



# NE' IKAANIGAANA TOOLKIT

'All Our Relations'  
Toolkit

Guidance for  
Creating Safer Environments for Indigenous Peoples



INDIGENOUS  
PRIMARY  
HEALTH CARE  
COUNCIL

**WE ARE  
THE PINE TREES  
THE FLOWERS  
THE WATER  
THE ANIMALS  
AND THEY  
ARE US**

## ACKNOWLEDGEMENTS

We would like to thank all our members and community people for their resilience and continued advocacy for health equity for Indigenous Peoples. We would particularly like to thank Maamwesying North Shore Community Health Services for the tireless effort they put into developing their Anti-Racism Implementation Framework which informed the building blocks for this guidance. Together, we can make a difference.

We also thank Matthew Stevens, an Anishinaabe Knowledge Keeper, and member of the IPHCC Knowledge Circle, who graciously provided the IPHCC with the name for our toolkit. Ne' iikaanigaana (knee-kah-nih-gih-nah) is an Anishinaabe word that means 'all our relations', with a more literal meaning of 'seeing ourselves reflected in creation. We are the pine trees, the flowers, the water, the animals, and they are us.'

Chi Miigwetch to all!

## ABOUT IPHCC

The Indigenous Primary Health Care Council (IPHCC) is a new Indigenous- governed culture-based and Indigenous-informed organization. Its key mandate is to support the advancement and evolution of Indigenous primary health care services provision and planning throughout Ontario. Membership currently includes Aboriginal Health Access Centres (AHAC), Aboriginal governed, Community Health Centres (ACHC), other Indigenous governed providers and partnering Indigenous health researchers and scholars.

## IPHCC MISSION

We promote and develop models of Indigenous primary health care provision that support the health and well-being of Indigenous peoples.

We develop Indigenous solutions to transform Indigenous health outcomes by reclaiming our cultural identity and preserving our cultural traditions, education, advocacy and promoting our inherent rights of nationhood.

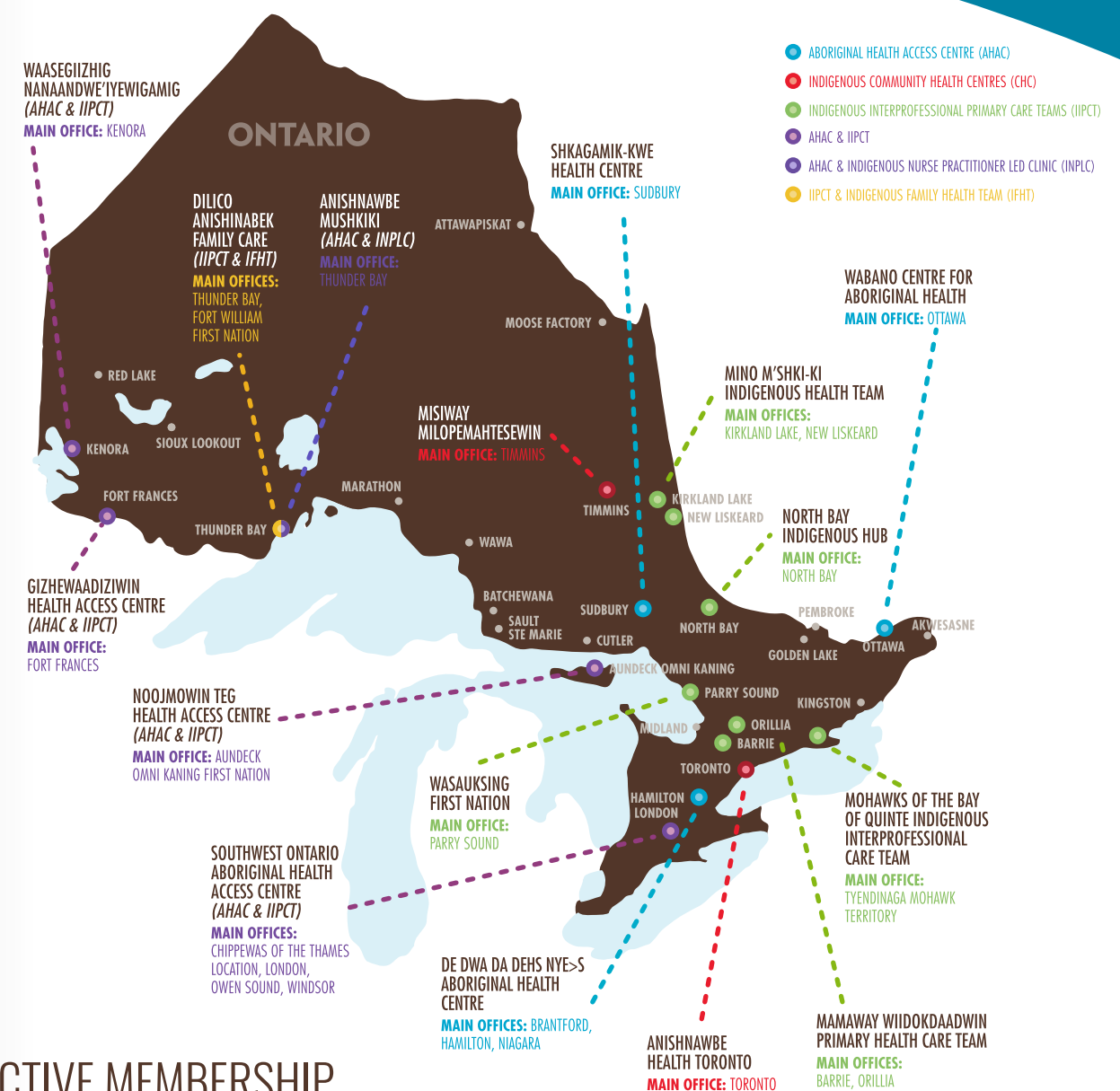
## IPHCC VISION

We are Indigenous health care organizations that operate in cities, First Nations, rural and remote areas across Ontario, improving health care disparities for the people.

Like historic alliances, such as the Council of Fires, we have united, for the sole purpose of working collaboratively, collectively, and deliberately so that the health and well-being of the Indigenous People in Ontario, across each generation, is restored and assured. Our Model of Wholistic Health and Wellbeing places culture at the center as we believe our culture effects all aspects of healing; Emotional, Mental, Physical and Spiritual.

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## ACTIVE MEMBERSHIP

# INTRODUCTION

This toolkit is designed specifically to support and guide mainstream organizations on their journeys towards creating safer environments for Indigenous People. Gathering knowledge through our own journey is ongoing and we will continue to update this guidance as we learn new lessons.

The purpose of the Ne’iikaaniganaa Toolkit (Anishinaabe word for ‘All Our Relations’) is to educate workers at all levels within the health care system and equip them with tools and resources that can effectively move organizations towards addressing implicit bias and discrimination and strengthening equity and inclusion for Indigenous Peoples. The toolkit also provides tips and strategies for supporting Indigenous communities during COVID.



## INTENT AND PURPOSE OF THE TOOLKIT

Indigenous participation refers to the inclusion of Indigenous peoples in culturally safe, respectful ways. Evidence has shown that the health care system, and institutions within it, are not always the safest places for Indigenous Peoples to access and participate in, as both service providers and service receivers. We reflect on the stories of Michelle Labrecque, Brian Sinclair, Joyce Echaquan, and many more, as examples of how a system meant to protect and heal, has resulted in harm.

Systemic racism occurs when an institution or set of institutions working together creates or maintains racial inequity (Ontario, 2020). Although there may be some individuals that hold negative perceptions towards the Indigenous population, the focus for combatting systemic racism should be on both individual and organizational change. While some elements of the cultural safety approach in this guidance include addressing individual level bias, it is also essential that institutions reflect on organizational policies and structures that unintentionally perpetuate discrimination and exclusion.

Evidence shows that systemic racism is often caused by hidden institutional biases in policies, practices and processes that privilege, or disadvantage people based on race (Ontario, 2020). It can be the result of doing things the way they have always been done, without considering or recognizing how they impact particular groups differently.

To genuinely strive towards creating safer environments for Indigenous participation as both service providers and service receivers, it is essential that organizations acknowledge that systemic racism exists and actively confront the unequal power dynamic between groups and the structures that sustain it (Ontario, 2020). To do this work, organizations must consistently assess the systems they have in place through the implementation of outcome monitoring to ensure fairness and equity.



## BACKGROUND

Racism, including systemic racism within the health care system, is a significant contributor to the lower life expectancy and poorer health outcomes experienced by Indigenous Peoples. Racism is not limited to interpersonal issues during the provision of health services; rather, structural racism is evident throughout the Canadian health care system. Structural racism exists in the policies and practices of the Canadian public health system and other sectors, which has profound negative impacts on access to health care and health disparities. Racial discrimination in the health care system, as well as broader Canadian society, has direct physiological effects on health. Racial discrimination negatively impacts health through the:

- Direct effects of stress arising from interactions that are perceived to be discriminatory
- Denial of access to resources such as health care that fits with peoples’ needs
- Internalization of stigma and discrimination
- Vigilance that is required in anticipation of negative treatment, which leads to stress and often tense social interactions
- Avoidance of accessing the health care system due to negative past experiences

To combat racism successfully, it takes a collective effort to acknowledge it exists and design strategies that promote equity and inclusion.

# PRINCIPLES

The following principles have been applied in the development of this guidance:

- Inclusion has been embraced as a core competency and embedded within the organizational culture at all levels
- Indigenous self-determination and governance processes will be respected and overtly supported wherever possible
- Indigenous laws and governance systems are recognized & treated as equal entities
- Approaches are strength-based and inclusive of Indigenous worldviews
- There is a recognition of diversity and uniqueness within the Indigenous population
- Truth and Reconciliation Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples are recognized and meaningfully actioned across the organization
- Relationships are built upon trust and mutual respect
- Engagement is purposeful and reciprocal
- The growth and development of Indigenous Peoples is acknowledged and promoted at all levels of the organization
- Human rights and responsibilities are promoted and respected. Employees are free of concerns related to basic equity issues
- Indigenous clients/patients feel safe receiving services across the organization
- Traditional healing methods and medicines are accepted and promoted among all practitioners within the organization.
- The organizations value and respect Indigenous employees, volunteers, and learners' cultural identity.



# STRATEGIES TO CREATE SAFER ENVIRONMENTS FOR INDIGENOUS PEOPLE



## STRATEGY: COMMITMENT

*Demonstrate organization-wide commitment to inclusion, equity and anti-racism*

- Make a public commitment to addressing Indigenous-specific racism and creating greater cultural safety for Indigenous patients, staff, health care providers, and learners.
- Develop and adopt a definition of Indigenous cultural safety to guide the organization's efforts and to benchmark and measure progress.
- Anti-racism and cultural safety become the responsibility of all staff by including cultural safety indicators in the performance management process.
- Human resource strategies include the recruitment, development, and advancement of Indigenous peoples across all levels and departments of the organization.
- Develop and adopt an Indigenous-specific anti-racism, equity, and inclusion vision and mission statement (see Sample Vision Statement).
- NOTE: IPHCC is developing an Organizational Indigenous Cultural Safety framework, self-assessment checklist and activities to enhance ICS.



## STRATEGY: EDUCATION

*Provide ongoing opportunities for staff to strengthen and renew their understanding of cultural safety and Indigenous health*

- Cultural safety and anti-racism training is mandatory for all staff, including but not limited to, Board of governors, physicians, health care providers, allied health, administrators, paramedics, learners, security, and volunteers within the organization.
- Initiate training at the leadership level to lead by example and demonstrate its importance.
- Foundational Indigenous cultural awareness training topics should include major events and policies that have shaped health care experiences for Indigenous people, such as:
  - Residential Schools, Indian Day Schools, Indian Hospitals, Sixties Scoop, Millennial Scoop, Indian Act, Forced Sterilization, Murdered and Missing Women, Jordan's Principle, current day systemic racism (within health and the justice systems), and historical and current factors contributing to the high number of children in care.
- Create a training and education plan that extends beyond foundational Indigenous cultural awareness training. Identify and prioritize further training that is relevant to your organizational area (e.g., Indigenous contact tracing, Indigenous bioethics curriculum).
- Part of your training and education plan should include prioritization areas within your organization in which Indigenous communities and people have identified as causing the most harm (often these include emergency departments, mental health and addictions, maternity, and social work).
- Provide ongoing opportunities for staff to participate in training and education that may include but is not limited to:
  - Online curriculum, guest speakers, lunch and learns, workshops, taking workers out into the community.



## STRATEGY: RELATIONSHIPS

*Consistently build and strengthen sustainable relationships with Indigenous communities and organizations*

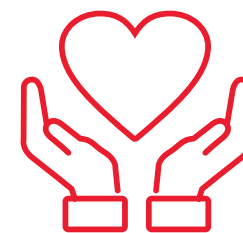
- Collaborate with Indigenous communities and organizations to identify and establish reciprocal learning and engagement opportunities. Leadership should support and encourage staff to seize opportunities and respond favourably to welcoming invitations from communities to participate in community events or cultural activities.
  - Determine with Indigenous partners who is responsible for sharing cultural protocols prior to participating in cultural activities and community events (e.g., certain protocols required for ceremonies such as sweat lodges).
  - Have staff go out into communities (go to the people) to see how community services are delivered and create an environment where they are comfortable asking questions.
  - Participate in cultural events to help educate and reduce stigma and include Indigenous peoples on the planning tables for such events.
  - Celebrate National Indigenous Peoples Day (June 21st ) and Orange Shirt Day (September 30th ) and have an Indigenous Advisory Circle direct the activities taken.
- The organization should consistently reciprocate by inviting Indigenous communities and organizations to learning events and opportunities. For example, a relevant professional development session that their Indigenous counterparts might benefit from, the organizations should reach out to their Indigenous counterpart to share learning opportunities and determine interest in participation and/or co-hosting (if applicable).
- When organizing or participating in community health career fairs, ask Indigenous community agencies to have booths.



## STRATEGY: INDIGENOUS PARTNERSHIP

*"Nothing for us, without us" - Indigenous partners are included at all stages of planning; from concept to implementation*

- When initiating strategic and/or operational planning that potentially includes Indigenous foci, ensure engagement with Indigenous partners occurs up front and is not an after thought. Do not presume to know what the Indigenous community would benefit from. Invite them to be an integral part of the planning process from the initial stages.
- Be willing to take the lead from communities - they will specify the level of involvement they wish to have in different initiatives.
- Ask for input at the early planning stages of quality improvement projects to ensure they are inclusive of Indigenous voices.
- Co-develop agreements with your Indigenous partners that indicate how the organizations intend to work together.
- Develop implementation plans to support work that is described within agreements. Ensure that implementation plans include:
  - Clear, co-developed indicators.
  - Measurement strategies to support data collection.
  - Evaluation plans to reflect upon the partnership.
- When designing and implementing Indigenous- specific programs and services or programs and services that are targeted at Indigenous populations, reach out to key partners such as:
  - Aboriginal Health Access Centres, Interprofessional Indigenous Primary Care Teams, Indigenous Family Health Teams, Indigenous Nurse Practitioner Led Clinics, Indigenous Community Health Centres, and First Nation Health Services closer by. These settings have access to physicians, nurses, traditional health practitioners, and allied health services.
  - Additional non-health related agencies that may include Ontario Federation of Indigenous Friendship Centres (OFIFC), Métis Nation of Ontario (MNO) local chapters, and Inuit associations.



## STRATEGY: WHOLISTIC CONTINUUM OF CARE

*Implement an inclusive and wholistic continuum of care to support Indigenous needs from beginning to end of service provision*

- Develop and implement opportunities to gather timely and actionable input from Indigenous leaders and community members from your catchment area. Ensure that this input drives the development and implementation of Indigenous-specific programs and services.
- Where possible, hire Indigenous staff to lead programs and services for Indigenous people and communities.
- Appreciate and communicate to staff, health care providers, and organizational leaders that Indigenous people have choices in the health system that support their wellness journey. For example, provide access to Indigenous cultural service providers and traditional healers as requested.
- Involve Indigenous stakeholders in the selection of training providers for services pertaining to Indigenous peoples.
- Invite and include front line workers where possible, to:
  - Weekly rounds where appropriate, including traditional healers as discussions could inform of traditional practices that can be integrated into practice to provide a wholistic approach to care.
  - Discharge planning meetings, especially from a community perspective to ensure appropriate services are in place to support transition needs.
  - Care coordination to help prepare for the patient to be released, not just from a physical perspective but emotional and mental preparation and consideration for any social determinants of health supports.

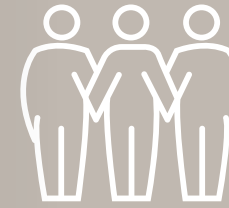




## STRATEGY: **SELF-DETERMINATION**

*Respect and support Indigenous people and communities' right to self-determination*

- Respect Indigenous communities' right to self-determination and their governance activities.
- Acknowledge that communities set the direction for their own wellness paths. Be a willing partner to support their direction.
- Commit to promoting and supporting Indigenous Health in Indigenous Hands wherever and whenever possible.
- Develop ways to understand community political systems and knowledge about how Indigenous communities make decisions (within First Nations, urban, rural; Métis; and Inuit)
- Complete an environmental scan to understand which Indigenous communities and agencies are within your catchment area including, but not limited to:
  - First Nation reserves, Aboriginal Health Access Centres, Indigenous Interdisciplinary Primary Health Care Teams, Indigenous Family Health Teams, Ontario Federation of Indigenous Friendship Centres. Métis Nation of Ontario chapters, and Inuit Associations and Affiliations
- Understand and appreciate the local treaties, ensuring that people know what this understanding and appreciation means and why it is important. This should be an ongoing appreciation that extends above and beyond Treaty Recognition Week, Indigenous history month, etc.
- If implementing or utilizing a land acknowledgement prior to significant meetings and events, ensure that it is accompanied by an educational component so that those listening to the land acknowledgement understand the purpose and role of and acknowledgements in reconciliation.
- Ensure sincerity and meaningfulness of land acknowledgements when delivered, and that they are not mechanical and habitual statements with little meaning because they have been heard countless times.
- When determining whether a land acknowledgement is necessary or not, consider how it relates to the agenda of the meeting and topics for discussion.
- Rather than asking for Indigenous people or agencies to develop or deliver a land acknowledgement, it is more meaningful if the non-Indigenous agencies lead the land acknowledgement. This is a small act that organizations can take towards reconciliation.



## STRATEGY: **CARE IN COMMUNITY**

*Provide care as close to community as possible*

- Wherever possible, move health-based services into communities to leverage the existing:
  - Trusting relationships with providers and spaces for providing care.
  - Language and translation support that are commonly spoken by the community.
  - Integrated forms of healing (recognizing that social determinants cannot be delivered in isolation)
  - Culturally safe environments (where equity and inclusion are cornerstones to the services delivered).

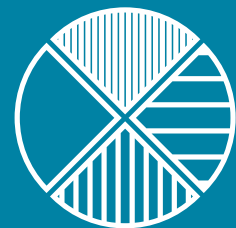


## STRATEGY: **A BLENDED MODEL**

*Incorporate both western and Indigenous health practices as equal contributing entities*

- Deliver care from a wholistic framework that addresses the physical, mental, emotional, and spiritual needs of an individual and family.
- Implement a training process where health care practitioners become educated about traditional approaches to healing and medicines.
- Collaborate with traditional healers for utilization, ensuring that the use of traditional medicines is considered by practitioners in your institutions when requested by Indigenous clients.
- Implement processes that support the western medical model to embrace traditional approaches to healing, which may include, but is not limited to:
  - Developing referral processes to & from traditional services and ensuring practitioner use.
  - Establishing client care pathways and ensuring practitioner use.
- Designate a space within the organization where individuals can freely use traditional medicines and participate in ceremony. Ensure appropriate ventilation systems are in place for smudging and other ceremonies. Outline and communicate to practitioners that Indigenous clients have an expectation and right to receive both traditional and western medicine if requested. Implement an evaluation process to ensure this expectation is being met (e.g., include questions on client experience survey).

- Ensure relevant departments within the organization are aware of traditional resources that can be accessed upon request from Indigenous clients (e.g., develop and make readily available a contact list of cultural service providers/traditional healers).
- Determine ways to second cultural service providers/traditional healers to support work internally within your institutions (e.g., find out if Indigenous organizations have this service available locally).



## STRATEGY: CULTURE

*Provide culturally connected care*

- Recognize that Indigenous peoples vary in their journey towards reclaiming their culture and may not want to engage in cultural practices, traditional healing, or traditional foods.
  - First Nations, Inuit, and Métis Peoples have unique and varied cultures. Recognize that cultural practices and ceremonies are different among these groups and avoid making assumptions about cultural expectations for your organization by learning about your local communities. For example, Sundance Ceremonies are typically Plains First Nations from Western Canada and not often practiced in other areas.
- Support the use of Indigenous languages (e.g., provide translated health education materials and signage).
- Display artwork from local Indigenous artists prominently in the organization.
- Recognize that not all services need to be delivered by your organization's staff. This is where community partnerships may play a role.
- Recognize the sacred family and community networks of support (family and connections are beyond blood), ensuring that traditional family roles and connections are respected.
- Encourage traditional foods by:
  - Asking clients if they would like to engage in traditional practices (which includes food preferences).
  - Supporting families to bring in traditional foods whenever possible.
  - Promoting the use of traditional foods whenever possible in meal and menu planning.
  - Ensuring dietitians receive appropriate training on traditional foods so that they can support healthy eating from a cultural perspective.



## STRATEGY: JORDAN'S PRINCIPLE

*Ensure you are operating under Jordan's Principle*

- If you ever run into an issue where jurisdictional ambiguity exists:
  - Provide care and work out the jurisdictional issues later.
  - Do not allow situations where First Nations children go without care because of jurisdictional squabbling (e.g., between federal, provincial, public health departments, etc.).



# TOOLS

TO CREATE SAFER ENVIRONMENTS  
FOR INDIGENOUS PEOPLE

## SAMPLE VISION STATEMENT, PRINCIPLES AND ACTIONS

Indigenous Peoples are more likely to access care when they need it, if they feel safe and respected and the care that they receive is in line with their wellness beliefs, goals and needs. (Insert organizational name) recognizes the significant health gaps that continue to exist for Indigenous Peoples and the importance of providing culturally safe, responsive, high quality, and trauma-informed care. We will do this by implementing equity-based policies, processes, and procedures that support the full inclusion of Indigenous Peoples in the health care system that is free of discrimination.

As an organization, we endorse the following equity principles:

- 1** We recognize that racism and discrimination exist towards Indigenous Peoples in Canadian society, in the health care system and its institutions, which therefore affects (insert organization name) itself.
- 2** We recognize and respect the unique identities and diversity of Indigenous Peoples and the need for a distinct approach to equity and participation measures for Indigenous Peoples.
- 3** We recognize the role that the health care system has played in creating and perpetuating harms for Indigenous Peoples, and the impact that these harms have on health behaviours and health status.
- 4** We recognize our role in combatting Indigenous-specific racism in the healthcare system, in (insert organization name) itself and will ensure that mechanisms for handling issues of racism and discrimination are in place that enable personal and organizational accountability.
- 5** We recognize the need for health care providers and staff to reflect on their own biases and assumptions, and we strive to address power imbalances between health care providers, administrators, leadership, decision makers, patients/clients, and communities.
- 6** We assert our commitment to creating and implementing specific measures that effectively combat Indigenous-specific racism and discrimination at all levels of our organization and to engage in actions to proactively eliminate racism and discrimination.
- 7** We strive to create an environment that supports the wellbeing of Indigenous patients/clients, health care providers, staff, and learners.
- 8** We recognize and acknowledge that cultural service providers and traditional healing practices are legitimate methods of health service provision and are to be valued and treated commensurable to westernized medicine and health care providers.
- 9** We recognize and acknowledge the importance of incorporating wholistic care (physical, spiritual, mental, and emotional) needs into the programs and services we deliver.

- 10 We recognize and acknowledge the importance of developing and maintaining trusting, respectful, purposeful, and reciprocal relationships with Indigenous populations & communities.
- 11 We recognize, acknowledge, and respect Indigenous self-governance and the right of Indigenous Peoples to lead the development of actionable strategies and their involvement from the beginning in decision-making processes with a commitment to reciprocal accountability.

As an organization, (insert organization name) will therefore:

- 1 Actively identify and challenge individual and systemic acts of Indigenous- specific racism and discrimination within our organization and the services we deliver.
- 2 Equip trustees, executives, managers and all employees with knowledge and skills to recognize and challenge Indigenous-specific racism and discrimination within our organization and the services we deliver.
- 3 Ensure that trustees, executives, managers, and all employees are responsible and accountable for challenging Indigenous-specific racism and discrimination within our organization and the services we deliver.
- 4 Foster respect daily, regardless of racial or ethnic background, amongst trustees, executives, managers, and all employees.
- 5 Ensure that any acts of racism or discriminatory treatment against Indigenous people that are reported are investigated, and the individual who made the report is supported throughout the process and protected against reprisals.
- 6 Ensure that executive leadership and management team members understand their legal responsibilities as “directing minds (senior officials)” to act immediately when a situation of potential racism and discrimination is witnessed or reported.
- 7 Continually monitor and assess progress towards addressing Indigenous- specific racism and discrimination within our organization and the services we deliver.
- 8 Provide Indigenous cultural safety and humility training to all trustees, executives, managers, and all employees to create safer environments for Indigenous patients/clients, health care providers, staff, and learners.
- 9 Actively evaluate the success of equity and anti-racism progress to ensure lessons learned are documented, promising practices are highlighted, and areas of improvement are identified so that other organizations can benefit from the learnings.
- 10 Develop and implement policies, procedures, training, and structures that advance Indigenous patient/client safety and satisfaction to ensure the best health care experience possible.

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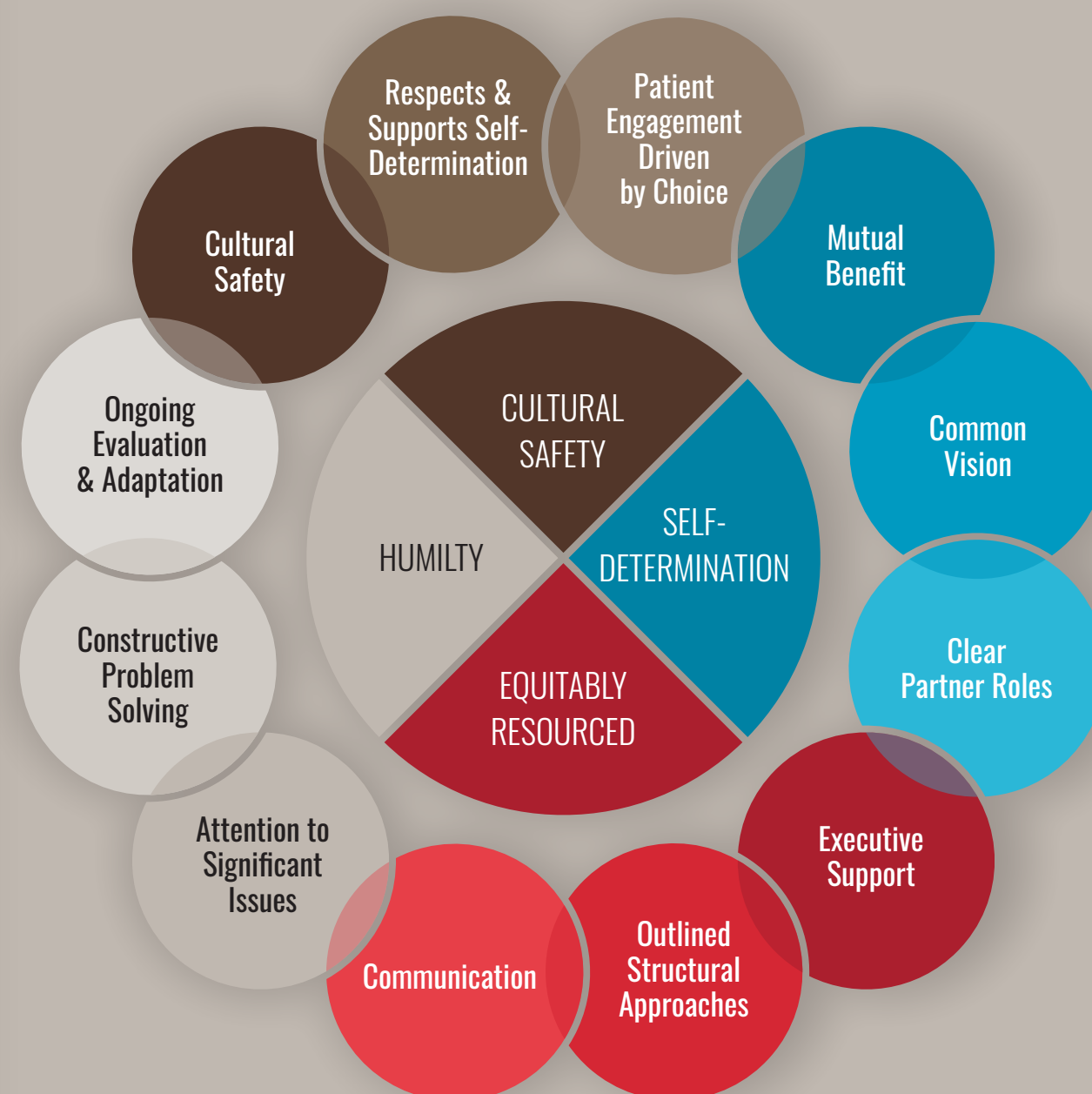
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## WHAT A SUCCESSFUL PARTNERSHIP LOOKS LIKE

Success means different things to different communities. Developing meaningful partnerships are key when working with Indigenous communities, organizations, and people. Remember there is a great deal of diversity in Indigenous communities, and it is essential to understand who you are working with. Establishing elements of a successful partnership is a good way to begin a relationship. Be clear and up front about intentions. Communities will guide you in discussions & it is important to take the lead from them. The model below describes key elements for consideration.



# ELEMENTS OF A SUCCESSFUL PARTNERSHIP

## CULTURAL SAFETY

- Establishing an environment that is free of racism and discrimination.
- Partners constantly assess and review organizational structures to determine if the environment is inclusive of the Indigenous population.
- Patient/client satisfaction is measured, and actions are taken to improve outcomes.
- Develop & implement policies, procedures, trainings, etc. that advance cultural safety across the organization for patients/clients, staff, health care providers, and learners.
- Recognize and respect the inclusion of traditional forms of wellness and healing into the care environment.

## HUMILITY

- Ability to reflect on one's own culture and privilege in relation to other people and communities.
- Recognize that there are other ways of looking at things.
- Recognize that Indigenous communities are the experts in their own experiences, and you can follow their lead. Following can be a form of leadership.

## SELF DETERMINATION

- Be respectful of the right to Indigenous self-determination.
- Respect that there is diversity in Indigenous communities (First Nation on-reserve, urban, rural; Métis; and Inuit).

## EQUITABLE RESOURCING

- Recognize the different resources available to Indigenous organizations compared to mainstream organizations and account for these in the partnership development process. Resources can include back office support, front-line staff, leadership, management, space, training, technology, etc.

## MUTUALLY BENEFICIAL

- Utilizing a partnership evaluation framework, both partners should evaluate annually to ensure the partnership is effective for both parties and the benefits of the relationship are reciprocal.
- Be respectful of each other. Trust is measurable through actions. Flexibility, open communication, and transparency are essential.
- Collaboratively build a relationship that is founded on mutual respect, with each partner expressing commitment to agreed upon principles through a formal partnership agreement.
- The partnership will evolve over time as circumstances warrant and this agreement will be reviewed annually and revised when and if warranted, by both parties.
- Ensure both partners validate the partnership from a similar lens. Do both partners view the partnership as beneficial?

## COMMON VISION

- The partnership goals are clearly defined and outlined in the partnership agreement.
- Processes are identified that will ensure fewer Indigenous patients/clients are falling through the cracks within the hospital in-patient, out-patient, and discharge systems.
- Clear patient/client pathways are mapped out to help ensure smooth transitions between organizational and community services.
- Both parties are working together in collaboration with patients, families, and communities to achieve a common purpose.
- There is evidence of improved health outcomes and increased client satisfaction overall.

## CLEAR ROLES

- Roles, responsibilities, and expectations of each partner are clearly laid out through partnership agreements to help ensure that everyone is on the same page.
- Each partner understands what they are accountable for and to whom.
- Recognize the complementary and distinct expertise, responsibilities, mandates, and accountability structures of each party.
- Review the identified role, responsibilities, and expectations on a quarterly basis to ensure both parties are consistently meeting what is expected of them and develop a corrective action plan if expectations are not being met by either party.



SUPPORT FROM THE TOP

- The organization’s Board and Executive are overtly supportive of the partnership.
- They are engaged in the relationship: For example, a member of the senior leadership team sponsors the partnership, leading, monitoring, and actively contributing to initiatives.
- Indigenous organizations are actively involved in the strategic planning process (plan with, not plan for). Engage at the onset in a meaningful way and include in the development of workplans and quality improvement projects that involve an Indigenous focus.
- They participate in joint meetings with Indigenous leadership to hear about any concerns and are committed to working with the community to address anything identified.

STRUCTURE

- Both partners lend efforts to coordination of the partnership, through structures such as steering committees, action committees, working groups, advisory circles, and a meeting schedule.

OPEN COMMUNICATION

- Frequent and transparent communication among the partners.
- Information is shared freely and honestly. The partners speak truthfully to each other to help ensure on-going commitment.
- Communication needs to be regular and action items are documented for follow-up.

FOCUS ON SIGNIFICANT ISSUES

- Identify areas that require action immediately and work together to ensure it is acted upon and communicated to all relevant parties.

CONSTRUCTIVE PROBLEM SOLVING

- Difficulties or challenges that arise are reviewed and responded to and are viewed as opportunities to mutually resolve to build a better relationship.

ONGOING EVALUATION

- Evaluate the relationship and amend accordingly should issues arise.
- Celebrate successes together as we are learning and supporting one another to do better for our Indigenous patients/clients and their families/caregivers.

RESPECT FOR PATIENT CHOICE

- Respect for individual patient/client choice is supported by both parties.
- Both parties will work together to support the patient/client experience.
- All care delivered will be patient/client-centred and guided by their input.

KEY DEFINITIONS

As defined February 2021

TERM	DEFINITION	SOURCE
Indigenous Peoples	‘Indigenous peoples’ are a collective name for the original peoples of North America and their descendants. Often, ‘Aboriginal peoples’ is also used. The Canadian Constitution recognizes three groups of Aboriginal peoples: First Nations, Inuit, and Métis. These are three distinct peoples with unique histories, languages, cultural practices, and spiritual beliefs.	<a href="#">Government of Canada</a>
Health Care Providers	A regular health care provider is defined as a health professional that a person sees or talks to when they need care or advice about their health. This can include a family doctor or general practitioner, medical specialist, or nurse practitioner.	<a href="#">Government of Canada</a>
Anti-Indigenous Racism	Anti-Indigenous racism is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous Peoples within Canada. It includes ideas and practices that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada.	<a href="#">Ontario Health – Building a Framework Plan to Address Equity, Inclusion, Diversity &amp; Anti-Racism</a> <a href="#">6 CSI Consultancy Inc. © 2020</a>
Well-being	Is defined as a balance across physical, spiritual, emotional, and mental aspects of the self. Well-being is integrated and inclusive of all aspects of being and is reflective in the social determinants of health.	<a href="#">Tools of Resiliency</a>

TERM	DEFINITION	SOURCE
Wholistic Care	Indigenous health centres share a common Model of Wholistic Health and Wellbeing. This model focuses on the restoration and rebalancing of the physical, mental, emotional, and spiritual wellbeing of Indigenous peoples, families, communities and nations.	<a href="#">Tools of Resiliency</a>
Traditional Healing Practices	Traditional Healing promotes and strives to deliver programs and services which promote spiritual/emotional growth and wellness from a wholistic and cultural lens.	<a href="#">Aboriginal Health Centre</a>
Traditional Health Practitioners	Are community approved healers, teachers and, facilitators who dedicate themselves to bring about an awareness of our true spiritual heritage	<a href="#">Aboriginal Health Centre</a>
Cultural Services Providers	Cultural Services Providers include Traditional Healers, Knowledge Keepers, Medicine People, Elders, Land-based Coordinators, Natural Helpers, Language Keepers etc.	<a href="#">IPHCC</a>
Directing Minds (in Ontario Human Rights)	The employee who is part of the ' <i>directing mind</i> ' engages in harassment or inappropriate behaviour that is contrary to the OHRC Code related to Organization Responsibility; or. The employee who is part of the ' <i>directing mind</i> ' does not respond adequately to harassment or inappropriate behaviour of which he or she is aware or ought reasonably to be aware.	<a href="#">Ontario Human Right Code</a>
Structural Racism	Is a system in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white privilege and disadvantages associated with "colour" to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic, and political systems in which we all exist	<a href="#">Ontario Health – Building a Framework Plan to Address Equity, Inclusion, Diversity &amp; Anti-Racism 6 CSI Consultancy Inc. © 2020</a>



TERM	DEFINITION	SOURCE
Systemic Racism	Organizational culture, policies, directives, practices, or procedures that exclude, displace, or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups & disadvantaging others.	<a href="#">Ontario Health – Building a Framework Plan to Address Equity, Inclusion, Diversity &amp; Anti-Racism 6 CSI Consultancy Inc. © 2020</a>
Truth and Reconciliation - Health Calls to Action	The TRC is a component of the Indian Residential Schools Settlement Agreement. Its mandate is to inform all Canadians about what happened in Indian Residential Schools (IRS). The Commission will document the truth of survivors, families, communities, and anyone personally affected by the IRS experience. This includes First Nations, Inuit and Métis former Indian Residential School students, their families, communities, the Churches, former school employees, Government, and other Canadians.	<a href="#">TRC 94 Calls to Action with Six Related to Health.</a>

TERM	DEFINITION	SOURCE
UNDRIP - United Nations Declaration on the Rights of Indigenous Peoples	UNDRIP is an international instrument adopted by the United Nations on September 13, 2007, to enshrine (according to Article 43) the rights that “constitute the minimum standards for the survival, dignity and well-being of the Indigenous peoples of the world.”	<a href="#">BC Arts Reference</a>
Cultural Identity	A positive Aboriginal cultural identity is comprised of several interrelated features, including the perception of oneself as Aboriginal, considering this to be important, having positive feelings about being Aboriginal, wanting to remain an Aboriginal person, and expressing these in one’s daily behaviour. San’Yas Definition - Culture can be defined as the “commonalities around which a group of people have developed values, norms, family styles, social roles and behaviours, in response to the political, economic and social realities they face”.	<a href="#">brandonu.ca Aboriginal Cultural Identity</a>
Indigenous Community	“Indigenous” means ‘native to the area’. It is the preferred collective name for the original people of Canada and their descendants. This includes First Nations (status and non-status), Métis and Inuit. It is important to remember that each Indigenous nation in the larger category of “Indigenous” has its own unique name for its community (e.g., Cree, Ojibwa, Inuit).	<a href="#">Ministry of Health Relationship with Indigenous Communities Guideline, 2018</a>
Jordan’s Principle	Jordan’s Principle ensures all First Nations children living in Canada can access the products, services, and supports they need, when they need them. Funding can help with a wide range of health, social and educational needs, including the unique needs that First Nations Two-Spirit and LGBTQQIA children and youth and those with disabilities may have.  Jordan’s Principle is named in memory of Jordan River Anderson. He was a young boy from Norway House Cree Nation in Manitoba.	<a href="#">Government of Canada</a>



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The logo for the Indigenous Primary Health Care Council (IPHCC) is displayed in large, bold, white capital letters. To the right of the logo, contact information is provided in a smaller, white, sans-serif font. The background consists of a light blue gradient with a dark blue wavy shape at the bottom where the text is located.

# IPHCC

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