

First Nations, Inuit, Métis and Urban Indigenous Health Framework

2023-2024

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Messages From Ontario Health Leaders



Matthew Anderson

President and CEO

In my time at Ontario Health, I have had the privilege to meet with First Nations, Inuit, Métis and urban Indigenous leadership. They have been very clear that the Ontario health care system needs to do better when it comes to serving Indigenous people, families, communities and nations, and we at Ontario Health need to do better as partners. As the President and CEO, I am committed to building strong relationships and ultimately, partnerships with First Nations, Inuit, Métis and urban Indigenous leaders, communities, organizations and nations as these relationships are critical to ensuring the health care system in Ontario reflects and addresses their needs.

It is important for Ontario Health to listen and understand how it can better support Indigenous priorities, initiatives and strategies, starting with health and wellbeing. Each Indigenous community and nation are unique with their own distinct issues, priorities and governance. Ontario Health acknowledges that Indigenous communities, organizations and nations also have their own health systems, programs, services and practitioners which need to be respected and supported. The establishment of Ontario Health brought forward new opportunities

to engage with First Nations, Inuit, Métis and urban Indigenous partners in a comprehensive way and to change the dynamic of how we respectfully work together in full partnership. Addressing Indigenous health in partnership with Indigenous peoples is a priority of Ontario Health. As a commitment to this work, I'm pleased to present the First Nations, Inuit, Métis and Urban Indigenous Health Framework for 2023-2024.

Anna Greenberg

Executive Vice-President and Chief Operating Officer, Executive Lead for Provincial Equity and Indigenous Health

One of Ontario Health's five Strategic Priorities is to "Reduce Health Inequities". To articulate our commitment, Ontario Health developed the Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) Framework as a tool to guide our work in building an organizational culture focused on equity, inclusion, diversity and anti-racism, and to contribute to better outcomes for patients, families and providers within the health system. Partnering to advance Indigenous health equity is a foundational priority of the EIDA-R Framework.

I affirm our goal that all First Nations, Inuit, Métis and urban Indigenous people and communities must have equitable access to high-quality and culturally safe health care services, from



any health professional, wherever they are and any time they need it. I acknowledge that the principles of health equity, which denote fairness and justice in process and results, mean something different to Indigenous people, communities, organizations and nations. Equitable outcomes often require differential treatment and resource distribution to achieve a level playing field among all individuals and communities. What we have heard from First Nations, Inuit, Métis and urban Indigenous partners is that Indigenous health goes beyond the principles of equity; equitable outcomes for Indigenous peoples also means strengthening their own distinct health, social and cultural systems and exercising their self-determined programs, services, traditions and practices.

At Ontario Health, we are committed to striving for Indigenous health equity, and we look to First Nations, Inuit, Métis and urban Indigenous partners to inform, direct and guide us on what that means, and how we can work together to achieve it. This Framework is the culmination of the discussions we've been having with First Nations, Inuit, Métis and urban Indigenous partners, and we are ready to take action together.

Alethea Kewayosh

Director, Indigenous Health Equity and Coordination, and Indigenous Cancer Care Unit

Indigenous peoples in Ontario have always had a strong voice, stating clearly and consistently who they are and what their communities need and expect from the government of Ontario, Ontario Health and the health care system. With the establishment of Ontario Health, we are dedicated

to partnering with First Nations, Inuit, Métis and urban Indigenous leadership, communities, organizations and nations, as well as health system partners, health care providers and administrators to determine, develop and support Indigenous-led solutions for Indigenous health and wellbeing. We recognize the importance of creating and establishing relationships before we undertake initiatives, like this Framework, so that Ontario Health can effectively and collaboratively address the health needs and issues impacting Indigenous people, families, communities and nations.

This Framework was continuously informed through engagement and working with First Nations, Inuit, Métis and urban Indigenous leaders, people, communities, health tables, networks, and organizations to learn, grow and ensure its development was directly shaped by Indigenous voices and through partnership. Indigenous people, families, communities and nations deserve the very best health care that can be provided and to live healthy and safe lives. Indigenous peoples deserve the very best through this process and we have always strived toward that within the Indigenous Cancer Care Unit and now throughout all of Ontario Health.

Chi Meegwetch!

Please note that throughout this document Ontario Health will be using both 'Indigenous people' and 'Indigenous peoples' in separate and distinct ways. When 'Indigenous people' is used, it refers to a collective group composed of First Nations, Inuit and/or Métis individuals. For example, this may be used when referring to Indigenous individuals accessing health services. When 'Indigenous peoples' is used, it is referring to a multitude of distinct First Nations, Inuit or Métis cultural and social groups, including nations and rural, reserve, rural, remote and urban communities; it does not, and should not, mean cultural homogenization. For example, 'Indigenous peoples' may be used when referring to the development of partnerships with health system partners.

Why Ontario Health Needs a First Nations, Inuit, Métis and Urban Indigenous Health Framework

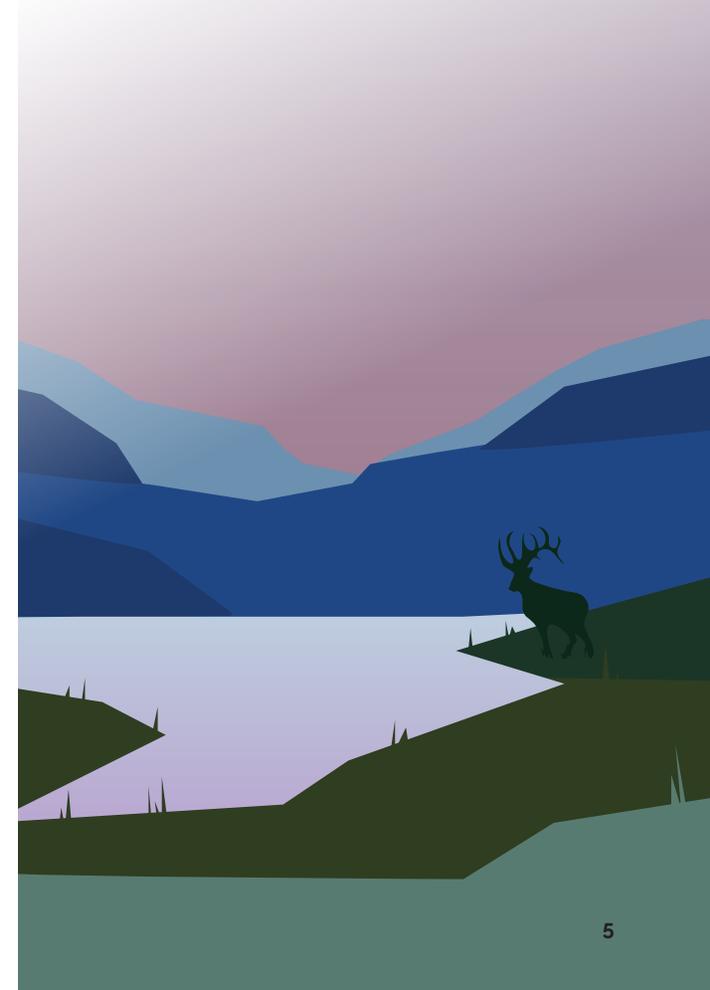
Ontario Health has been called upon by Indigenous peoples to continue to advance our commitments to reconciliation and to work together to address the health and health inequities of Indigenous people, families, communities and nations. These calls have been articulated and outlined in the Treaties, the Aboriginal Health Policy for Ontario, the Royal Commission on Aboriginal Peoples, the United Nations Declaration on the Rights of Indigenous Peoples, the Truth and Reconciliation Commission of Canada, and most recently in the National Inquiry into Missing and Murdered Indigenous Women and Girls.

There is an urgent need for action to address the health outcomes and access to health care among Indigenous peoples in Ontario, and we know this can only be done effectively in partnership with First Nations, Inuit, Métis and urban Indigenous leaders, organizations, communities and nations. This work will include supporting Indigenous-led health initiatives, such as on First Nations Health Transformation, mental health and addictions programs and services, and Traditional health, healing and healers.

Indigenous self-determination in health is to be respected, supported and promoted as an essential means of improving the health outcomes and addressing the health inequities

experienced by Indigenous peoples. As a partner in Indigenous health, Ontario Health is committed to moving forward the Truth and Reconciliation Commission of Canada's Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples, the National Inquiry into Missing and Murdered Indigenous Women and Girls' Calls for Justice, Jordan's Principle and Joyce's Principle to support the efforts of Indigenous peoples in achieving self-determination.

The First Nations, Inuit, Métis and Urban Indigenous Health Framework ("the Framework") will provide a platform to build upon in the discussions with partners on the development of a First Nations, Inuit, Métis and Urban Indigenous Health Plan ("the Health Plan") for Ontario Health. The Health Plan will provide focused areas for actions for Ontario Health, First Nations, Inuit, Métis and urban Indigenous partners, and health system partners to work together to improve Indigenous health and eliminate inequities, including racism. While there is much work that needs to be done, this Framework outlines the commitment Ontario Health is making to First Nations, Inuit, Métis and urban Indigenous partners to initiate this work.



Indigenous Peoples In Ontario



Ontario is home to the largest Indigenous population in Canada, with an estimated population of 251,030 First Nations, 134,615 Métis, 4,310 Inuit and 9,515 Indigenous-identifying people.¹ Importantly, the true number of Indigenous people in Ontario is likely to be much higher, as the Census of Population has been proven to significantly undercount First Nations, Inuit and Métis peoples.² It has been demonstrated that the size of the Indigenous population in Toronto was underestimated by a factor of 2:4 in the Census.³

First Nations, Inuit, and Métis peoples are constitutionally recognized nations with Aboriginal, Treaty and inherent rights and land claim agreements. The Indigenous population consists of status and non-status First Nations people who may live on- and off-reserve, Inuit, and Métis

in urban, rural and remote areas in Ontario. Each community and nation has its own histories, languages, cultures, beliefs and practices as well as perspectives, protocols, infrastructure, accountabilities, jurisdictions and governance. Their health systems exist distinctly from the Ontario health care system. There are more than 40 Treaties and other land agreements covering Ontario, setting out the rights and responsibilities of First Nations and the provincial and federal governments.⁴

First Nations

First Nations in Ontario include many nations, such as the Anishinabek (Algonquin, Mississauga, Ojibway, Nipissing, Chippewa, Odawa, Potawatomi), Lenape (Delaware), Mushkegowuk (Cree), Oji-Cree and Onkwehon:we (Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Seneca and Tuscarora), and each of the nations has its own languages and customs.

Chiefs of Ontario

Ontario Regional Chief Glen Hare

Established in 1975, Chiefs of Ontario is a political forum and secretariat for collective decision-making, action and advocacy for 133 First Nations communities located within the boundaries of the province of Ontario.

Anishinabek Nation

Grand Council Chief Reginald Niganobe

Established in 1949 as the Union of Ontario Indians, Anishinabek Nation is the secretariat and political advocate for 39 member First Nations across Ontario.

Association of Iroquois and Allied Indians

Grand Chief Joel Abram

Established in 1969, the Association of Iroquois and Allied Indians is mandated to defend and enhance the Indigenous and treaty rights of their seven member First Nations.

Grand Council Treaty #3

Ogichidaa Francis Kavanaugh

With Treaty #3 dating back to 1873, Grand Council Treaty #3 is the governing body of the Anishinaabe Nation in Treaty #3 and represents 28 First Nations in Northwestern Ontario and Manitoba.

Nishnawbe Aski Nation

Grand Chief Alvin Fiddler

Established in 1973, Nishnawbe Aski Nation represents the political, social and economic interests of the people of Northern Ontario, which includes 49 First Nation communities and encompasses the James Bay Treaty #9 and the Ontario portion of Treaty #5.

Independent First Nations

There are 13 Independent First Nations affiliated with the Independent First Nation's Protocol, which outlines that, when necessary, the Independent First Nations will work collectively on issues of fundamental concern while respecting each other's autonomy.

Unaffiliated First Nations

Some First Nations are not affiliated with any of the organizations listed and represent themselves on all issues and matters, such as Six Nations of the Grand River and Mississaugas of the Credit First Nation.



Inuit

The Inuit are the original people from Inuit Nunangat, which includes four Inuit homelands (Inuvialuit Settlement Region, Nunatsiavut, Nunavik and Nunavut). Inuit are not indigenous to Ontario, but the Inuit in Ontario have relocated here permanently or temporarily from their traditional homelands. While it is estimated to be an undercount of the total Inuit population in Ontario, the majority of the approximately 4,310 Inuit who live in Ontario are in the Ottawa area, but Toronto and other larger cities in Ontario have growing Inuit populations.⁵

The Inuit infrastructure in Ontario is comprised of multiple organizations working together to provide services to Inuit. Collectively they operate very differently than First Nations and Métis governance. Coinciding with the Inuit population, most Ontario Inuit service delivery organizations are located in Ottawa.

Inuit Tapiriit Kanatami

President Natan Obed

Inuit Tapiriit Kanatami (ITK) represents Inuit governance interests at the national level and works with provincial-level organizations to support Inuit programming.

There are other Inuit service organizations, such as Tungasuvvingat Inuit, Larga Baffin Inc., Ottawa Health Services Network Inc., Pauktuutit Inuit Women of Canada and Akausivik Inuit Family Health Team, providing services and supports to address health and socio-economic issues for Inuit living in Ottawa and other Ontario locations.



Métis

The Métis Nation is comprised of descendants of people born of relations between First Nations women and European men. The Métis are a distinct people with a unique history, culture, and language that draws on their diverse ancestral origins, including Ojibway, Cree, Scottish and French. There are approximately 134,615 people who identify as Métis living in Ontario.⁶ The Métis Nation of Ontario is the provincially recognized Métis governance structure of Ontario, though there are other Métis groups in the province.

Métis Nation of Ontario

President Margaret Froh

Founded in 1993, the Métis Nation of Ontario represents the collective aspirations, rights and interests of Métis people and communities throughout Ontario. The Métis Nation of Ontario maintains the only recognized Métis registry in Ontario.



Urban Indigenous

The term “urban Indigenous” refers to First Nations, Inuit and Métis people who live in cities and towns and it recognizes the diversity between and within urban Indigenous communities. In Ontario, 88% of Indigenous people live off-reserve in towns, cities, and rural areas.⁷ This figure includes Métis people and Inuit who do not live on reserves. Among Ontario cities, Toronto, Thunder Bay, Ottawa, and Sault Ste. Marie have significant Indigenous populations. There are many Indigenous-led organizations in Ontario providing supports, programs and services to urban Indigenous people, such as Indigenous mental health and addiction treatment and healing centres, Indigenous children and youth mental health service providers and Indigenous Healing Lodges.

Ontario Federation of Indigenous Friendship Centres

The Ontario Federation of Indigenous Friendship Centres is the provincial Indigenous organization representing the collective interests of 31 member Friendship Centres located in towns and cities throughout Ontario. Friendship Centres are not-for-profit and charity corporations that are mandated to serve the needs of urban Indigenous people by providing culturally appropriate services in urban communities.

Ontario Native Women's Association

Cora-Lee McGuire-Cyrette, Chief Executive Officer

The Ontario Native Women's Association is a not-for-profit Indigenous women's organization, with multiple Chapters and Councils throughout Ontario, mandated to empower and support all Indigenous women and their families in Ontario through research, policy, community development and service delivery.



Indigenous

Indigenous Primary Health Care Council

Caroline Lidstone-Jones, Chief Executive Officer

The Indigenous Primary Health Care Council supports the advancement and evolution of Indigenous primary health care services throughout Ontario, including through its work with 23 Indigenous primary health care organizations which address the physical, spiritual, emotional, and mental wellbeing of the First Nations, Inuit and Métis peoples and communities being served.



About Ontario Health

Ontario Health was established under the *Connecting Care Act, 2019*, with a mandate to connect, coordinate and modernize Ontario's health care system to ensure that the people of Ontario receive the best possible patient-centred care, when and where they need it. Ontario Health oversees health care planning and delivery across the province, which includes ensuring frontline providers and other health professionals have the tools and information they need to deliver quality care in their communities.

Operating as a single, unified agency, Ontario Health brings together the expertise and resources of the former Cancer Care Ontario, eHealth Ontario, HealthForceOntario, Health Quality Ontario, Ontario Telemedicine Network, Trillium Gift of Life Network, Ontario Renal Network, CorHealth and the Local Health Integration Networks. These legacy agencies now make up provincial portfolios, which include Population Health and Value-Based Health Systems, Sector Support, Performance and Accountability, Clinical Institutes and Quality Programs and Digital Excellence in Health.



Ontario Health's strategic priorities as outlined in its Annual Business Plan 2023-24 are:

- Reduce health inequities
- Transform care with the person at the centre
- Enhance clinical care and service excellence
- Maximize system value by applying evidence
- Strengthen Ontario Health's ability to lead.

The former Local Health Integration Networks are now transformed into the six Ontario Health regions – North West, North East, East, Central, Toronto and West. The Ontario Health regions use a population-based health planning approach and hold strong relationships with local and regional health system providers and partners to ensure that the communities served have access to the right care and services when they need them. These regional teams aim to reduce health disparities and drive health system performance and improvement through the implementation of system-level leadership, funding and monitoring of performance in a way that meets the unique needs of people across the province.

Ontario Health is committed to advancing equity, inclusion and diversity and addressing racism. In 2020, Ontario Health released the Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) Framework. It includes "Partner to Advance Indigenous Health Equity" as a foundational priority. Ontario Health recognizes that strong relationships with First Nations, Inuit, Métis and urban Indigenous leadership, communities, organizations and nations – founded on respect, reciprocity, and open communication – are critical in ensuring that the health care system in Ontario reflects and addresses the needs of Indigenous people, communities, organizations and nations.

As a result of the EIDA-R Framework, the Indigenous Health Equity and Coordination (IHEC) team was established. IHEC is a provincial team within the Provincial Equity and Indigenous Health Office at Ontario Health but IHEC's work spans beyond equity issues. IHEC works closely with all Ontario Health portfolios and Ontario Health regions to coordinate and align all Indigenous work. An essential role that IHEC provides at Ontario Health is to build and sustain relationships founded on mutual respect and trust with First Nations, Inuit, Métis and urban Indigenous leaders, communities, organizations and nations. IHEC is also building relationships

with other health system partners, including reaching out to partners who do not have an existing relationship with Ontario Health. IHEC works closely with the Indigenous Cancer Care Unit and IHEC's approach is guided by the foundation developed by the Indigenous Cancer Care Unit, which is respect for First Nations, Inuit, Métis and urban Indigenous governance, priorities and direction.

Key Partners

Providing equitable care for Indigenous peoples is a collective effort among Indigenous partners, health service providers and health system partners. Within Ontario Health's mandate, Ontario Health is building relationships across the health system to be able to provide improved, coordinated and effective care that meets the needs of Indigenous people, communities, organizations and nations.

Ontario Health Teams

Ontario Health Teams (OHT) were introduced in 2019 as a new model of integrated care delivery to enable patients, families, communities, providers and system leaders to work together, innovate, and build on what is best in Ontario's health care system. OHTs are groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.

At maturity, each OHT will:

- Provide a full and coordinated continuum of care for a defined population within a geographic region
- Offer patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journey
- Improve performance across a range of outcomes linked to the 'Quadruple Aim':
 1. better patient and population health outcomes
 2. better patient, family and caregiver experience
 3. better provider experience
 4. better value
- Be measured and reported against a standardized performance framework aligned to the Quadruple Aim

- Operate within a single, clear accountability framework
- Be funded through an integrated funding envelope
- Reinvest into front line care
- Take a digital first approach, in alignment with provincial digital health policies and standards, including the provision of digital choices for patients to access care and health information and use of digital tools to communicate and share information among providers

According to the Ontario Health Teams: Guidance for Health Care Providers and Organizations,⁸ OHTs must demonstrate that they respect the role of Indigenous peoples in the planning, design, delivery and evaluation of services for these communities. Furthermore, OHTs must demonstrate that they are able to provide culturally safe care for Indigenous peoples in their proposed population. This could be achieved through partnerships with Indigenous-governed organizations, especially where these organizations are providing integrated care to communities. In the case of First Nation communities, where a prospective team is proposing to be responsible for a region or geography that includes one or more First Nation communities, endorsement from those communities is required. Ontario Health is committed to supporting OHT's to do the necessary work to support engagement and partnership building with First Nations, Inuit, Métis and urban Indigenous partners.

Ministry of Health

The Ministry of Health and Ontario Health have a joint responsibility to achieve better health outcomes and health experiences for Ontarians and for front-line providers, and to effectively oversee the use of public funds in a fiscally sustainable manner.⁹ The Ministry of Health leads provincial policy work, such as setting out legislation, regulations, standards, policies and directives, engages the health system with Ontario Health, and enables Ontario Health to achieve the objects and expectations that the Ministry of Health sets out.

Ontario Health receives direction from the Ministry of Health. We also receive direction from Indigenous partners. The *Connecting Care Act, 2019* and its regulations, the Memorandum of Understanding, the Minister's Mandate Letter, and the Accountability Agreements, make up the key elements of the accountability framework between the Ministry of Health and Ontario Health.

As per the *Connecting Care Act, 2019*, the people of Ontario and their government, including Ontario Health, will recognize the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities. The Ministry of Health works in collaboration with Ontario Health, including the IHEC, to support Indigenous health care, such as on provincial and regional engagement and planning, First Nations Health Transformation, coordinated service delivery, policy development, and communications and information sharing. Close collaboration is necessary to identify collective and individual roles and responsibilities between Ontario Health and the Ministry of Health to effectively advance Indigenous health outcomes and priorities.

The Ministry of Health also leads engagement with Indigenous Services Canada on behalf of Ontario. The Ministry of Health's Indigenous Health Policy Unit works with First Nations, Inuit, Métis and urban Indigenous partners and other government partners to improve the health outcomes of Indigenous peoples in Ontario. The Indigenous Health Policy Unit analyzes emerging issues and trends, identifies leading practices and applies them in the health system in collaboration with partners, as well as supporting First Nations Health Transformation. In addition, the Unit provides stewardship to the Indigenous health sector by building and fostering productive relationships and also advises and supports ministry partners in connecting with First Nations, Inuit, Métis and urban Indigenous communities and partners.

Other Partners

Many system partners develop programs, policies and projects that support the Areas of Focus of this Framework. External partners include Public Health Ontario, Canadian Cancer Society, Pediatric Oncology Group of Ontario, Centre for Addiction and Mental Health and many others. The federal government also plays a role in Indigenous health, specifically Indigenous Services Canada, which funds or directly provides services for First Nation peoples and Inuit that supplement those provided by provinces and territories.

About this Framework



Ontario Health is committed to working collaboratively with First Nations, Inuit, Métis and urban Indigenous partners to learn, grow and together, improve health outcomes for Indigenous peoples. To achieve this, in 2022, Ontario Health set out to develop a First Nations, Inuit, Métis and Urban Indigenous Health Framework (“the Framework”) with First Nations, Inuit, Métis and urban Indigenous partners, existing health tables, and communities that reflects the needs and priorities of Indigenous people, families, communities and nations.

The Framework was initially intended to be a First Nations, Inuit, Métis and urban Indigenous Health Plan (“the Health Plan”). However, following discussions about the Health Plan with First Nations, Inuit, Métis and urban Indigenous partners, they directed that more engagement and relationship building was needed to develop a collaborative plan. Ontario Health wanted to ensure that this work continues to be “Indigenous based and Indigenous paced” and in place of the Health Plan, a First Nations, Inuit, Métis and Urban Indigenous Health Framework was developed.

Relationship Development and Engagement

Since 2020, Ontario Health has connected with First Nations, Inuit, Métis and urban Indigenous leaders, communities, organizations, nations and health tables. Matthew Anderson (President and

CEO), Anna Greenberg (Executive Vice-President and Chief Operating Officer, Executive Lead for Provincial Equity and Indigenous Health) and the relevant Chief Regional Officer met with First Nations, Inuit, Métis and urban Indigenous leadership in 2020-2021, and again in 2022-2023, to emphasize Ontario Health’s commitment to partnership and Indigenous health equity, and to learn from partners about needs and priorities.

It was at these leadership meetings where the Framework was first introduced, and Ontario Health could ask First Nations, Inuit, Métis and urban Indigenous partners if they wanted to participate in its development.

Ontario Health’s Indigenous Health Equity and Coordination (IHEC) team, in partnership with the Indigenous Cancer Care Unit, worked to ensure First Nations, Inuit, Métis and urban Indigenous leadership, communities, organizations and nations were involved in discussions from the start but more work must be undertaken to ensure continuous feedback and involvement takes place as this Framework evolves into the development of the Health Plan. Throughout 2022 and 2023, IHEC reached out to First Nations, Inuit, Métis and urban Indigenous partners individually to ask if they were interested in participating in the development of the Framework and collaboratively worked to

determine an engagement process that worked best for each partner. From there, the development of the Framework was informed by discussions, input and guidance – received in-person, in writing, and in virtual meetings – from Indigenous peoples, health tables, communities, and organizations across the province.

Additionally, IHEC connected internally with Ontario Health leaders and teams across portfolios and regions to inform the development of the Framework and ensure alignment with current Indigenous strategies, including the First Nations, Inuit, Métis and Urban Indigenous Cancer Strategy. This Framework is inclusive of initiatives from across the entirety of Ontario Health to advance Indigenous health equity. It emphasizes coordination across Ontario Health and the Ministry of Health to avoid duplication and added burden on Indigenous communities, organizations and nations.

Framework versus Health Plan

The Framework has five Areas of Focus that provide a foundation to build upon in discussions on the development of a longer-term Health Plan.

The future Health Plan will be a comprehensive roadmap for addressing Indigenous needs, issues and priorities across the health care system, with concrete goals, objectives and activities.

Both the Framework and Health Plan will work directly with First Nations, Inuit, Métis and urban Indigenous partners on its development, implementation and ongoing evaluation.

Both the Framework and Health Plan are not pan-Indigenous initiatives as we work directly with each of the First Nations, Inuit, Métis and urban Indigenous partners. These partners provide individual and collective direction on the Framework and Health Plan to ensure it reflects their needs and priorities.

What We Heard

This section summarizes the various discussions and engagements of what we've heard from First Nations, Inuit, Métis and urban Indigenous partners, which are reflected in this Framework:

"Indigenous Health in Indigenous Hands"

First Nations, Inuit, Métis and urban Indigenous partners were clear that the Framework should support, enable and strengthen Indigenous communities, organizations and nations to have control over the delivery of their own health services to their community members. Collaboration and partnership with health system partners has advanced Indigenous-led initiatives and wellbeing, but collaboration must not only build the capacity of the Ontario health care system; it must benefit the capacity of Indigenous communities, organizations and nations, including resource allocation to carry out elements of the Framework. Furthering Indigenous self-determination also means ensuring that First Nations, Inuit, Métis and urban Indigenous partners are at the tables when decisions are being made and not brought into engagements with decisions already made. Indigenous peoples are experts on their own communities, including on addressing their population-based planning.

Furthermore, Indigenous traditional health systems must be supported, including recognizing and respecting Indigenous traditional health practitioners as equal and necessary to addressing the wholistic health and wellbeing of Indigenous peoples. As such, Indigenous people, communities, organizations and nations are calling for capacity to support and strengthen their health systems, including creating opportunities for apprenticeships and increasing land-based programs.

Relationship and Partnerships

Building relationships and partnerships with First Nations, Inuit, Métis and urban Indigenous people, groups, health tables, organizations and nations requires time and effort to build trust and respect. This includes re-establishing and rebuilding relationships lost in the transition from the Local Health Integration Networks, which was a system that did not always produce positive relationships. Relationships are foundational to improving Indigenous health outcomes, access to care and self-determination – be it at the patient level with health professionals, between service providers or at a nation-to-nation and leadership level. More effort is needed by health

service providers and Ontario Health to better listen and understand what First Nations, Inuit, Métis and urban Indigenous partners are telling them and not to be angling to advance their own objectives.

Indigenous health systems, including Traditional knowledge, medicines, practices, spaces, healers and practitioners, are separate and distinct from the Ontario health care system. A lack of understanding by Ontario Health and the health care system means that Indigenous initiatives, including Traditional health, are not supported or advanced. As each Indigenous community is unique, the implementation of the Framework will be different for each community, requiring relationships founded on respect and accountability.

For example, Indigenous communities or organizations may have a good relationship with the health service provider, but this positive relationship does not necessarily translate to positive experiences for community members accessing those services.

Addressing Anti-Indigenous Racism

Indigenous people are facing anti-Indigenous racism at all points in the health care system. Efforts are required to ensure that cultural safety is addressed starting at medical schools with the training of health professional students and is targeted to hotspots, such as emergency departments, community health clinics and maternity wards. There needs to be more measures and actions taken when Indigenous people face any racism or discrimination in the health system. Improving Indigenous people's experiences in the mainstream system needs to extend to traditional practitioners to ensure they do not face barriers or discrimination. Cultural safety, which includes physical, mental, emotional and spiritual safety, needs to be implemented across the entire organization and health system to ensure safe care from the first point of contact.

“What is being done about individuals who persist with anti-Indigenous views? There needs to be more measures and actions taken when Indigenous people face any racism or discrimination within the health system.”

— From an Indigenous engagement session

Funding and Service Delivery

Indigenous partners have shared that funding and service delivery approaches can be restrictive and inhibit Indigenous groups, communities and organizations from accessing or benefiting from the health care system's resources. Addressing Indigenous health involves all levels of government – local, regional, provincial, territorial and federal – and involves multiple units and teams within each level. At each level, there are different approaches to funding and service delivery that vary in both the administrative burden to Indigenous organizations and communities and their awareness of Indigenous health, including how Indigenous funding models and service and program delivery operate. Addressing Indigenous health with Indigenous partners will mean exploring how funding agreements and partnerships can support innovative, wholistic and culturally safe care for Indigenous people.

Engagement

Indigenous people, groups, health tables, communities, organizations, and nations are approached for engagement purposes from numerous health system partners, including Ontario Health, on multiple issues and across program areas. Engagement suffers from a lack of coordination by multiple entities, lack of transparency on the purpose and methods, and a lack of accountability back to Indigenous partners on the results and outcomes. As a result, the relationship worsens because it can feel like Indigenous partners are repeating themselves, engagement does not respect

their time or direction, and shows a lack of commitment to change and Indigenous self-determination. It also communicates to Indigenous partners that engagement is a check-box activity, not a purposeful commitment to respectful partnership and collaboration. Indigenous partners have called for greater coordination of engagement, including having Ontario Health and the Ministry of Health work together on engagement with First Nations, Inuit, Métis and urban Indigenous partners.

For example, an Indigenous organization may be approached for engagement at the provincial level by the Ministry of Health (and by multiple teams within the ministry) and Ontario Health (and by multiple teams within Ontario Health), at the regional level by Ontario Health Regions, and at the local level by Ontario Health Teams, public health units and health service providers. A First Nations community or PTO will also be engaged by the federal government through Indigenous Services Canada.

In most cases, these engagements will never connect or coordinate their efforts, increasing the workload on the Indigenous partner and directing capacity and resources away from addressing their own community priorities.

Incorporating Indigenous Approaches into Health Care

It is not enough to recognize that Indigenous health and health care are distinct from the Ontario health care system; any initiatives impacting Indigenous health must be holistic in nature to address the whole of the person while ensuring that all members of the community are included. This means that programs, services, organizations, policies and systems must be distinctions-based plus, community-focused, trauma-informed, strengths-based, patient-centred, gender-inclusive¹⁰ and respectful of harm reduction principles. Indigenous holistic approaches to health and wellbeing are complementary to intersectional and social determinants of health approaches because they understand that health is impacted by a multitude of factors that cannot be siloed within the realm of health care and that solutions must inclusively address these factors to find balance and wellbeing.

Currently, First Nations in Ontario are in various stages of working on Health Transformation to create system-wide change whereby First Nations have equitable access to care delivered within their communities. First Nations Health Transformation is driven by these community-centred approaches. Ontario Health is committed to supporting Health Transformation and other Indigenous-led initiatives.

Coordinated, Indigenous-led solutions, must be supported to ensure networks of Indigenous-led and Indigenous-governed health care service provider organizations, working together, have proper representation and supports to evolve their own self-determined health systems; and to build partnerships throughout the health care system, where appropriate.

Framework & Areas of Focus



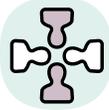
Vision

To provide a platform to build upon in the discussions and development with First Nations, Inuit, Métis and urban Indigenous partners of a First Nations, Inuit, Métis and Urban Indigenous Health Plan.

Areas of Focus

- Build and Sustain Productive Relationships
- Equitable Access to Culturally Safe Care
- Build and Enhance Capacity and Education
- Measure, Monitor and Evaluate
- Coordinate Regional and Provincial Programs and Services





Build and Sustain Productive Relationships

Building and sustaining productive partnerships and continuing to honour established relationships with First Nations, Inuit, Métis and urban Indigenous leaders, communities, organizations and nations based on trust, accountability and mutual respect.

Draft Building Blocks

(For upcoming Health Plan discussions):²²

- Create and strengthen relationships distinctly and collectively with First Nations, Inuit, Métis and urban Indigenous people, communities, organizations and nations.
- Continue to honour established relationships with First Nations, Inuit, Métis and urban Indigenous people, communities, organizations and nations.
- Advance First Nations, Inuit, Métis and urban Indigenous health priorities and self-determination in health care.
- Promote respect for and understanding of First Nations, Inuit, Métis and urban Indigenous Traditional knowledge, medicines, practices, healers and spaces.



Equitable Access to Culturally Safe Care

Strengthening access, quality and safety of health services and the health system with and for First Nations, Inuit, Métis and urban Indigenous people, families, communities and nations.

Draft Building Blocks

(For upcoming Health Plan discussions):

- Support the health system to provide distinctions-based, culturally safe and person-centred care.
- Improve patient support, navigation and access of the health care system.
- Enhance quality and improve experience of health services.
- Address anti-Indigenous racism and discrimination in the health care system.
- Recognize the inequities and the need to identify resources to address them.



Build and Enhance Capacity and Education

Building and enhancing the capacity of First Nations, Inuit, Métis and urban Indigenous partners, health system partners and Ontario Health to understand, respond to and meet First Nations, Inuit, Métis and urban Indigenous health needs and priorities.

Draft Building Blocks

(For upcoming Health Plan discussions):

- Increase the capacity of First Nations, Inuit, Métis and urban Indigenous partners to develop and implement Indigenous-led initiatives.
- Increase the capacity, education training and resources of Ontario Health and health system partners to address Indigenous health needs and priorities in collaboration with First Nations, Inuit, Métis and urban Indigenous partners and communities.
- Support and prioritize Indigenous representation in human resources in health care.



Measure, Monitor and Evaluate

Supporting and promoting effective data collection, analysis, evaluation and governance that impact First Nations, Inuit, Métis and urban Indigenous people, communities, organizations and nations and collaboratively address their priorities.

Draft Building Blocks

(For upcoming Health Plan discussions):

- Adhere and be accountable to First Nations, Inuit, Métis and urban Indigenous data governance and distinctions-based research principles.
- Collect and use Ontario Health data in alignment with First Nations, Inuit, Métis and urban Indigenous priorities.
- Advance First Nations, Inuit, Métis and urban Indigenous partners' and communities' health data capacity through resource education and tools.
- Advance opportunities to partner with First Nations, Inuit, Métis and urban Indigenous organizations with shared health data goals.



Coordinate Regional and Provincial Programs and Services

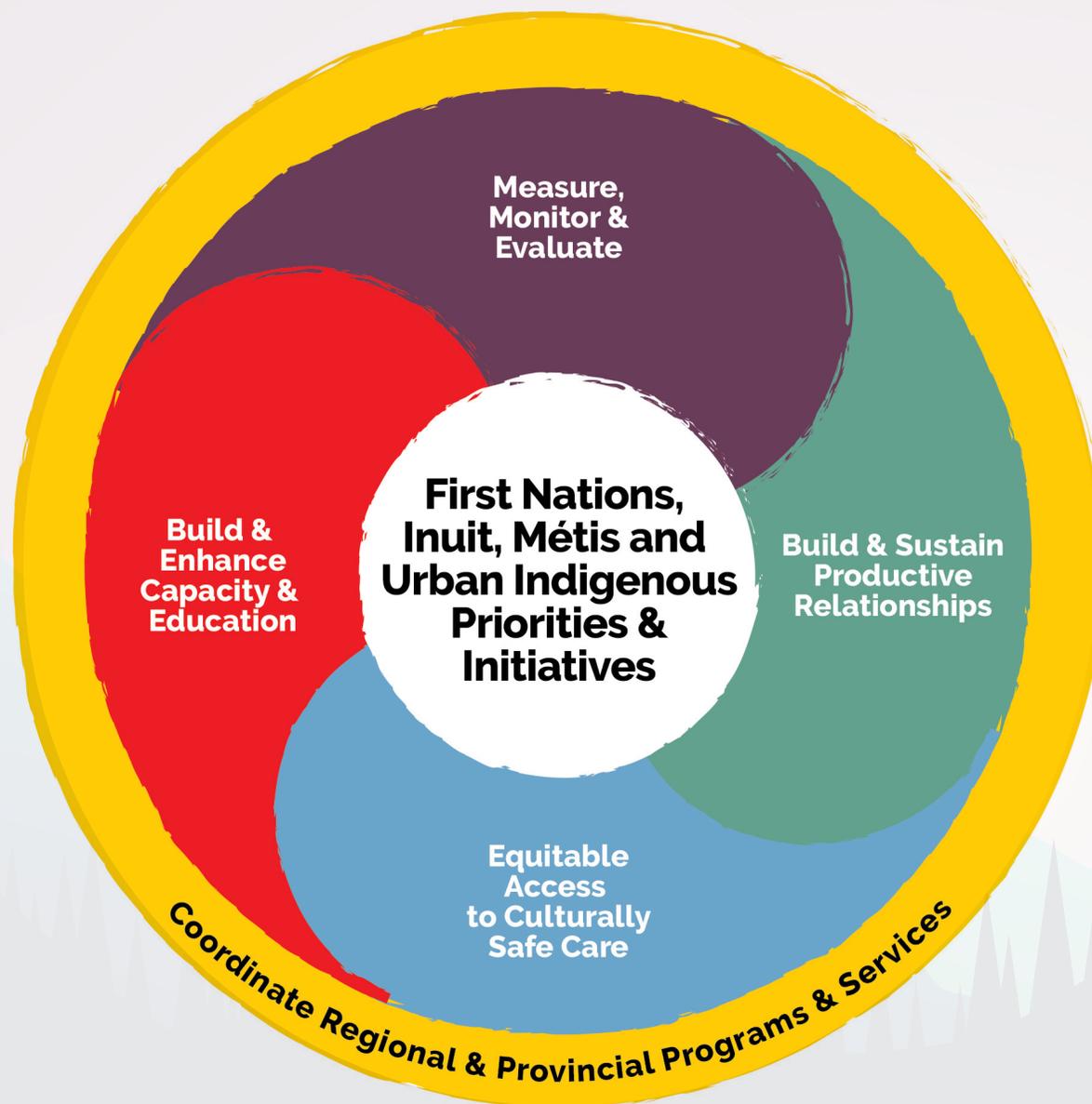
Coordinating, communicating and aligning programs and services to best serve First Nations, Inuit, Métis and urban Indigenous people, communities, organizations and nations across the health system in partnership with First Nations, Inuit, Métis and urban Indigenous partners.

Draft Building Blocks

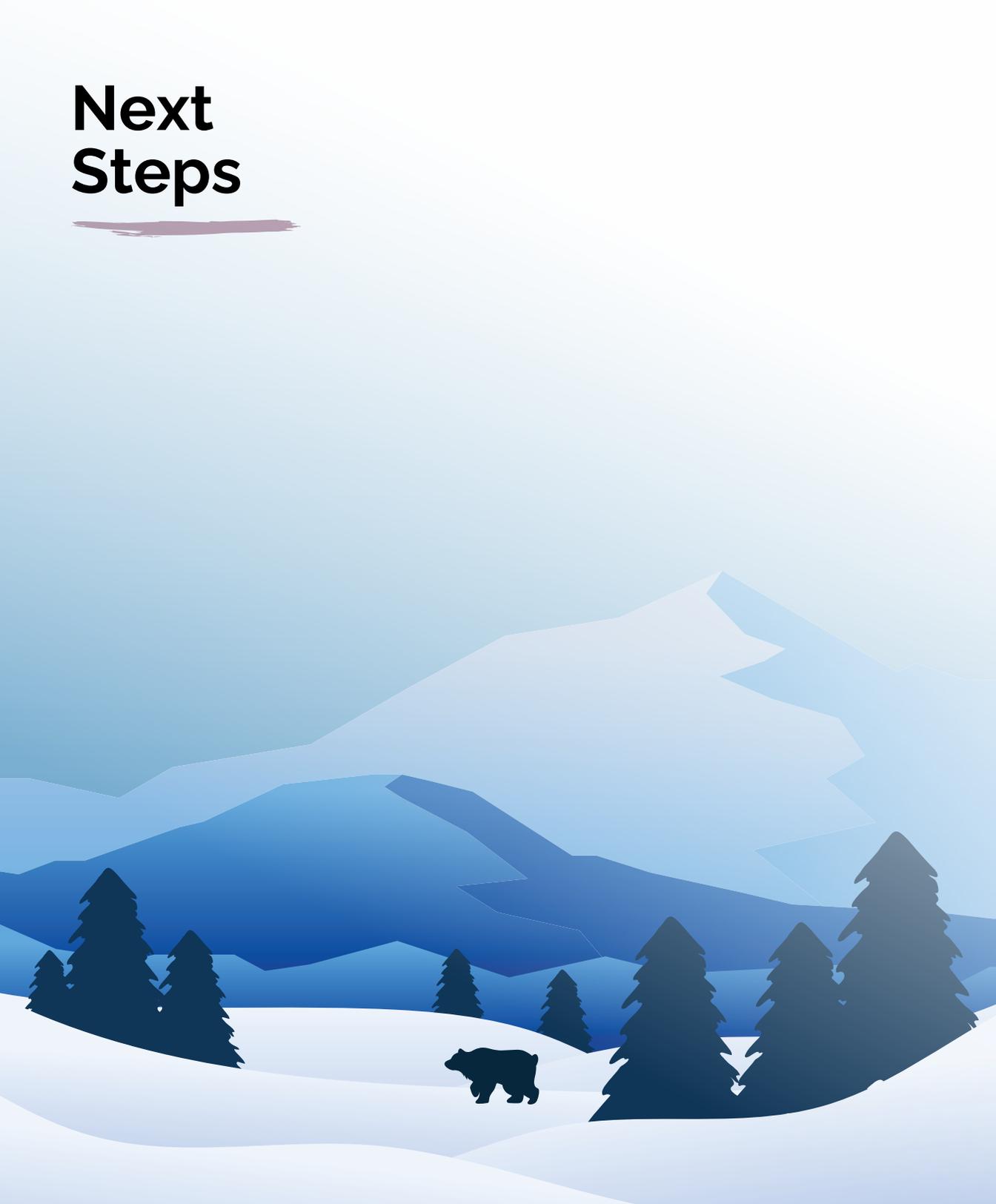
(For upcoming Health Plan discussions):

- Map and align initiatives, engagements, and contacts.
- Coordinate and guide programs and services to address First Nations, Inuit, Métis and urban Indigenous priorities across Ontario Health.
- Standardize programs and services to enhance quality and improve experience for First Nations, Inuit, Métis and urban Indigenous people, communities, organizations and nations.
- Build and enhance the capacity of programs and services within Ontario Health to address First Nations, Inuit, Métis and urban Indigenous health needs and priorities in collaboration with First Nations, Inuit, Métis and urban Indigenous partners.

First Nations, Inuit, Métis and Urban Indigenous Health Framework



Next Steps



The First Nations, Inuit, Métis and Urban Indigenous Health Framework is a shared document between First Nations, Inuit, Métis and urban Indigenous partners, Ontario Health and the Ontario health care system. Its implementation and impacts must be felt throughout the entire health care system because Ontario Health has made a commitment to First Nations, Inuit, Métis and urban Indigenous partners to report back on the progress made in advancing the Areas of Focus. Additionally, the Framework's Areas of Focus become the basis for engagement on the development of the First Nations, Inuit, Métis and Urban Indigenous Health Plan ("the Health Plan"). The Health Plan engagement with First Nations, Inuit, Métis and urban Indigenous partners and with Ontario Health portfolios and regions will continue in 2023-2025 after the release of the Health Framework.

Footnotes



¹ 2021 census: Statistics Canada [Internet]. Census Profile, 2021 Census of Population. 2022. Available from: 12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

² Rotondi MA, O'Campo P, O'Brien K, et al. Our Health Counts Toronto: using respondent-driven sampling to unmask census undercounts of an urban indigenous population in Toronto, Canada BMJ Open 2017;7:e018936. doi: 10.1136/bmjopen-2017-018936

³ Ibid.

⁴ Ontario. Map of Ontario treaties and reserves. King's Printer for Ontario. Retrieved from: ontario.ca/page/map-ontario-treaties-and-reserves#:~:text=Treaties%20in%20Ontario,the%20provincial%20and%20federal%20governments

⁵ 2021 census: Statistics Canada [Internet]. Census Profile, 2021 Census of Population. 2022. Available from: 12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

⁶ 2021 census: Statistics Canada [Internet]. Census Profile, 2021 Census of Population. 2022. Available from: 12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

⁷ Statistics Canada. (2021). 'Census of Population: Focus on Geography Series, Ontario.'

⁸ Ontario. Ontario Health Teams: Guidance for Health Care Providers and Organizations. Retrieved from: health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf

⁹ Ministry of Health – Ontario Health Accountability Agreement. Retrieved from: ontariohealth.ca/sites/ontariohealth/files/2021-10/MOH-OH-AA.pdf

¹⁰ This includes Indigenous people who identify as men, women, Two-Spirit, transgender and non-binary.

¹¹ As indicated in discussions and engagements with First Nations, Inuit, Métis and urban Indigenous partners on the Framework development, these draft building blocks are used as points for discussion to add context to and indicate what could be included within the Areas of Focus for the upcoming First Nations, Inuit, Métis and Urban Indigenous Health Plan. They are draft and are not finalized for inclusion in the Health Plan.



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