space means being observant and attentive to the flow and feeling of the meeting and adapting your agenda if needed (First Peoples' Cultural Council, 2024).

Sharing Circles: Many FNIM communities use a circle format when engaging in meetings. Circles are wholistic and can help alleviate power dynamics or power imbalances, ensuring space for every attendee to speak. The sharing circle will follow certain protocols that will vary depending on the teachings of the FNIM community. Working collaboratively with the community will ensure that these protocols are followed (City of Toronto, 2019).

Refer to Indigenous Corporate Training for practices to avoid when meeting with FNIM communities.

Reflection

How are engagement efforts currently planned, implemented, and evaluated?

Recommended Activities:

- Identify a department/program area that will be responsible for coordinating FNIM engagement activities across the public health agency.
- Develop a process for engagement that will be implemented consistently across all departments/program areas intending to engage FNIM communities. The process could include outreach strategies, community profile, summary or tracker of current engagement activities between individual FNIM communities and the public health agency, indicating the internal primary contact.
- Implement a requirement checklist for anyone engaging FNIM communities or those supporting staff with engagement. The checklist may include:
    - Completion of cultural safety training
    - Demonstrated understanding of ceremonial protocols
    - Awareness of local FNIM community, including history and services provided by local Indigenous organizations.

*Understand effective **communication** principles*

Effective lines of communication are seen as a common characteristic in developing a good working relationship between Indigenous and non-Indigenous partners (SSHRC, 2018). This includes awareness, understanding, respect, and trust as products of good relationships where there is open and honest dialogue. It is important to note that non-verbal communication can differ across cultures, and it is important for those within public health to understand how to adapt to these norms.

Principles of effective communication	
Be alert to signs and signals	Those engaging and working with FNIM communities should not make assumptions about literacy levels or that silence means agreement (i.e., they didn't ask any questions so they must be okay with what was shared). Common tips: • In some FNIM cultures it is disrespectful to look into a person's eyes. Avoiding looking into your eyes may be showing you respect, not that they are not interested in what you are saying. • Use of a soft voice may also be signalling respect. • Storytelling is a foundational element of Indigenous cultures and serves many purposes beyond sharing information - it is a way to pass down knowledge, cultural values, and teachings from one generation to the next. Stories carry wisdom of Elders, lessons learned from the land, and ancestral experiences that have shaped Indigenous identity and worldviews. They connect listeners to history, spirituality, and relational understandings of the world, while often containing multiple layers of meaning that unfold over time. For this reason, it is critical to approach storytelling with respect, patience, and openness to learning, allowing space for the story to be told in its own time and form. • For many FNIM cultures, silence is not awkward. It is often intentional and allows space for reflection. Do not feel the need to fill gaps in conversation with small talk. Allow for pauses to occur.
Don't use offensive colloquialisms	Using particular colloquialisms such as let's pow wow, is seen as thoughtless, offensive, and disrespectful to many FNIM communities, particularly with an 'Indian' reference such as Indian giver, Indian time, or too many Chiefs, not enough Indians.

Principles of effective communication	
Ensure flexibility with time	This is a key driver for good engagement with FNIM communities. It is important not to be confined to a timeline when engaging in community visits. More respect and better receptiveness would be achieved when approaches are not dictated by a small window of available time. This includes confining people to dates and agendas. A respectful strategy is to ask which dates and locations would work best for the FNIM community and then let the meeting take its own direction.
Try not to use acronyms and technical jargon	Unless appropriate to the individuals you are meeting with (e.g., those in the health field), overusing of acronyms or technical terms without ensuring understanding can be frustrating and cause those you are engaging with to lost attention. Make all attempts to use full terms rather than acronyms, while simultaneously sharing what the associated acronyms are.
Avoid overdressing	Overdressing (i.e., dressing too formally) could send wrong messages. It can be construed as emphasizing power positions (e.g., funders, legislators) and demeaning local community member who may not have the resources or feel comfortable dressing in the same way. Aiming for smart casual (to show respect) but not corporate style attire can make those you are engaging with feel more comfortable and help create an equal power-sharing relationship.

*Make the **initial outreach** to FNIM communities*

Once the public health agency has invested the time, energy, and resources to determine their readiness, learned about and from the FNIM communities, and develop a concrete engagement plan, it is time to initiate outreach. Utilize the findings from the environmental scan, community profile, and internal resources acquired to determine the most appropriate person to outreach to, such as your Indigenous lead.

Step 5: Develop a relationship sustainability plan

*Implement **relationship agreements** based on respect and reciprocity*

Healthy relationships are like plants, they can thrive on their own for a certain period, but for longevity, they need to be nurtured with attention and care. A common theme noted with the diminishing threat of COVID-19 was the waning of established relationships. It is important to make fostering and maintaining relationships a routine part of business. One strategy to embed relationship sustainability is through the implementation of relationship agreements.

There are many forms of relationship agreements in practice, whether they be legislative through Section 50 of the Health Protection and Promotion Act, or less formal agreements such as Memorandums of Agreement. What is important is that they include Indigenous perspectives and ways of knowing, and that they are honoured. An effective strategy to maintain focus on joint goals and objectives is to meet on a regular basis and feast annually. This is a time to reflect on the work done together over the past year and collectively set a vision for the ongoing work to be done. Refer to the IPHCC Relationship Agreement Process and Template for more information and direction.

Reflection

Are agreements already in place with FNIM communities? If yes, are they healthy, reciprocal, and effective?

Recommended Activities:

Determine what formal and/or informal agreements are in place with local FNIM communities and their current state, answering the following questions:

- Are the objectives still being met?
- Is the relationship still meeting the needs for both the public health agency and FNIM communities? How do we know it is working for FNIM partners?
- Is work continuing in a good way? Is it resulting in effective outcomes and from both partners' perspectives?
- How often are meetings taking place with FNIM partners and for what purpose?
- Is the meeting structure still meeting the needs of both partners?

*Maintain **consistency** with relationships*

It is essential to understand and appreciate the importance of consistency with the public health practitioners and members of the leadership team that are engaging and working with FNIM communities. These individuals are seen as the representatives of the public health agency by community. While staff may move on to other roles, FNIM community members are forever attached to their lands and communities.

Public health agency staff, including leadership, who have begun engaging and collaborating with FNIM communities that are planning to leave their roles should be proactive in sustaining the relationship by transitioning the relationship appropriately to their replacement. Disappearing to a new role or organization and not making sure someone has been connected to maintain the relationship can be viewed as disrespectful and signals that the original relationship between the public health agency and FNIM community has not been authentic.

Reflection

Will the relationships with FNIM communities be well maintained in the event of staff departure?

Recommended Activities:

Review the number and longevity of staff supporting and/or leading engagement efforts with FNIM communities, asking the following questions:

- How many full time staff are allocated to FNIM engagement and collaboration?
- If one or less, is there a plan to reallocate/recruit resources?
- If two or more, are they all connected to each FNIM community in some degree to enable smoother transition in the event of staff departure?
- Develop a transition plan to be enacted in the event of staff departure. Where possible identify the replacement employee with clear rationale for selection and fit. Share plan with FNIM communities for feedback and/or endorsement.
- When recruiting for an Indigenous lead position to be filled, consider asking a representative from the FNIM communities to participate in the hiring process. Implementation of this strategy would be based on their interest and capacity.

SUMMARY AND NEXT STEPS

The FNIM Community Engagement Guide was designed to support and guide public health agencies to partner, collaborate and engage Indigenous communities in a good way. It includes principles for engagement, protocols, and tools that can be used to partner with FNIM communities, ensuring public health practices are culturally appropriate.

As public health agencies implement the steps within this Guide and utilize the resources that were shared, it is imperative that they remain accountable to their community partners. This ensures that engagement is comprehensive, culturally appropriate and safe, as well as sustainable. For further questions or implementation support, direct communication to relations@iphcc.ca.

Miigwetch, Meegwetch, Nakurmiik, Nia:wen, Maarsii, Merci, Yaw^ko Anushiik, Thank You

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End Notes

1 Indigenous communities refer to First Nations as well as Indigenous organizations such as IPHCOs, MNO, TI, ONWA, OFIFC, PTOs, and local entities.

2 According to B'Saanibamaadsiwin (Aboriginal Mental Health Program) (n.d.), "Two-Eyed Seeing is understood as a guiding principle and teaching that directs attention toward the importance of learning to see from one eye the strengths in Indigenous knowledge and ways of knowing, and from the other eye the strengths in Western approaches. Two-Eyed Seeing implies that we work from an Indigenous world view as the foundation of our knowing and then utilizes that as our foundation for utilizing and accepting ideas from other world views based on our knowledge base."

3 UBC Indigenous Strategic Plan 2020 Self-Assessment Tool utilized as guiding document.

Centering Indigenous Voices In Your Process

Taking an Indigenous human rights-based approach to this work means building strong, mutually respectful and reciprocal relationships with FNIM communities, ensuring that their voices are centered and amplified throughout the planning process. As such, it is vital to include in this process, those who are already doing the work of Indigenous engagement.

Before you begin, ask yourselves whether you have an Indigenous Advisory Circle (or similar) working with your public health agency. If so, they should be involved in this process from the beginning.

APPENDIX A:

Public Health Agency Self-Assessment Checklist

This self-assessment checklist is intended to support public health agencies reflect on the current state of relationship development and collaboration with FNIM communities, as well as provide guidance and direction on moving forward in a good way.

Goal of the Self-Assessment Tool

The goal of the Self-Assessment Tool[3] is to provide public health agencies with the opportunity to assess their readiness and reflect on their approach to Indigenous engagement, asking the following questions:

- What are we currently doing to meet the expectations set forth through the Ontario Public Health Standards and/or our commitment to Indigenous engagement?
- What are we currently doing that we are proud of and want to showcase or share for scale and spread?
- What can we be doing more of?
- What are we doing that we may want to change?
- What can we start doing?

The tool is not meant to be a test and there is no final grade. Rather, the rating scale will enable the public health agency to understand where their strengths lie and where they have room to improve or advance. Ultimately, the Self-Assessment Tool will help public health agencies to start the conversations around meaningful and comprehensive Indigenous engagement and collaboration.

Considerations

This tool can be used by any public health agency, irrespective of where you are in your Indigenous engagement journey. Whether you are just starting out and want to begin thinking about the engagement process, or whether you're already working collaboratively with FNIM communities. This tool provides an opportunity to take a step back, slow down, and understand the 'why' in this work before taking action.

There is no prescribed way to complete this tool. It can be used to start the conversation around Indigenous engagement, to gauge different levels of comfort and understanding, or it can be used as a reporting tool.

This is not intended to be a one-off activity. You are encouraged to keep track of your results and revisit the tool to monitor your progress from year to year.

How to use this tool

For planning purposes, it might be easier to approach this tool with a smaller planning group that includes decision-makers and those who have on-the-ground knowledge about existing Indigenous engagement within the public health agency.

The key objective for this tool is to create space for rich conversation around the following statements. This means there is no set amount of time that this process will take, and several sessions may be needed to go through the tool, ensuring everyone has a chance to participate.

Some options for how you can interact with the Self-Assessment Tool include:

Option 1: Ask each member of the group to individually complete the tool. Then come together as a group and discuss your results, comparing your ratings as well as rationales for each statement.

Option 2: Complete the tool collectively as a group. Completing the tool together allows for discussion on each statement and an opportunity for consensus building.

How to use the rating scale

This tool is intended to facilitate dialogue. The intention is to consider where you are at collectively as a public health agency and establish a common understanding of your strengths and highlight opportunities for advancement.

Once you have completed the assessment, review your answers for the competencies you rated. If you find that you have selected "not at all" or "working on this" a lot, those areas may be highlighting an opportunity for advancement and provide basis for some calls to action. If you selected "integrated into our plan or priorities" or "yes, we are there" many times, that's great. You now have the important work ahead of maintaining momentum and continuing to lead by example.

Rating		Description
(N)	No, not at all *or* Don't know	The public health agency has not engaged with this area of work or do not know and need to seek guidance to find out the answer.
(W)	Working on this	The public health agency has discussed this area of work or there are pockets of isolated activity within the public health agency.
(I)	Integrated into our plans or priorities	The public health agency has made a strategic-level commitment.
(Y)	Yes, integrated into our day-to-day actions	The public health agency has acted on this strategic level commitment and are in a position to help others develop their own action plans.
(N/A)	Not applicable	The public health agency is not clear about how this is relates to their work.

Section A is a **summarized report** on the findings that is populated using the more comprehensive reflection template available for use in Section B.

Assess Organizational Readiness

Reflective Statement	Y	I	W	N	N/A	Actions for Advancement
Assess the status of relationships with FNIM communities						
We have a comprised inventory of existing engagement and areas of collaboration across the public health agency.						
FNIM communities have been engaged and are an active part of priority/strategic planning for matters related to Indigenous health.						
We understand that the public health agency may have complex, formalized, and evolving relationships with local FNIM communities and we are continuously seeking clarity about the relationships before we take action.						
Understand the why of engagement						
There is an FNIM community communication and engagement framework in place that includes a commitment to engagement and for what purpose.						
We communicated our commitment to furthering our understanding of the continued history of colonization and the ongoing impact on FNIM communities.						
We raise awareness among our mainstream partners and stakeholders of our commitments to, and the importance of investing in efforts to strengthen FNIM engagement and collaboration.						

Reflective Statement	Y	I	W	N	N/A	Actions for Advancement
Ensure appropriate resources are in place						
There are assigned staff overseeing and supporting FNIM engagement and collaboration (including leadership).						
We actively value, develop, and implement specific strategies to recruit and retain FNIM employees, including leadership.						
We actively seek and facilitate succession planning, secondment, and upskilling opportunities for all Indigenous staff at every salary band and occupation.						
We recognize and fairly compensate FNIM employees for work performed over and above their usual duties.						
FNIM employees are proportionally represented in leadership and management positions.						
Mentorship opportunities for FNIM employees are available and communicated.						
There is a policy, procedure, or guideline in place that promotes zero tolerance of anti-Indigenous racism and discrimination within the public health agency.						
Mechanisms are in place for FNIM staff to bring forward concerns and negatives experiences encountered in a confidential and safe manner.						
The fulsome leadership team supports and holds each other accountable to creating welcoming and inclusive work environments.						

Reflective Statement	Y	I	W	N	N/A	Actions for Advancement
Support the practice of engagement						
Indigenous cultural safety training for all public health agency staff, including leadership, is mandated.						
We provide opportunities for staff to build awareness and knowledge on the realities, histories, cultures of FNIM communities that extends beyond annual cultural safety training.						
Effectiveness and applicability of Indigenous safety training and other competency building activities are integrated into reporting and monitoring systems.						
There is a plan in place to prioritize Indigenous-specific trauma-informed care that is culturally appropriate and Indigenous led.						
We renumerate FNIM community representatives for their participation in public health agency activities.						
We undertake a continuous process of cultural audit and adaptation of policies and procedures that impact FNIM engagement and collaboration.						

Learn About the Local FNIM Community

Reflective Statement	Y	I	W	N	N/A	Actions for Advancement
We have a clear and accurate understanding of the size of the local Indigenous population.						
All staff working in FNIM engagement are well versed on the original habitants of the waters and lands on which we live, work, and play.						
All staff working in FNIM engagement have a strong understanding of Indigenous laws and teachings.						
The staff working within FNIM engagement and collaboration can formally acknowledge the territories in which the public health agency offices are situated.						
The staff working within FNIM engagement and collaboration demonstrate a desire to learn about FNIM cultures and Indigenous ways of knowing, including the distinctness of Indigenous peoples in Ontario and Canada.						
All staff working in FNIM engagement understand and appreciate the importance of Indigenous Health in Indigenous Hands.						
We have completed an environmental scan to provide a comprehensive list of local FNIM communities and organizations.						

Reflective Statement	Y	I	W	N	N/A	Actions for Advancement
We have a repository of local programs and services offered to FNIM clients, families, and communities by both Indigenous and non-Indigenous organizations.						
We have a list of appropriate contacts for each of the FNIM communities within the local area.						
All staff engaging and collaborating with FNIM communities are aware of Indigenous-led programming and/or program delivery through the Model of Wholistic Health and Wellbeing.						
We formally recognize excellence in incorporating Indigenous knowledge systems into program design and delivery.						
We partner with FNIM communities to co-create and/or co-deliver public health programming.						
We support research that is co-created, prioritized, and/or led by FNIM communities.						
We collaborate with FNIM communities to identify and establish reciprocal learning and engagement opportunities.						

Develop an Engagement Plan

Reflective Statement	Y	I	W	N	N/A	Actions for Advancement
Ensure inclusivity with engagement efforts						
The FNIM communities we hope to engage with include First Nations, IPHCOs, MNO offices, Inuit associations, ONWA chapters, friendship centres, local Indigenous advisory groups.						
We recognize that each FNIM community will have a unique process for making decisions about participating or partnering on activities and the process may require adjustments of timelines and expectations.						
All FNIM engagement efforts are coordinated and tracked through a specific program or departmental area.						
There is a clear accountability metric in place for all program or departmental areas for actions as they relate to FNIM engagement.						
Those coordinating FNIM engagement have received specific training on outreach strategies, cultural ceremonial protocols and cultural safety.						
We have a list of all FNIM engagement taking a place across the public health agency, indicating primary contacts among all parties, purpose and stage of engagement, lessons learned and/or wise practices implemented.						

Reflective Statement	Y	I	W	N	N/A	Actions for Advancement
Appreciate diverse meeting structures						
Expectations have been set and communicated to those supporting FNIM engagement that alternative meeting approaches is not only acceptable but encouraged.						
Understand effective communication principles						
All staff working in FNIM engagement have awareness and understanding of effective and appropriate communication principles to support engagement.						
Make the initial outreach to FNIM communities						
A lead for the initial FNIM outreach has been identified with an appropriate approach determined (e.g., presenting tobacco to Knowledge Holder, leveraging existing relationships among the team, appropriately comprised email with key contacts included on both sides, etc.).						

Develop a Relationship Sustainability Plan

Reflective Statement	Y	I	W	N	N/A	Actions for Advancement
Implement relationship agreements based on respect and reciprocity						
Formal and documented relationship agreements are in place with local FNIM communities.						
The relationship agreements we have in place were co-created with FNIM partners where objectives and goals were mutually decided upon.						
Relationships with FNIM communities are evaluated regularly, including feedback on the effectiveness of the relationships from both partners.						
Mechanisms and processes are in place that enable FNIM community reporting on successes and challenges with relationship development and maintenance with the public health agency.						
Mechanisms are in place to collaboratively monitor and report on FNIM community engagement efforts and collaborative activities to funders, the workforce, and community.						
Plans are in place to partner with FNIM communities in the design of data governance strategies that respect Indigenous data sovereignty when collecting FNIM data.						
There are data governance agreements in place to support Indigenous data collection and sharing of information.						
Frontline staff collecting Indigenous self-identification information have been trained to do so in a culturally appropriate way.						

Reflective Statement	Y	I	W	N	N/A	Actions for Advancement
Maintain consistency with relationships						
There is an assigned team to oversee and support FNIM engagement.						
FNIM communities have met all staff supporting FNIM engagement and have regular interactions to support continuity of collaboration.						
There is a transition plan in place to be enacted in the event of staff departure.						
We have an arrangement in place to enable FNIM involvement with recruiting and filling positions dedicated to FNIM engagement and collaboration.						

Section B is a more comprehensive reflection template that should be completed accordingly and used to populate the report summary (Section A)

Area of focus (e.g. Assess current relationship status)

Engagement Step (e.g. Assess Organizational Readiness)				
Statement (e.g. Comprise an inventory of existing engagement and areas of collaboration)				
Yes, we are there ☐	Integrated into plans/priorities ☐	Working on it ☐	Not at all/ Don't know ☐	Not applicable ☐

Reflections on what the public health agency is doing in this area: What are you thinking when giving this rating? Why do you feel that this score reflects work that has been done?

Items for advancement: Is this something your public health agency can work on? What are some strategies that can be considered?

Section C includes a
Post Engagement Reflection

Who was involved in your engagement process?

- What stakeholders were included?
- What organizations were included?
- What groups do you feel should have been included but were not?

Were there any challenges?

- What step did you find the most challenging?
- Were all your goals met?
- If your goals were not met, what prevented you from doing so?
- Were there any barriers?

Did you report feedback to the community?

- Did you perform an evaluation of the engagement process?
- How was your feedback reported?
- Was all feedback taken into consideration?

How did you ensure a sense of cultural sensitivity, awareness, and safety was included in your engagement process?

- What cultural safety methods were used?
- Did you provide an option for including Knowledge Holders?
- Did you ensure a safe environment was created?

What did you learn from the engagement process?

- What were your key successes?
- Would you do anything differently?

What are the next steps?

- How will you ensure FNIM concerns are met?
- How will you keep the FNIM community involved?

APPENDIX B:
Building an FNIM Community Profile

This community profile should be used to familiarize yourself prior to engagement with FNIM communities. It will result in the development of a community profile for public health agencies to use and share as a future resource for other members of the team.

First Nations, Inuit, Métis Community Profile	
Community Name	
Key Contact Name	
Phone	
Email	
Address	

Community Engagement Questions	Responses
What is the governance structure of the community (Chief and Council, Executive Leaders)?	
What departments falls within the leadership team?	
What is the history and culture of the community (territory, settlement, treaty, laws of land, etc.)?	
Who is best to contact to seek authority for engagement with the community?	
What is the structure of the health centre or health station?	
Who are the independent health provider entities associated with the community? Who currently visits the community in terms of health services?	
Does the community have advisory circles?	
Are there specific groups to help inform health planning (e.g., youth, women, two-spirited groups).	
Has permission been attained from authorized organizational leaders to engage?	

APPENDIX C:
Potential Collaboration between FNIM Communities and Public Health Agencies

Level	Examples	Potential Outcomes
System	• Advocate for changes to laws and regulations that create barriers to achieve health goals. • Influence health system policy to reflect better practice at community level (e.g., funding models, quality standards). • Apply a health equity approach to system decision-making that includes the voices of the groups experiencing inequities.	• Economic and community development • Improvement in population health and public health approaches (i.e., increase in prevention efforts). • Increased access to culturally appropriate and safe care. • Improved health service delivery process to communities.
Organizational	• Use population-based data to information decision making at clinical and organizational level (e.g. targeting health promotion and education for key health issues). • Mount joint campaigns around key health issues in the population (e.g., diabetes) • Conduct community needs assessment • Address outbreaks and crisis health issues together (e.g., COVID-19, opioid crisis). • Engage in cross-sector training • Co-deliver clinics (e.g., vaccination, sexual health, HBHC)	• Improved use of culturally appropriate education materials across the system • Resource sharing is more efficient • Collaboration fills service gaps and inefficiencies through elimination of duplication of services and improved communication. • Improved health outcomes for FNIM communities through targeted programs and resources • Improved immunization rates • Stronger working relationships between community partners • Better use of data at practice and population level to inform decision-making.
Interpersonal	• Bring new public health personnel to IPHCO sites • Establish one-stop service delivery site • Coordinate services at different locations to increase reach • Establish referral networks • Identify shared high-risk population to provide greater support • Improve use of specialized skills held by primary care and public health force.	• Educational improvement for employees of all partners • Greater autonomy and decision-making by practitioners • Greater awareness of each other's roles, scope of practice and how to leverage each other's skill sets • Health professional development and retention • Better use of roles (NPs, RNs, PHNs, Health Promoters, etc.) • Development of new skills • Better use of settings where services are delivered (e.g., co-location)