



Indigenous Health in Indigenous Hands

Definition

The Meaning of Indigenous Health in Indigenous Hands

Indigenous Health in Indigenous Hands (IHIH) means that Indigenous¹ Peoples have full authority over their own health decisions, systems, and resources. It embraces moving beyond consultation or participation into true Indigenous-led design, delivery, evaluation and governance of health services.

IHIH recognizes that Indigenous governance, sovereignty, and self-determination are essential to improving health outcomes. Indigenous Primary Health Care Organizations (IPHCOs) – Indigenous-led, and Indigenous-governed – must be at the forefront of designing, implementing, and evaluating health services for their communities.

The Significance of Indigenous Health in Indigenous Hands

The Truth and Reconciliation Commission (TRC) of Canada strongly asserts that Indigenous Peoples have **inherent healthcare rights**, rooted in:

- Treaties
- Constitutional law
- International human rights law

The TRC's **Calls to Action** identify health disparities as direct outcomes of **colonial policies** such as:

- The Indian Act
- Residential schools
- Indian hospitals
- Child welfare systems

These colonial frameworks disrupted Indigenous governance, displaced communities, and fractured traditional systems of care, directly harming generations.

¹ Indigenous refers to First Nations (status & non-status), Inuit, and Métis.

The Disconnect: Mainstream Health Systems and Colonial Legacy

Health challenges faced by Indigenous communities are unique, shaped by:

- Intergenerational trauma
- Ongoing colonial practices
- Cultural disconnection

Mainstream healthcare systems, often devoid of Indigenous lived experience and cultural understanding, are:

- Ill-equipped to deliver responsive care
- Unable to embed Indigenous knowledge systems, healing models, and values

Without authentic cultural integration, services risk being **ineffective or even harmful**, perpetuating distrust and underutilization.

The Solution: Indigenous-Led Health Services

Indigenous-led health care addresses these gaps through community-grounded, culturally relevant services. Evaluations from Indigenous Primary Health Care Organizations (IPHCOs) highlight:

- Increased accessibility
- Enhanced cultural safety
- Tangible health outcome improvements

Crucially, **trust** is foundational. When care is rooted in community leadership, it fosters:

- Greater engagement
- Continuity of care
- Empowerment and healing

The Broader Impact: Healing from Colonial Harm

"IHIH" represents more than service delivery – it's an act of **reclamation and resistance**. Today's **social determinants of health**—such as:

- Poverty
- Systemic racism
- Inadequate housing
- Institutional mistrust

...are all symptoms of historical disempowerment and ongoing colonial violence.

A Model for Reconciliation: Wholistic Health and Wellbeing

Through the **Model of Wholistic Health and Wellbeing**, IPHCOs provide care that is:

- **Interdependent**, acknowledging mind, body, spirit, and community
- **Culturally grounded**, recognizing ceremony, language, and land as part of healing
- Aligned with **reconciliation**, by restoring Indigenous authority and vision in healthcare

Key Principles of Indigenous Health in Indigenous Hands

1. Indigenous Governance

- a. **75% Indigenous Representation:** Organizations recognized as Indigenous-governed must have at least 75% Indigenous representation on their Boards of Directors, ensuring that leadership is authentically community-rooted.
- b. **Community Authority:** Indigenous communities hold full decision-making authority over health policy, service delivery, and priority-setting—asserting sovereignty in health.
- c. **Upholding Rights:** Governance structures are designed to respect and implement Treaty rights and the principle of self-determination, not merely accommodate them.

2. Indigenous Decision-Making

- a. **Across All System Levels:** Indigenous voices guide decisions from the ground up—not only in services but also in policy, funding, program design, and system evaluation.
- b. **Dismantling Barriers:** Institutions must actively remove colonial constraints such as:
 - i. Jurisdictional disputes
 - ii. Colonial funding models
 - iii. Lack of Indigenous governance recognition
 - iv. **Embedded Self-Determination:** Indigenous communities lead agreements, and their legal, cultural, and governance systems are formally acknowledged and respected within health structures.

3. Recognition of Traditional Knowledge and Healing

- a. Integrated Healing Practices: Indigenous medicines, ceremonies, and healing models are incorporated into care plans by default—unless explicitly declined.
- b. Embedded Knowledge: Elders, Healers, and Knowledge Keepers/ HOLDERS are recognized as vital health team members, not external consultants.
- c. Funded and Central: Traditional Healing is not an optional add-on—it is resourced, respected, and integral to wholistic care delivery.

4. Community Capacity Building

- a. Mentorship and Role Models: Indigenous professionals, including Traditional Wellness Practitioners, are supported through culturally anchored leadership pathways and mentorship.
- b. Community-Driven Development: Training, staffing, and operational planning are directed by community priorities, not top-down mandates.
- c. Long-Term Investment: Funding and support focus on sustainable Indigenous leadership, avoiding short-lived or extractive programming.

5. Culturally Appropriate Services

- a. Cultural Safety in Practice: Health spaces reflect Indigenous languages, symbols, stories, and design, creating environments of comfort and recognition.
- b. Community-Centric Design: Services are tailored to local realities and designed by Indigenous communities, ensuring cultural and contextual relevance.
- c. Blended Models of Care: Indigenous and Western health approaches are offered side-by-side and valued equally, with mutual respect.
- d. Mandatory Training: All non-Indigenous staff must complete ongoing, mandatory cultural safety education, reinforcing accountability.

6. Equitable Funding

- a. Direct and Sustainable: Funding flows directly to Indigenous organizations without intermediaries, ensuring community control.
- b. No Forced Competition: Indigenous communities should not compete for essential funding to access wholistic, culturally appropriate services.

- c. Support for All Care Models: Funding supports both clinical care and Traditional Healing programs equally.
7. Locally Defined Priorities: Indigenous communities set their own funding priorities based on locally identified wholistic health needs.

Understanding What Indigenous Health in Indigenous Hands is Not

Despite growing recognition of Indigenous rights, many organizations continue to **misrepresent or undermine** Indigenous Health in Indigenous Hands. These missteps perpetuate colonial power dynamics, limit self-determination, and fail to deliver culturally safe, effective care.

The following examples illustrate what **IHH is not**:

1. Colonial and Mainstream-Controlled Approaches

- a. Imposing Western health models without incorporating Indigenous governance, healing, or knowledge systems
- b. Delivering programs *for* Indigenous Peoples without Indigenous leadership or control
- c. Designing services from the outside in, rather than with community leadership and consent

2. Tokenism and Symbolic Inclusion

- a. Hiring Indigenous staff for optics, while excluding them from decision-making power or resourcing
- b. Creating roles that lack leadership pathways, influence, or structural impact
- c. Using land acknowledgements, flags, or ceremonies without meaningful institutional change

3. Short-Term or Misallocated Funding

- a. Diverting Indigenous-specific funds to non-Indigenous institutions
- b. Relying on short-term, project-based grants that do not build sustainable care
- c. Underfunding Indigenous-led services, while supporting non-Indigenous “parallel” programs

4. Surface-Level or Extractive Engagement

- a. Engaging communities minimally (e.g., one-off meetings) to check boxes or fulfill funding criteria
- b. Showcasing images or voices of Indigenous people for PR, without sharing power or outcomes
- c. Declaring “partnerships” after delivering a single workshop or consulting an Elder once
- d. Designing programs without community validation or leadership

5. Non-Indigenous Control Over Indigenous Health

- a. Including Indigenous people on boards without actual power-sharing
- b. Making decisions about Indigenous health without Indigenous governance
- c. Ignoring or violating Treaty rights and self-determination principles in governance or policy

6. Exclusion of Traditional Healing

- a. Failing to integrate Traditional Healing practices, medicines, ceremonies, or practitioners
- b. Expecting Indigenous clients to adapt to Western models of care
- c. Creating unsafe, sterile, or culturally dissonant spaces for Indigenous patients

7. Systemic Racism and Exploitation

- a. Using Indigenous identity to enhance funding or institutional image without delivering culturally safe care
- b. Failing to acknowledge or respond to anti-Indigenous racism in healthcare systems
- c. Designing policies that create bureaucratic barriers to culturally safe and appropriate care

8. Undermining Indigenous Health Systems

- a. Recruiting Indigenous staff away from Indigenous-led organizations without reciprocal investment or capacity-building
- b. Developing competing programs instead of supporting existing Indigenous-led services

- c. Forcing compliance with policies that restrict Indigenous autonomy in health system design

Sharing Space in a Good Way²

Supporting IHIH requires more than good intentions – it demands a sustained commitment to authentic relationships, systemic change, and the recognition of Indigenous governance, knowledge systems, and leadership. While mainstream organizations may continue to serve Indigenous clients, this must occur through respectful and reciprocal partnerships that centre Indigenous authority, uphold community-defined priorities, and do not replicate colonial power structures. Honouring IHIH means moving beyond surface-level actions to intentionally align practices, policies, and decision-making with Indigenous-led approaches to health and wellness.

Conclusion: Essential, Not Optional

Indigenous-led care isn't just more effective – **it is essential** to achieving true health equity, reconciliation, and transformation. By putting **Indigenous health in Indigenous hands**, Canada takes a vital step toward healing and justice.

² Refer to IPHCC's *Walk with Us: What are authentic allies to Indigenous Peoples in healthcare and what do they do (and not do)* to learn more about what sharing space in a good way looks like in practice.

Appendix A: Indigenous Primary Health Care Organization Examples

Mushkegowuk Health

Mushkegowuk Health is governed by the Mushkegowuk Council, a political and territorial organization representing seven First Nations in Northeastern Ontario. Under the guidance of the communities it serves, Mushkegowuk Health designs and governs its health systems with direct input from Youth, Elders, Knowledge Keepers, and community members. This is a model of Nation-to-Nation governance that stands in contrast to top-down, externally imposed structures. Community voice drives healthcare priorities – programs such as land-based healing, Traditional Wellness, and patient navigation have emerged from community-identified needs, not external mandates or policy pressures.

The governance framework is deeply rooted in Mushkegowuk Cree cultural values – respect, wholistic wellbeing, spiritual and ancestral connection, and a strong relationship to the land. These values inform not only healthcare delivery, but also decision-making processes, program development, and partnership formation. Mushkegowuk Health exemplifies Indigenous Health in Indigenous Hands through its community-led, culturally grounded governance model – one that centres Traditional Knowledge, responds to local priorities, and advances culturally safe, community-driven care.

Mamaway Wiidokdaawin

Mamaway Wiidokdaawin is a leading example of Indigenous Health in Indigenous Hands. Managed by the Barrie Area Native Advisory Circle (BANAC) with guidance from the Indigenous Health Circle, Mamaway operates under a governance structure that is both community-led and culturally grounded. Health services are developed in alignment with Traditional Knowledge and local healing practices and remain responsive to the evolving needs of the Indigenous communities it serves.

Mamaway's model prioritizes wholistic, culturally safe primary healthcare that integrates Traditional Healing alongside Western practices. The organization exemplifies community-driven governance, ensuring that Indigenous voices are embedded in decision-making, service design, and evaluation. Mamaway Wiidokdaawin has been formally recognized as a “Best Practice” Organization by the Registered Nurses’ Association of Ontario (RNAO) – a reflection of its commitment to blending Indigenous knowledge with evidence-based approaches, and to delivering the highest standards of care grounded in trust, relationships, and culture.