Creating Our Way Forward:

Recommendations for Improving Niagara Region Public Health & Emergency Services' Indigenous Engagement 2019

Cover photo: Oneida nation artist, Sharon Sarnowski (deceased)

This is a picture taken of the mural in the Boardroom of the Oneida Tribal Council office, Oneida, Wisconsin.

Table of Contents

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Territorial Acknowledgement

We acknowledge the rich historical Indigenous relationship to the land in which the Niagara Region engages its work, it is the traditional territory of the Haudenosaunee and Anishinaabe Peoples. The historical relationship agreement of the Haudenosaunee and Anishinaabe is bound by the Iroquois-Ojibwa Friendship belt. The image below shows two white squares with a white line joining them. The squares symbolize and represent the confederacy of each group, the Haudenosaunee and Anishinaabe, and the white line symbolizes the path of peace between them.

Figure 1: Iroquois-Ojibwa Friendship Belt. Photo credit: Kelly Fran Davis

Acknowledgements

This research project was conducted by Haudenosaunee consultant Kelly Fran Davis (FrantasticHealth). Consultation sessions were facilitated by Kelly Fran Davis with administrative support from Jade Davis-Smoke (FrantasticHealth) and Cassandra Ogunniyi (Niagara Region Public Health & Emergency Services). Additional editing, research assistance and preparation were provided by Cassandra Ogunniyi (NRPH&ES) and Heather Majaury (M.B.A – Mind.Body.Action, Creative Communications). Fort Erie Native Friendship, Niagara Regional Native Centre, Niagara Chapter Native Women's and Indigenous Diabetes Health Circle provided a review of a draft. Dr. Stephen Svenson assisted with final editing.

Stakeholders

The following organizations contributed to the development of the Creating Our Way Forward – Recommendations for improving Niagara Region Public Health & Emergency Services' Indigenous Engagement report. We appreciate their participation and interest in bridging gaps in the programs and services necessary to improve the well-being of the Indigenous population of the Niagara region.

We engaged Niagara Region's Public Health and Emergency Services internal staff from all departments, as well as staff from various community partners and leaders, management, and staff of various local Indigenous organizations.

Indigenous organizations

Fort Erie Native Friendship Centre

Indigenous Diabetes Health Circle

Niagara Chapter Native Women's Association

Niagara Regional Native Centre

LHIN Indigenous Health Network

Agencies and Health Service organizations

The Raft

March of Dimes

Neufeld Counseling

Attachment and Trauma Treatment Centre for Healing (ATTCH)

Kristen French Child Advocacy Centre Niagara

Contact Niagara

Community Services - Homelessness

Strive Niagara

Town of Fort Erie

Start Me Up Niagara

HNH LHIN

Public Health

Emergency Medical Services

Chronic Disease and Injury Prevention

Environmental Health

Clinical Services

Family Health

Organizational and Foundational Standards

Medical

Executive Summary

Throughout this report, it is important to acknowledge that the term Aboriginal is interchangeable with the term Indigenous. In the Canadian context, the terms Indigenous and Aboriginal include First Nations, Inuit and Metis Peoples. Historically, the term Indian referred to the Indigenous Peoples of Canada. The term Indian is now considered inappropriate except within its legal definition, as in the Indian Act, which pertains to only First Nations registered under the Indian act and does not include Metis or Inuit Peoples.

Purpose

This work aims to address the gaps within Niagara Region Public Health & Emergency Services (NRPH&ES) programs and services for the Indigenous population, explore how to improve collaboration between the local Indigenous organizations and local health organizations, and ensure dedication to implementing the Calls To Action of Canada's Truth & Reconciliation Commission. This work was conducted utilizing an Indigenous research methodology derived from Haudenosaunee philosophy, wampum treaties and ceremonial practices enacted by a Haudenosaunee Indigenous Consultant.

Engagement

This work included consultation across the region in an effort to improve health outcomes for the Indigenous population of the Niagara area. We engaged various stakeholders including staff from all seven departments within the Niagara Region, community partners from across the region, staff from four local Indigenous organizations, and community members with an online survey. We engaged with internal staff that had prior engagement with Indigenous specific context and Peoples. We attempted to engage agencies and services that provide programs and services that are mandated to address various social determinants of health including postsecondary institutions. Due to timing of the consultation sessions and scheduling of vacation times, we could not engage with all the community partners we had invited.

Our engagement with the local Indigenous organizations' staff and management was well received and represented. Engaging with Indigenous community members presented various challenges. To mitigate barriers an online survey was made available and was widely shared through the local Indigenous leadership. Ideally, further engagement with Indigenous community members will be in-person.

Recommendations

The findings clearly demonstrate that improving Indigenous engagement requires immediate actions, the implementation of short-term projects and establishing a foundation for sustainable initiatives. These projects and initiatives should include participation from the various internal departments, community partners and the local Indigenous organizations. Pathway Towards Success include recommendations that align with the Calls To Action #18 to 23 and provides guidance to take immediate action that demonstrates dedication to Indigenizing NRPH&ES.

The immediate actions include:

- Indigenous speaker series featuring Indigenous cultural experts and health-related professionals.
- Supply indigenous-related resources to all employees and Board of Health members.
- Issue a statement releasing this report.
- Hire an Indigenous Liaison (or similar) to develop a Niagara specific Strategic/Action Plan.
- Coordinate work and partnerships between Indigenous organizations and various areas in PH&ES.
- Explore the feasibility of an Aboriginal Health Access Centre in the Niagara region.
- Circulate resource lists of local Indigenous programs and services for PH&ES.
- Arrange for all staff to participate in Cultural Safety Training.

The short-term projects include:

- Develop posters, resources and materials that reflect Indigenous health.
- Encourage PH&ES leaders and staff to better engage with local Indigenous events and organizations.
- Engage with Indigenous leadership and communities when establishing or re-orienting PH&ES programs.
- Hire an Indigenous researcher to explore all determinants of health for the Indigenous population of Niagara.
- Ensure resources are available that include Indigenous context and content.
- Establish a group to identify the key local needs, gaps in programs and services, and come up with culturally relevant solutions.

- Establish relationships with local educational institutes regarding Indigenous initiatives.
- Arrange for in-person training for all staff.

The long-term sustainable initiatives include:

- Exploring cultural determinants of health (CDOH) that impact Indigenous health.
- Establish strong Indigenous representation in decision-making processes.
- Implement strategies to address disparities and determinants impacting the overall health of the Indigenous population in the region.
- Establish co-programing, location sharing, and outreach services.
- Hire other supporting Indigenous specific positions and include Indigenous student placements.
- Implement topic specific training for relevant professionals.

This work was led by a local Haudenosaunee Consultant who is still impacted by the historical atrocities of multiple government policies and the Indian Residential School legacy. The legacy of the Indian Residential School has left generations of Indigenous Peoples to sort out how to move forward when living with intergenerational trauma, systemic racism and various determinants of health. The loss of identity, culture, language and family connections are cultural determinants of health that need to be further explored in the Niagara region and across Turtle Island (North America). Truth and reconciliation is a process that will take much care, ongoing reflection and collaboration from all Peoples living within the Niagara region.

By implementing the recommendations outlined in the Pathway Toward Success included in this report we will build the foundation necessary to continue moving forward with our reconciliation efforts. According to the Cultural Competency Guideline for Ontario Public Health Units to Engage Successfully with Aboriginal Communities (2018), ”Reaching a decision to move forward requires keeping an open mind, carefully listening to the community and having a commitment to explore what can and cannot be done. Organizations must be patient, respectful, honest and trustworthy in their discussions, meetings and negotiations with Aboriginal communities.” (p.24) Throughout this work there have been many moments that have required a great deal of patience, respect, honesty and trust in order to get to this point of completion. Moving forward, this work will also take the same care. Working collaboratively toward reconciliation will provide growth, which will be challenging and get uncomfortable at times. However, when addressing Indigenous health, learning new ways and transitioning into a different approach will result in true engagement.

Introduction

Creating Our Way Forward is a report that will provide guidance with recommendations on improving programs and services that Niagara Region Public Health & Emergency Services (NRPH&ES) offer to the local Indigenous population. The recommendations evolved from this research project that included stakeholders of NRPH&ES internal staff, community partners and local Indigenous leadership, staff, and community members of the region. The recommendations will address:

- Capacity building and representation
- Collaboration and partnerships
- Knowledge enhancement/professional development
- Work towards health equity

While the recommendations in the Creating Our Way Forward report are linked to the Calls To Action from the Canada's Truth & Reconciliation Commission (CTRC), they are informed by the findings of the consultation with stakeholders of the Niagara region. The recommendations are listed in the Pathway Toward Success section and are listed according to the applicable TRC Call To Action and ordered into three categories: immediate, short and long-term to address what can be done now, what will need planning and what are the ideal long-term goals.

Foundational to this region and the shared history of the Haudensaunee and Settler relations is the Two Row Wampum, which establishes an agreed nation to nation relationship that embraces a harmonious co-existence. The two purple rows of wampum beads (traditionally made from quahog clam and whelk sea snail shells found in the Atlantic Ocean) represent the distinct ways of life for the Haudenosaunee and the Dutch as they travel the river of life, side by side.

Figure 2: Two Row Wampum Belt. Photo credit: Kelly Fran Davis

The purple rows are surrounded by the white rows of wampum symbolizing all the wonderful things that foster a respectful and harmonious relationship, such as respect, kindness, and acceptance. The Two Row Wampum treaty, is an agreement with the Haudenosaunee and the settlers to accept the diversity between their ways and leadership but more importantly their distinct value systems and governing structures.

Prior to this agreement was a treaty amongst various nations that utilized the lands along the corridor of the mixed-wood plains ecozone. This treaty is the Dish with One Spoon Wampum and refers to the dish representing the land and all its resources.

While the spoon signifies the shared responsibility of stewardship and reciprocity. This treaty was established to resolve the ongoing conflict of shared territory. This agreement ensures that all nations benefit from the land and resources that live within the shared territory while each nation maintains stewardship. In respecting that other nations benefit we should only take what is needed to ensure opportunity for growth. Stewardship requires nations to respect that other nations and beings also depend on those resources to maintain their way of life. Maintaining a structure where all systems are interconnected and respected will ensure healthy outcomes. This treaty is the foundational agreement that established precedent for treaties nationally in both the pre confederation and post confederation eras. Had these treaties been honoured originally and throughout time historically until now our current circumstances would be very different.

Figure 3: Dish with One Spoon Wampum belt

Ultimately I want to bring in the ontology, epistemology and axiology inherent to the values of the Two Row Wampum and the Dish with One Spoon into our shared practices to decolonize and Indigenize the way things are going to be done in the future from this time onward. A central value shared between participants in the Two Row wampum is that they are working toward the same goal but each doing so through their distinct values.

Cultural determinants of health for Indigenous Peoples play a vital role in the holistic approaches to improve the overall well-being of the population. Regaining identity that has been stripped by assimilation tactics grounded in multiple systematic policies Canada's Indian Residential School system has led to the Truth & Reconciliation Commission and the Calls To Action. The Pathway Toward Success that included both our findings and recommendations address specific health related Calls to Action and will enable different values to join forces to honour the historical relationship while Creating Our Way Forward.

Background

In response to Canada's Truth & Reconciliation Commission (CTRC) Calls To Action, Niagara Region Public Health & Emergency Services (NRPH&ES) recognizes, respects and aims to address the distinct health needs of the urban Indigenous (First Nations, Metis and Inuit) population of Niagara. Recent reports have highlighted the gaps in the data and knowledge of local public health units regarding the urban Indigenous population. 'Our Health Counts' research conducted in Toronto, Ottawa, Hamilton and London have revealed that the census data for the Indigenous population is two to four times under-represented. At the same time, reports continue to highlight the poor health outcomes within the Indigenous population that are significantly worse than the average non-Indigenous person.

Truth and Reconciliation Commission of Canada is a six-year study that discovered and revealed the impacts and intergenerational effects from the Indian Residential School system on the former students as well as their descendants and the work necessary towards reconciliation between them and the rest of Canada. The Indian Residential School system's objective was to assimilate the Indigenous population into the body politic of the dominant culture of the European and Christian immigrants. The final report of CTRC included 94 Calls to Action, which urges all levels of government including Indigenous leadership to make changes to policies and programs in a concerted effort to address the harms caused by the residential schools and ways to move towards reconciliation.

This project started when NRPH&ES was doing background research for their Health Equity Strategic Plan. Interviews with Executive Directors of the local Indigenous organizations and a focus group at Indigenous Diabetes Health Circle revealed a gap in programming and partnerships with their organizations. Based on the feedback, recommendations were made to work with the local Executive Directors and hire an Indigenous consultant to do further research about what the next steps should be in Niagara.

Initial consultations and research realized they needed different recommendations and research questions that were reflected and facilitated by an Indigenous Consultant rather than internal public health staff. An Indigenous Consultant was hired who was able to historicize the evolution of the research to deepen it and widen its framework, methodology and methods to conform with Indigenous ways of knowing and researching. The research methodology included incorporating a Haudenosaunee ceremonial prayer to begin the consultation sessions which established a level of comfort that allowed stakeholders to share honestly.

Health inequities, which are systematic differences in health outcomes, relate to social and environmental factors, such as social status, race, gender, physical environment, education and employment that are avoidable, unjust, and unfair. Due to the historical exponential impacts of the relationship of Canada and Indigenous People, Indigenous People currently experience multiple layers of discrimination and do not have sufficient access to the opportunities that meet their basic needs, which contributes to the vast health issues that Indigenous populations are disproportionately faced with. According to Richmond & Cook (2016), there is 'the need for healthy public policy that recognizes and prioritizes the rights of Canada's Aboriginal people to achieve health equity' (p.1).

The Canadian Institute of Health Research (CIHR)'s findings regarding Indigenous People's Health state that "the gap in life expectancy between Indigenous and other Canadians is seven years. Indigenous Peoples are more likely than other Canadians to have hearing, sight and speech disabilities" (CIHR. About Indigenous Peoples Health, 2018, para. 1). The appalling statistics on Indigenous Peoples health indicate a national epidemic, where systemic racism is an additional indicator of poor health for urban and on-reserve Indigenous communities.

Governments acknowledged in statement after statement that Indigenous health is a priority and that Indigenous Peoples should have an active role in addressing these ever-climbing rates of health disparities. The Indian Health Policy of 1979, written forty-one years ago, stated that the Federal Government was committed to maintaining an active role in the Canadian health system as it affects Indians. The Government was committed to encouraging provinces to maintain their role and to fill gaps in necessary diagnostic, treatment and rehabilitative services. The Government was committed to promoting the capacity of Indian communities to play an active, more positive role in the health system and in decisions affecting their health.

More recently, the Royal Commission on Aboriginal People report published in 1996 also attempted to show that the Government was committed. It contains over 4,000 pages of evidence and statistics and findings that identified any and all issues deemed relevant to Aboriginal, now known as Indigenous, Peoples in Canada. It was a mandate for the Government to investigate what the challenges were that affected the relationship between Aboriginal People and the Canadian government and propose solutions.

Today we have yet another mandate in the form of Canada's Truth and Reconciliation Commission and its 94 Calls to Action. This time it is a mandate that comes from outside the Government's purview and was guided by Indigenous Peoples. With this new mandate, it is time to hit the ground running. It is time for real sincere action. Filing paper after paper, report after report with the statistics of health disparities and inequities for the original people of this land is not making the desired impact as First Nation, Metis, and Inuit Peoples health issues, suicide rates, child welfare apprehensions, incarcaration, poverty, and addiction rates keep climbing.

It is this Haudenosaunee researcher's traditional morals, values and ways of doing to honour my ancestors and true authentic Haudenosaunee ways of life and not fill this report with what is already known, in terms of statistics. As described in the introduction of this report, the Dish with One Spoon wampum is an agreement established thousands of years ago in the early 12th century to ensure that everyone and everything can access the necessary resources to ensure a quality of life. We need to remain mindful of these instructions.

The majority of the Indigenous population in Ontario are living in urban communities due to SDOH that make conditions very challenging to live on federally trust-funded reserves. In the Niagara region there is a large Indigenous population. This is evidenced by our location as a border community, the number of local historical atrocities that involved many Haudenosaunee and Anishinaabe Peoples, and the fact that there are many local Indigenous specific organizations that are provincially funded. With the findings in this report, the guidance contained in the TRC-Calls to Action and the guidance of our ancestral wampums we have what is needed to address the local concerns of Indigenous Peoples' overall health.

Statistics are inaccurate and under-represent the true state of Indigenous People's health due to the distrust that Indigenous Peoples hold towards government agencies and the corresponding withholding of information. Historically, self-identifying as Indigenous could lead to more harm than good when accessing any type of assistance. It will take an active concerted effort to deliver on promises to lift stigma, that will allow Indigenous Peoples to be honest about their identity when encountering health care providers and ensuring that they will not be penalized for who they are.

By implementing the recommendations from the findings of this study that are linked to Canada's Truth & Reconciliation Commission's Calls To Action, the Indigenous population of the Niagara region can look forward to living healthier lives, while being represented in all levels of decision making, program and service delivery as well as having the non-Indigenous population being better informed about Indigenous context in

Canada and the systemic barriers that the Indigenous population faces. This matters because non-Indigenous people are impacted by this history intergenerationally as well and continue to perpetuate strategies that uphold the current systemic realities. Settlers and Indigenous people need to understand each other and work together in these institutions to serve Indigenous clients and address systemic racism, the ultimate barrier to good health for Indigenous Peoples in the Niagara Region and across the Upper Part of Turtle Island (Canada).

Research Framework

The following research framework focuses on Canada's Truth & Reconciliation Commission's Calls To Action (TRC- CTA) 18-23 which centre on improving the health outcomes for Indigenous populations, nationally. This research is focusing on identifying steps that Niagara Region Public Health & Emergency Services (NRPH&ES) can take to re-orient public health programs and services; better engage with various community partners, including Indigenous organizations; and to better support positive social determinants of health outcomes for the Indigenous population of the Niagara region. The next steps will allow NRPH&ES to work towards meeting their goals by planning and implementing the recommendations from this study.

Our research mostly focused and highlighted local health and social service agencies. Not all the desired agencies were able to attend the multiple research sessions, this included key sectors such as housing and education. There were some informal discussions with local educational institutions, however, scheduling of vacations and timing of the research made it challenging to meet with them. Both of these sectors require further attention as part of the overall strategy for making change and improvement system wide locally.

According to Raphael (2009), all 14 SDOH have strong effects upon the health of Canadians. They are actually much stronger than individual behaviours such as diet, physical activity, and even tobacco and excessive alcohol use, therefore this framework focused on questions related to SDOH systemically verses simply the behaviour of individuals (Raphael, 2009). Equally this research project considers and applies cultural determinants of health wellbeing as part of its research framework.

Inspired by Australian research from The Lowitja Institution, Australia's National Institute for Aboriginal & Torres Strait Islander Health Research, we have identified and reviewed current evidence through our consultations with local Indigenous leadership. We have drawn relationships between core protective elements of cultural determinants of health and wellbeing outcomes. This is supported within our literature reviews to help define

what these cultural determinants are. The identified cultural determinants are loss of language, ceremonial practices, land-based programming and opportunities to engage with knowledge keepers.

Research Goals

The following goals guide the primary focus for this research. The intent through the research process was to find answers to these questions that would provide a clear pathway to moving forward on defining the next steps for Niagara Region Public Health & Emergency Services (NRPH&ES) to engage with local Indigenous community, including recommendations on the merit of a permanent position in NRPH&ES, and what that role would include.

- How alliances between Niagara Region and community organizations can be formed or strengthened.
- How to incorporate the Truth and Reconciliation Calls to Action into the Niagara Regional work with local Indigenous communities.
- How to liaise with all local Indigenous organizations to address systemic and structural barriers for Indigenous health
- What training or supports are needed to improve NRPH&ES staff ability to support the Indigenous population.

Methodology

The methodology informing this research is grounded in the Haudenosaunee worldview based on the concept of 'The Good Mind.' The Good Mind is obtained and maintained while spiritually connecting our hearts and minds to our natural environment. In our natural environment everything that sustains our well-being is acknowledged and appreciated in our speech that begins our ceremonies, decision-making gatherings, and celebrations. This speech is referred to as the Ganohonyohk (pronunciation - Ga-noy-hon-yok) in my Cayuga language. To translate Ganohonyok into English would loosely mean, the words that come before all else. This speech is referred to as the Haudenosaunee (Iroquois) Thanksgiving Address.

We are taught that we are to begin each day with giving our thanks and appreciation for everything in our natural environment, including everything under, on and above Mother Earth. Beyond giving thanks, we are taught to acknowledge the contributions to us pitiful human beings as well as the ecosystem. Described by the late traditional Confederate Chief Arnie General, human beings are pitiful because of the fact that of the four families of creation (the animal kingdom, plant life, mineral life and human beings) we

are the only family that cannot live without the other three families, yet the other three can continue to survive without us, maybe even thrive more richly. This speaks to having a greater understanding that everything has a purpose and contributes to the whole, which enables our existence.

This research project utilized several methods that incorporated Indigenous pedagogical practices. The practices consider the whole person as they learn: intriguing one's value system; creating and providing a comfortable and safe environment for communicating - being physically comfortable and feeling emotionally safe provides opportunity to be honest, open and engaged; describing or providing a visual aid; and given time to process and reflect the emotional impacts of the acquired knowledge and/or challenging dialogue.

My pedagogy is holistically based on the learners', in this case - the stakeholders' needs being met. Once there is a sense of comfort established, then it is important to acknowledge that everyone's input is valuable and needed, which creates a sense of acceptance and trust. An established tone of comfort, trust and value impacts the outcome of participant sharing. By being inclusive this allows stakeholders to speak to the topic and not the perceived outcomes, which allows for broad perspectives to inform the recommendations.

The use of personal ceremony and prayer is an integral part of my pedagogical reflecting process. Without getting into too much detail, I did this often throughout this process. There was a need to go into ceremony and ask for guidance and understanding to make progress in the research holistically and with respect to the impacts felt.

Historically, colonial research structures required steps to follow that furthered the mythos or fallacy that objectivity by the researcher is desired and achievable. Usually this research is done from a point of view by the observer who is an outsider to the population being studied. Whereas an Indigenous researcher is a part of the population that is being engaged and consulted. The nature of the research is collaborative versus independent. Therefore, the researcher/ consultant is directly impacted by the outcomes of the research. While continuing to live with cultural determinants of health and systematic barriers, this Indigenous consultant also bridges Indigenous cultural practices, pedagogy and methodology within an ongoing and inherently colonial research process.

When we do an opening we are inviting and asking the spiritual beings of our natural world and our ancestors to join us to provide support and guidance. So, it is necessary and respectful to let those beings know when we have finished, whatever it is we came

together to do, and to not only thank them for their contributions but to also relieve them of the role we had asked them to fulfill.

I chose to facilitate consultation sessions with protocols in place, that privileged Indigenous ways of knowing and learning. With these sessions I took opportunities to impart traditional Indigenous knowledge with stakeholders, throughout each hour and a half. There were many opportunities to share Indigenous knowledge from my particular background as a Haudensaunee facilitator and researcher and I enjoyed responding to teachable moments.

Integral to our approach is the ethic of community-driven research where we consult with and seek consent from those that are engaged in the process. To be community driven means that the results reflect the desires and requirements that the stakeholders are communicating. According to the Institution of Community Research of Connecticut, USA, community-driven research works in collaboration and partnership with the communities affected by the problems and will inform the solutions.

Our recommendations result from using evidence-informed decision making. With the resources available, and with the cooperation of all of our stakeholders who agreed to participate, we are depending upon the best available and direct research evidence to inform us on our recommendations. We are focused on the local context and we are preferring community-based actions that politically support positively improving both social determinants of health (SDOH) and cultural determinants of health (CDOH) to improve public health resources for Indigenous Peoples in the region.

The data is based upon anecdotal narrative gained through the consultation sessions which often expressed the lived experience of participants inside existing systems of service delivery, either as deliverers of services or as potential recipients of services broadly in the Indigenous community. Most of the potential Indigenous recipients of services engaged with the questions through the survey on-line. While Indigenous service providers and Indigenous leaders participated in specifically focused consultation sessions designed dynamically to meet their concerns. Ultimately we included questions tailored to specific concerns of each cluster of sessions representing the three main sectors we consulted.

Sample

We engaged Niagara Region’s Public Health and Emergency Services internal staff from all departments in our consultation sessions. Then we conducted similar sessions with staff from various community partners. Finally, we conducted direct consultation sessions with leaders, management, and staff of various local Indigenous organizations.

We engaged with thirty-eight (38) internal staff of NRPH&ES from all seven (7) departments throughout the five consultation sessions. The internal staff were able to self identify/volunteer to participate or were suggested to participate by their supervisors, with the request that staff participate who had prior experience working or engaging with Indigenous populations. The sessions were held at various locations to accommodate the different departments.

We sampled from community partners that work directly with the local Indigenous population, focusing on how these organizations could improve their programs and services to positively impact overall health. We chose community partners that address different SDOH in their mandates. Out of twenty-four (24) community partners that we contacted, eleven (11) participated in the consultation sessions. We also contacted community partners based upon referrals from local Indigenous organizations to address gaps in our sample.

We conducted consultation sessions with four Indigenous organizations that addressed SDOH in the Niagara region. Out of these four (4) organizations twenty-five (25) individuals attended. However, community members who use the services of these organizations could not attend for various reasons. Based on suggestions from the Indigenous organizations, we created an online survey to connect with community members. Sixty-eight people opened the first page of the survey, thirty individuals completed multiple survey questions, and twenty-seven individuals completed the entire survey. Since the survey was anonymous, we cannot tell if some of the initial page visits were the same person that came back to the webpage another time to finish.

Methods

Consultation Sessions

Pedagogical setup for the consultation sessions started with the TRC-CTA document highlighting Calls to Action 18 to 23 was sent to stakeholders attending each session. This was reviewed collectively after an opening prayer and before background information sharing and the inquiry questions. The background of this project was presented informally by the supervisor Cassandra Ogunniyi of the project. Throughout the consultation process Indigenous cultural knowledge, particularly Haudenosaunee and Anishinaabe ways, were shared as teachable moments when discussions sparked questions or thoughts from the participants.

The many reflection processes were necessary throughout this project and especially after consultation sessions. Reflection processes for this researcher and another team member included personal ceremonies and debriefing with friends colleagues loved ones and ancestors at times. The personal ceremonies are rejuvenating and empowering with spiritual guidance and interpersonal understanding of the findings shared.

Consultation Sessions Protocol

Included in the email with the TRC-CTA document, the focus of the questions were summarized. Consent forms were disturbed and signed by all external participants including community partners and the Indigenous organizations' staff and leadership. This researcher and facilitator offered a condensed version of an opening Haudenosaunee prayer the Ganohonyok in the traditional Cayuga language. All participants that were present as well as some that may have wanted to be present and the people that influence all of our lives were also acknowledged and appreciated in the Mohawk language.

Research Project Orientation

Each group including the Indigenous stakeholders were educated on the global movement of truth and reconciliation commissions. Then the background orientation of this research project was shared. We then took turns going around the circle to share names and basic information of affiliation that each were representing.

Questions were then orally presented and summarized on flipchart paper to begin this consultation process. Each question (See Appendix A) that was asked of the internal staff of NRPH&ES and community partners were tailored to these particular groups. The questions evolved to gain a general understanding of Indigenous context and engagement. We also wanted to understand what needs to be addressed to better serve the Indigenous population of the region. We wanted to not only understand the gaps but the next steps to improve overall health within the region that is offered. The questions (See Appendix B) that were asked to the Indigenous organizations' staff were tailored to gain a collective Indigenous perspective regarding well-being. We also wanted to know how engagement could improve with Indigenous organizations and community. We were also looking to understand ways to build or enhance alliances and pursue potential partnerships.

Stakeholders then wrote their responses on post-it notes. An open discussion was facilitated after each question and some stakeholders choose to share their responses with the group. After the group discussion, their written notes were placed on the corresponding flipchart paper. Upon request the note-taker documented points during the discussion before moving on to the next question. We wanted to have options on how their responses would be recorded. All responses were anonymous.

A traditional closing Haudenosaunee prayer is a practice that is encouraged especially when an opening has been delivered. Also the opening serves to acknowledge appreciation for everyone's efforts, time and input. Traditionally we are informed that if we begin with an opening prayer then it is necessary to also provide a closing prayer. It is necessary to bring closure to the session as well as acknowledge all the spiritual support that joined the session.

On-line Survey

The on-line survey was disturbed to Indigenous leadership and was widely shared with their networks. The survey was anonymous and did not include any demographic indicating questions. Once completed participants could receive an incentive by sharing their name and mailing address via email.

The on-line survey utilized tailored questions (Appendix C) to gain an understanding of Indigenous lived experience perspectives of what well-being (health) includes. We also wanted to gain an understanding of what are important health issues and concerns within the Niagara region for the Indigenous population. We wanted to know what programs and services are they accessing within the region. And finally we want to understand what draws them to access mainstream organizations.

We collected random samples of the Indigenous community at large in the region through the online survey. Respondents could remain completely anonymous therefore our data is a wide aggregation of the population. However, five (5) of the people that completed the survey requested their reward. Demographically, there appear to be three male and two female participants; three within the catchment area of the Niagara region; one on-reserve and one residing in the USA. Our sample is obviously too small to discuss margins of error in the sample size but you can extrapolate anecdotal challenges that may be common to other Indigenous Peoples living in the area based upon the insider expertise of the consultant and the other input within the consultation sessions.

We also recognize that although on-line surveys do appeal to various learning styles, comfort levels, and can reach people that may be otherwise isolated socially from the Indigenous community, according to the local Indigenous population human interaction is paramount in building trust for the Indigenous population and agency relationships in Niagara. We wanted to ensure that our accommodation was both inclusive and was wide enough to reach the larger Indigenous population. However, the respondents did not have the opportunity to engage with the holistic space created through the ceremonial praxis that was established with the circles.

We can speculate that some factors may contribute to the low completion rate of the on-line survey including lack of resources such as technical equipment or skillset. This was a last minute decision as an alternative and option for the general Indigenous population to participate which had a time constraint. This method of giving input may be intimidating/uncomfortable due to the lack of human interaction inherent to the medium/platform, lack of human/technical support, and there may be computer literacy issues. If scheduling between other priorities did not allow for time to participate, our low response could be associated with the stressors that come with the work involved in trying to attain enough cultural and social determinants of health to feel happy, secure, and have what is needed to promote well-being generally.

Attracting and getting commitments to attend the consultation sessions proved effective for local Indigenous leadership and their staff as well as employees of non-Indigenous local agencies. However, the general Indigenous community, who may need or want to use these agencies and services to improve their social and cultural determinants of health, proved more difficult. Upon reflection this is likely the result of several intersecting factors tied to various systemic barriers that may change if the following recommendations are implemented. Without implementation what is likely a certain outcome is the ongoing difficulty of attracting general Indigenous community members to participate in such studies.

Literature Review

The literature review informed conclusions and recommendations while providing data that addressed gaps. It consisted of published literature exploring strategies, approaches, and principles of Indigenous engagement and collaboration with public service organizations that focus on overall health, which enabled a year long knowledge synthesis. The search strategy involved a limited number of reviewers they were myself, the contracted Indigenous consultant and the Niagara Region Public Health Strategic and Health Equity Initiatives Coordinator, to provide a timely foundational knowledge on

the research objectives and goals. This allowed us to proceed with effective questions to aid us in meeting the original goals.

Indigenous holistic practices were retrieved through a combination of standard subject headings; searching terms to identify Indigenous health and the lived experience of the Indigenous consultant. Engagement concepts were retrieved through a combination of gathered documents from focused provincial meetings, using broad subject terms and keyword terms (Indigenous SDOH; Public Health Indigenous engagement; and Health of Indigenous populations in Canada)

Common directives in the literature reflect and support many of our recommendations. Various reports helped to shape my understanding of what has been documented as Indigenous well being through publications such as Ontario Public Health Standards Health Equity Guidelines 2018 and Relationship with Indigenous Community Guidelines 2018, and Improving Health Care for Indigenous People living in Niagara and Brantford Summary Report. I looked at several Indigenous Strategy plans from many different health units from different regions and communities across the province such as Toronto, Sudbury and London for example. I reviewed the “Canadian Public Health Association policy statement Indigenous Relations and Reconciliation,” to further focus our recommendations to address improving services that answer the TRC calls to Action.

Data Analysis

Community Driven Ongoing Consultation

Analysis Included a meeting with local Indigenous leadership after completion of the consultation sessions where we were able to communicate and review the findings and outcomes of the process. This resulted in feedback and direction for proceeding further, including prioritizing and expanding upon the recommendations. The report itself has been vetted and reviewed before final publication with core Indigenous Leadership including the Executive Directors of Niagara Regional Native Centre, Fort Erie Native Friendship Centre, Niagara Chapter Native Women’s Association and Indigenous Diabetes Health Circle.

Data

The raw data from the consultations and the survey was sorted into thematic clusters as part of our content analysis. The themes were coded numerically. We then determined percentages to weight priority and establish repeating patterns from the input from the participants. However, given that our approach is to present this work in a holistic manner we are not focusing the reporting of our results on statistical data.

Findings

As a Haudenosaunee researcher gathering this data within the Dish with One Spoon traditional territory, I have decided to follow the governing practices of my ancestors. Haudenosaunee Confederacy is the world's oldest democracy. It uses a dynamic and complex consensus process that takes into consideration all perspectives of each chief (stakeholder) that represents the different nations and clans within the Confederacy.

By removing the numerical data I am staying true to my ancestral practice of inclusion and acknowledgement of all parties when presenting issues and suggestions to resolution. The data has been analyzed to form the following recommendations that are embedded in our findings. Haudenosaunee belief is that every perspective needs to be respected and included when decisions are formed to address concerns and make decisions. Unfortunately, the presentation of numerical data can unduly influence and skew the readers interpretation of the findings to support intrinsic biases common to colonial ideologies that can reinforce a systemic tyranny of the majority. It is important to become aware of reductionism as a bias in research and that this research has been consciously holistic in its methods, data collection, and findings.

Experience: What are your experience(s) working and/or engaging with Indigenous clients/organizations, and your observations with barriers that Indigenous clients have encountered?

Experience is broken down into two categories of data we have analyzed around two different but related phenomena. The first is the perceived level of engagement that the participants in the consultation sessions reported. The second has to do with perceived barriers of the Indigenous population by the staff and management with power to influence change in their respective sectors.

From the community view, engagement looks superficial at best. One offs seem to be the norm. This lack of appropriate and deeper engagement seems to be due to the lack of historical understanding of Indigenous ways of knowing and being.

We can determine from this data, strategic measures are required to offer guidance and direction to successfully engage with the local Indigenous organizations. This is needed to improve health outcomes for the Indigenous population of the Niagara region. We can also determine that developing strategic Indigenous context courses will accredit staff and prepare incoming professionals during their postsecondary studies.

Engagement

Internal staff

- Some have an awareness with local Indigenous organizations (e.g., Niagara Regional Native Centre, Fort Erie Native Friendship Centre, Indigenous Diabetes Health Centre, Niagara Chapter Native Women's Association, Aboriginal Legal Services)
- Some have completed online Indigenous cultural safety training that was offered through the LHIN to Public Health.
- Some perceived, unless self-identified, they have had little to no engagement with Indigenous people.
- Others have attended a local Indigenous organization to
    - supply resources
    - attend an Indigenous health fair
    - provide staff training focused on Public Health program
    - provide Public Health services
- Others reported engaging with Indigenous Peoples while
    - attending a powwow as a child
    - attending an Indigenous community event in northern Ontario

Community Partners

- The majority reported to have no experience working with or engaging Indigenous people and organizations
- The rest have:
    - an awareness of Indigenous programs and services in the region
    - had an experience with receiving a referral for an Indigenous client
    - received information for an exercise program
    - shared information with an Indigenous organization
    - had an Indigenous organization staff member facilitate a reflection circle following the cultural safety online training
    - asked an Indigenous organization for understanding of how to better interact with Indigenous people & clients
    - provided training, Understanding Trauma for Frontline Workers, for an Indigenous organization staff

  - became aware of a local Indigenous organization and a service provider partnership
  - assisted an Indigenous client needing immediate intervention

Perceived barriers:

Internal staff

- The majority felt they were unprepared and unaware of what type of support should be provided or even who to contact to make referrals for Indigenous cultural programs or services
- Some lacked the knowledge regarding
  - what would be considered culturally appropriate
  - how to determine racial identity to make indigenous informed referrals
  - Indigenous context
  - health-related findings of the TRC and appropriate available services
- Few reported SDOH that create barriers (e.g., lack of transportation, lack of employment, addictions and mental health concerns)
- Some were unaware of barriers
- Few reported uncertainty with knowing appropriate terminology which created a communication barrier
- Few suggested that there is a lack of familiarity and comfort with collaboration expectations from both parties
- Few reported to encounter racialized stigma and stereotypes regarding Indigenous Peoples, both professionally and personally.

Community partners:

- Few suggested that there is a lack of familiarity and comfort with Indigenous health practices, as well as unclear collaboration expectations from both parties
- Others reported lack of knowledge of available Indigenous healing practices as well as trauma-informed approaches and care.
- Others reported lack of knowledge of available services for health and non-health related needs for the Indigenous population.

Knowledge: What programs or services do local Indigenous organizations provide that complement your services and support the local Indigenous populations?

The community reported that the overall knowledge of Indigenous organizations, programs and services that support the Indigenous population is vague. This decreased opportunities to collaborate with local Indigenous organizations or to find ways to support the Indigenous population. The community suggested that a centralized Aboriginal Health Access Centre would provide greater opportunities to collaborate and gain access to Indigenous health related knowledge and most importantly better service the Indigenous population.

We can determine from the data that we need to address the lack of knowledge to better support the Indigenous population. We can further determine that a centralized Aboriginal Health Access Centre would be beneficial to the region and care should be taken to establish one. We ought to include Indigenous programming and services' information within established mechanisms. The community as a whole should take strategic measures to develop an inclusive model of care.

Internal staff

- The majority reported they are unaware of Indigenous programs, services and organizations to support the Indigenous population.
- Some reported being aware of Indigenous: diabetes programs and services; an **Aboriginal** Health Access Centre in another region; dental; prenatal programs; children's programs and services; parent support services; healing programs; and foot care clinics.

Community partners

- The vast majority reported to be unaware of Indigenous programs, services and organizations to support the Indigenous population.
- A few reported to be aware of: Indigenous programs and services; a local Indigenous organization; an Indigenous organization's city location.
- While others are aware of training opportunities, available Indigenous public speakers, youth specific supports, and dental offices who accept status card for payment.

Education/Training: What Indigenous related education/training have you done, your feedback, and what education/training would you like?

From the following data we can determine that more training is required to get safety and competency up to 100%. We learned that specific people in the organization were able to attend conferences. It makes sense that they bring back their learning in the form of a report or training to the organization. This can help the entire organization move forward in its understanding.

It is likely that as individuals become more exposed to such training, information will be funnelled to the entire organization through individuals who have more privileged access. As learning evolves we will likely see numbers of people who attend Indigenous community social events also increase. But this is not the reason for focusing on increased training for staff. Increased training is related to ensuring that everyone in the organization is demonstrating a level of competency that will serve Indigenous people needing or using their services.

The community partner numbers demonstrate several cumulative variables that show that there is not enough Indigenous context in the region. Some of the community partners are private businesses and lack cultural competency. Thus, they need to learn voluntarily as there are no regulatory requirements for them to be certified.

From the data below it is obvious that the community is willing and open to be educated with Indigenous knowledge. We can determine from this data that there needs to be opportunities to build knowledge in regard to cultural determinants of health for current service providers as well as professionals coming in. We can also determine the need to be inclusive with mechanisms currently in place to share programs and services information.

What Indigenous education/training have they done?

Internal staff:

- The majority has attended Indigenous engaging events and conferences including: TRC events, KAIROS Blanket Exercise, powwows, residential school tour, and Public Health Day with Indigenous content.
- Some have completed online cultural safety training and completed cultural competency training.
- Some have also attended Indigenous health-related workshops, presentations including Inuit celebration resiliency, PTSD trauma group, and Indigenous suicide.

- Others stay informed on Indigenous focused content through various platforms including films, social media and CBC Indigenous news.
- A few have acquired postsecondary education related to Indigenous content; gained knowledge from Indigenous clients; and completed education with specific Indigenous training (eg., addictions and treatment on reserve)

Community Partners:

- Some have completed online cultural safety training
- Others have nothing to report.
- Some have completed postsecondary Indigenous content studies (e.g., Aboriginal culture studies, masters level course, Aboriginal studies).
- Others have attended local Indigenous specific events; gained knowledge from Indigenous clients; completed training focused on historical overview; attended specific health population concerns information session; obtained Indigenous cultural specific information, and attended the final release of the TRC.

What Indigenous related education/training do they want more of?

Internal staff

- The majority requested opportunities to understand Indigenous health practices; to study the findings of the TRC; and to participate in knowledge exchange sessions with Indigenous organizations.
- The majority requested to be informed of available services Niagara Region provides for the Indigenous population; and training in Indigenous program delivery and philosophy of service.
- A few requested to be provided education on cultural differences with Indigenous ways and Public Health.

Community Partners:

- The majority would like more education: on health-related Indigenous models and practices; with postsecondary courses and additional qualifications including topics regarding the TRC & residential schools.
- The majority would also like more training on how to build strong relationships with the Indigenous population through Indigenous community engagement & knowledge exchange.

- Some would like education on available services Niagara Region provides for Indigenous population; as well as Indigenous program delivery and philosophy of service.
- Some would like online Cultural Safety Training Part two (2)
- Some admittedly reported that they do not know what is needed.

Ways Forward: What are some ways to incorporate the Calls to Action (CTA) into your current programs and services with Indigenous engagement?

The community suggests incorporating Indigenous perspectives into the fabric of Public Health to create a culturally appropriate framework for the changing realities of the work needed. We can determine from the data, there is a need to correlate Indigenous health outcomes with cultural determinants of health. We can determine that employing Indigenous professionals, including cultural experts, will enable practices that improve systems and create meaningful relationships. We can further determine that Indigenous context is missing throughout the current framework and does not achieve health equity for the entire population that NRPH&ES serves. Further professional development and alliances will lead us on the Pathway Toward Success ensuring we can Create Our Way Forward.

Internal staff:

- The majority indicated that they would like to improve Indigenous engagement by: including Indigenous perspectives; recognizing local Indigenous communities daily; hiring more Indigenous professionals including practicing cultural experts; completing mandatory Indigenous health-related training; completing mandatory training on the TRC and CTAs; and by collaborating with Indigenous experts to develop holistic training.
- The majority would increase: partnerships and alliances to Indigenize programs and services, collaboration with local Indigenous organizations, advocacy for Indigenous Peoples, partner with indigenous healthcare providers, culturally appropriate referrals, opportunities to build an inclusive community with Indigenous organizations, and incorporating Indigenous health practices.

Community partners:

- The majority reported ways to encourage community-building with Indigenous organizations that can include: collaborating practices, assessments, care plans, & evaluation processes; profiling services and share information; attending and

participating in community events; becoming more educated of services with Indigenous engagement; making appropriate client referrals; building community partnerships; and connecting more regularly.

- The majority reported that more education and training on various topics including:
    - Indigenous ways that include holistic practices, Indigenous models of care, cultural health-related teachings
    - education/intersection
    - history
    - culture and religious beliefs
    - presentations at community tables
    - systemic colonization and racism

Indigenous view ….

Knowledge: How would you describe positive well-being?

Staff of the Indigenous organizations suggested that achieving positive wellbeing was dependent upon prioritizing secure and safe housing with food security as the necessary foundation. They also expressed the importance of cultural practices being infused throughout operations, and not just within certain programs and services with emphasis on their front line workers. Holistic living includes traditional practices of engaging with our natural environment and having opportunities to be involved socially.

From the data we can determine that we need to consider both SDOH and CDOH for the overall health of the Indigenous population of the region. It is obvious that connection to the natural environment is integral to wellbeing from an Indigenous perspective. Creating and implementing a holistic living model would prove to be beneficial for all.

- External resources needed include
    - housing
    - food security
    - financial security
    - being safe and secure
    - social support network
        - opportunities to volunteer
        - opportunities to connect with culture/community/family
        - accessing cultural practices (e.g., ceremonies, socials and other community activities)
- Cultural practices that include
    - Indigenous languages, ceremonies, health-related cultural practices and activities (e.g., drum circles, sweat lodge, games, socials)
    - successful wrap around programming
    - well balanced front line workers
    - healthy relationships (e.g., being able to care for loved ones, and having people to depend on during stressful moments)
    - holistic living that includes
        - healthy coping skills

        - knowing how to grow and cook food
        - cultural knowledge
        - physical, mental, emotional and spiritual development
        - ceremonies
        - connected to our natural environment
- Holistic practices include
    - taking time for self care
    - being in control of your life
    - having peace, power and a good mind
    - maintaining balance between physical, mental, spiritual, and emotional aspects of self
- Maintaining mental health includes
    - being spiritually guided by
        - maintaining traditional practices
        - living a ‘Good Life’ according to traditional ethical values
        - taking time to assess, reflect and implement holistic health practices
        - maintaining inner peace
    - taking care of physical needs by
        - getting enough sleep
        - drinking water
        - eating healthy
        - fresh air
        - being safe
- Being emotionally stable includes
    - enjoying laughter
    - feeling a sense of belonging
    - knowing your life has purpose
    - having healthy coping skills to address positive and negative emotions
    - feeling happy in daily living

Experience: What are the top 5 health issues and concerns for the Indigenous community?

There are health issues and concerns within the top five aspects that impact daily living for the Indigenous community. From the data we can determine a focus has to be seen through a holistic lens that includes the CDOH. The issues and concerns raised are clustered into five areas that impact overall health.

- Health issues and concerns that are
    - impacted physically
        - diseases (e.g., diabetes, cancer, heart disease, high blood pressure, liver/kidney issues)
        - illnesses (e.g., addictions; depression; PTSD; intergenerational systemic and childhood trauma; anxiety; and suicide)
        - nutrition concerns (e.g., healthy eating & cooking, food security, unhealthy eating, access to traditional foods)
    - impacted spiritually
        - lack of access to culture
    - impacted emotionally
        - loss of identity
        - lack of youth role models
        - lack of supportive programs for youth and parents
        - lack of Indigenous role models in professional areas
        - family violence/domestic abuse
        - mental health misdiagnosis
    - imposed externally
        - systemic barriers (e.g., racism, poverty, housing, lack of transportation, tainted water)
        - inadequate care (e.g., dental, personal, long-term, health care, mental health, support in school, vaccinations, medical centres, sexual health, access to medicine)
        - inadequate programs (e.g., lack of activities for children and youth, support in school, cultural wellness, infant wellness and family unity)

What resources and supports are in highest demand, or most popular:

a) at your organization?

From the data we can determine that Indigenous organizations provide programs and services that attempt to address SDOH as well as CDOH for the Indigenous population. CDOH address regaining cultural knowledge, identity and land-based connection. While other organizations are specific to one area of overall health.

- Prenatal to Death support programs (e.g., infant and family support, children's programs - FACS, child care, family programs, addiction workers, domestic violence workers, age appropriate programming)
- Education/training/employment including schooling, job search, and academic supports
- Housing
- Legal services including family court support
- Addiction/Mental Health including mental health resources, addiction supports and addictions counseling
- Traditional Practices supports
    - cultural activities (ie., traditional languages, teachings, ceremonies, socials, and foods)
    - ongoing access to traditional healers
    - cultural/spiritual support
    - traditional teachings' workshops, guest speakers
    - sense of community, couple counselling
- Resources
    - food vouchers
    - program & medical transportation
    - advocacy supports

b) at other organizations in the community?

- housing
- mental health
- substance abuse
- treatment centres
- family violence prevention

Needs: What programs or services do you need more of in Niagara, or closer to the location where your clients live?

We can determine from the following data that the collaborative work of many sectors will need to be included to improve the overall health of the Indigenous population of the Niagara region. We can also determine that there are programs and services that currently exist that lack Indigenous content and delivery styles. More specifically there are also opportunities to address concerns that do not include Indigenous specific designation.

- Transportation
    - bill 92 funding for Indigenous organizations
    - better bus system
- Land-based learning
    - space and funding for land based programs
    - healing programs/opportunities
    - language programs
    - food security initiative
- Housing
    - Indigenous safe beds
    - rent supplements
    - hydro alternatives
    - affordable housing
- Trauma-informed care
    - culturally-based treatment facility for addictions
    - prevention and safe use
    - culturally-based support for families of addicts
    - culturally-informed mental health support in schools

    - culturally-based healing from grief and trauma
    - harm reduction
    - detox in Fort Erie
    - culturally-based mental health programs
    - rehab centre
    - culturally-based shelters
- Indigenous capacity
    - culturally- based mental health counselors
    - more Indigenous staff in PH&ES
    - Traditional healers
    - Indigenous languages and resources
- Access including location (i.e., community spaces, disability accessibility, weekend and evening programming, therapy, counseling & alternative healing modalities)
- Retention including funding stability and retention of qualified Indigenous staff
- Other food options (healthy food banks, farmers market in FE)
- Sexual health (i.e., safe sex and understanding consent)
- Family wellness including Indigenous parenting programming, support services, child care services, clothing and family counseling

In an ideal world, how would you describe the relationship between Public Health and the Indigenous peoples and/or organizations in Niagara?

We can determine from the following data that working in unison will provide the necessary services to meet health-related needs for Indigenous Peoples. We can also address the stigma and racism of the legacy of colonization through the ongoing training and educating of Public Health staff about what has impacted the health and wellbeing of Indigenous Peoples. We can also determine that with this relationship based on the four principles and wise practices of Respect, Trust, Self-determination and Commitment suggested by the Talking Together to Improve Health Project Team (2017) successful consultation can exist and flourish moving forward.

- Policy changes to include policies and procedures recognizing Indigenous culture (e.g., hunting & fishing), Indigenous staff's cultural observations, and PH allowing restaurant kitchens to keep traditional meats
- Cultural practices that include having traditional healers employed in both: Indigenous organizations and PH
- Recruitment to include more Indigenous people employed in PH&ES
- Sharing of land based programming with Indigenous and non-Indigenous staff
- Combined efforts made to understand colonization, impacts and the unique needs for the Indigenous population
- Make appropriate referrals to meet the needs of Indigenous Peoples
- Provide access to sufficient land and water to practice Indigenous healing ceremonies
- Incorporate Indigenous practices into addiction and mental health services
- Foundational with respect, honesty, inclusion, friendship, support, and to follow a consensus process

How can alliances between Niagara Region Public Health and Emergency Services and your organization be formed or strengthened?

From the data we can determine it is obvious that Indigenous stakeholders have many concrete and specific ideas that would improve services, build alliances that are cost efficient, holistic in approach and practical with regards to implementation. These suggestions included strategic planning, policy change and development, improve communication, and to grow and maintain what is working and address identifiable gaps. There is a desire to find ways for everyone to work with Indigenous expertise and Public Health expertise in tandem cooperatively.

- Policy changes that include creating and implementing policies foundational to the guiding principle from the Mi'kmaw people of Two-Eyed Seeing. This guideline bridges the Indigenous knowledge and ways of knowing with Western knowledge and ways of knowing together
- Consulting with Indigenous experts to find Indigenous solutions to Indigenous concerns throughout strategic planning
- Incorporate an Indigenous seat on regionally elected council
- Build meaningful relationships with transparency of intentions and reciprocity (i.e., mutually beneficial)
- Implement monitoring of agreed partnership responsibilities
- Share costs and spaces
- Co-programming
- Inviting to training & workshops in a timely manner
- Work with postsecondary institutions to improve Indigenous postsecondary student recruitment into PH studies
- Include Indigenous context into postsecondary PH curriculum
- Outreach opportunities that include
    - having PH&ES presence at Indigenous organizations, community events and committees
    - becoming familiar with programs and services between all parties
    - making informed referrals between Indigenous organizations and NRPH&ES

- breaking down barriers for Indigenous populations (e.g., working with Indigenous staff with clients in an attempt to alleviate fears and intimidation)
- attending Indigenous organization workshops (e.g., cultural-, and traditional teachings- focused)
- mandatory in-person training with Indigenous context for all NRPH&ES staff (e.g., historical context of unwritten and written acts, customs, judicial decisions that shaped the body politic of Canada, understanding the legacy of colonization and the impacts of Indigenous populations, understanding the unique needs of Indigenous populations due to the impacts, TRC and Calls to Action)
- having resources that include Indigenous context/content

Online survey results

How would you describe positive wellbeing?

The view of the Indigenous community describes positive wellbeing as being happy, healthy and maintaining balance in all aspects of life including cultural practices, mental health, physical wellness, emotional stability including external resources that contribute to safety and security.

- Cultural practices that include social gatherings (e.g., drum circles) and traditional teachings (e.g., obtaining and maintaining a Good Mind, as described from Haudenosaunee philosophy)
- Mental health includes developing healthy coping skills, engaging with cultural philosophies, implementing effective reflecting processes, and fostering inclusion of community
- Physical wellness includes being able to manage symptoms
- Emotional stability includes feeling happy, content and secure about one's self and their future
- External resources needed include a healthy dependable support system, access: to exercise facilities; social and crafty events with nutritious food; health and health related services; as well as school and/or work without discrimination
- The ability to access and/or create a holistic model of self and community care in a number of domains: basic needs/mental health/physical exercise/community engagement/spiritual connected-ness

What programs and services do you access that contribute to your well-being?

From the data we can determine that there are programs and services within the region that aid in wellbeing. However, the gaps are most prevalent in the connections among service providers, educational institutions, and community organizations. There were some comments that did not fit our list below, however, they are important to note because they reflect a practical needs-based approach to accessing health services. They also demonstrated and recognized community- based wrap-around strategies for wellbeing. For example they discussed accessing community services when needed, de-stressing by spending time with family and friends, they mentioned the need for senior support, and barriers to using clinics if there is a different doctor each time. Finally, transportation was identified as a general barrier to seeking the services they desired or needed that contribute to their overall wellbeing. Whether the services fit on the social spectrum or the cultural spectrum they were identified in various determinants of health when not accessible or available.

- Programs and services utilized include
    - cultural social gatherings (e.g., pow wows, drum circles, ceremonies, Indigenous Arts and Crafts, and gardening)
    - self-care services (e.g., meditation retreats, yoga, counselling, and foot care)
    - support services (e.g., Al-Anon meetings, traditional teachings, and prenatal)
    - educational opportunities (e.g., public speaking, language, library, and healthy cooking)
    - physical wellness (e.g., exercise classes (i.e., aqua fit))
    - Mental Health and Wellness programs
    - work-related learning events
    - disability focused (e.g., team parasports, chair yoga, community chorus, adaptive disability racing, and volunteer)
    - health-related (e.g., acupuncture, mental health, medical clinics, specialistics, telehealth, HIV specific services, and massage)

What are the top 5 health issues that are important to you?

The following categories are self explanatory. They are not ordered in priority. One is not more important than the other. These are the top 5 identified as being significant to the participants and therefore should be considered in our actions moving forward. The following data supports and upholds much of the data that the leadership and staff of various Indigenous organizations shared as well. This allows us to determine complementary goals, concerns, and desired strategies to achieve improvements or create positions, programs, and organizations that may have not pre-existed but could in the future.

- Spiritual issues and concerns include
    - inclusion
    - loss of culture
    - disconnected from identity
    - disconnected from spirituality
    - lack of traditional teachings that inform ancestral values system
- Physical issues or concerns include
    - lack of affordable and adequate housing and transportation
    - lack of access to education and employment opportunities leading to poverty
    - lack of proper health care & medical centres
    - lack of wellness programs, (e.g., infant-, child- family- focused)
    - safety from racism
    - diseases (e.g., diabetes, COPD, high blood pressure, cancer, heart disease)
    - healthy food security (e.g., nutrition, unhealthy diets, healthy cooking)
    - dental care
    - family violence and domestic abuse
    - personal & self care
    - sexual health (e.g., proper sex education including consent)
- Mental issues and concerns include
    - lack of acceptance with cultural ways of being

    - current and layered trauma (e.g., intergenerational trauma, childhood, systemic)
    - unresolved intergenerational & childhood grief
    - unhealthy relationships with others and self
    - misdiagnosis
    - illnesses (e.g., alcoholism, drug addictions, PTSD, depression, anxiety)
- Emotional issues or concerns include
    - feeling: of being unsupported, inadequate in dealing with life's challenges, unsafe, and unworthy
- Environmental issues or concerns include
    - access to healthy foods including traditional meats
    - access to healthy land & water

How do you contribute to the health of your community?

From the data we can determine that there are other culturally-based activities institutional volunteerism or casual participation that helps people care for each other and advocate for their common needs. It is obvious that Indigenous community members, through their own desires and resourcefulness, work to decrease the gaps that are being addressed in this study. These are not monitored or sanctioned activities that can be tracked by this study but there is likely much that can be learned about wellbeing from the habits activities and actions of Indigenous Peoples in their everyday lives within their communities that they participate within. These things need to be acknowledged when considering filling gaps for the overall health of the Indigenous community.

- Provide programming
    - programs at the public library that allow people to make new connections with their community and learn new things.
    - HIV and harm reduction
    - plan programs for seniors promoting healthy eating, exercising and independence
- Support cultural activities
    - cultural knowledge support
    - attend drum circles
    - teach how to make traditional clothing and foods
    - share traditional remedies
    - be a positive role model
- Environmental awareness
    - provide awareness on environmental issues and impacts
    - promote recycling and life-style changes reduce carbon footprint
- Share resource information
    - providing resource information
    - advocate for equitable care in the judicial system
    - bring people together to join in healthy ventures
    - share appropriate information regarding services and resources to begin developing a plan of wellness and self care

- Provide support
    - provide positive feedback and encourage members to access resources
    - volunteer
    - encourage fun and laughter
    - advocating for others and encourage others to advocate for themselves

What resources and supports do you need more of in your community to improve your well-being?

We can determine from the data below that Indigenous people want and need more culturally-based programs and they desire to meet with and see more individuals in these systems that represent their population. They would prefer more holistically designed facilities and programs where they can be assured that they will be heard, listened to and that their lived experiences will be considered in the health care that is being delivered. They want health care that can meet their schedule needs and there is currently a large focus on meeting the needs of youth. Supporting seniors and services that help with creating financial stability for all programs are much desired. It is clear that there are serious political and economic trends that force some members of the Indigenous community at higher rates than mainstream populations into scenarios where poverty becomes a major contributor to certain health related challenges. Addressing poverty in urban environments will also support many Indigenous Peoples dealing with this phenomenon.

- Indigenous health care professionals
- Indigenous holistic practices including Indigenous mental health support (i.e., elders and healers), access to traditional plants or remedies, nutrition programs
- Trauma-informed care: (i.e., understanding, recognizing and responding to the effects of trauma)
- Mental health access (e.g., extended hours, education and psychiatrist referral)
- Special needs including support for adolescent children with Autism, gatherings for young people living with chronic illness
- Senior supports including awareness of community resources
- Financial stability for programming
- Entertainment including sports, concerts, and theatre

- Basic necessities including affordable housing, employment, transportation, food security and local health care services
- Medical care including local back surgeons, reduced drug costs and walk- in clinic

What would make you feel more welcome and comfortable when accessing mainstream organizations?

We can determine from the data below that Indigenous Peoples are experiencing unfriendly encounters when accessing mainstream organizations. We can also determine that Indigenous Peoples are experiencing ignorance in regards to the impacts that the legacy of colonization continues to affect the overall health of Indigenous Peoples. We can determine that Indigenous Peoples would simply like to be acknowledged and respected as the original inhabitants of this land while achieving quality health care that anyone in the mainstream population can expect. But it's more than that. They want to know that their identities are no longer being erased within health-care systems, and they want to know that there are Indigenous professionals in all aspects of the systems and they need navigators to be empowered to journey through systems for their benefit and not their detriment. Lastly, we can determine that Indigenous Peoples need to reconnect with their traditional health practices.

- Friendly-environment including friendly non-judgemental staff that take time to listen, have a positive attitude and customer service skills.
- Educated staff on the TRC and the CDOH that impact overall health for Indigenous Peoples
- Indigenous professionals employed including Indigenous cultural experts and navigators
- Local Indigenous cultures represented (e.g., artwork, promotional resources, traditional practices
- Community building opportunities
- Virtual walkthrough videos posted to the organization's website

It is obvious from the research that the Indigenous population of the Niagara region is poorly serviced based on cultural determinants of health. Service providers do not have enough knowledge to create and implement effective programs for the Indigenous population. For the mainstream organizations there are significant gaps in understanding and identifying attitudinal systemic racism as well as gaps in training.

There is a lack of opportunities for service providers and decision-makers to plan appropriate culturally-based programs, often resulting in tokenism versus meaningful

engagement. There is an ongoing lack of Indigenous representation in key decision making levels of organizing. Generally, there is a lack of trauma and violence informed care that takes into consideration intergenerational legacies that impact health and wellness in various age groups across socio-economic circumstances. Cultural determinants of health must include Indigenous ways of being and cultural practices while affirming and achieving Indigenous consent through ongoing consensus models of decision making. There is a pervasive lack of communication between mainstream service providers and Indigenous agencies that result in a lack of knowledge of how to incorporate the TRC-CTA.

Pathway Toward Success

This Pathway Toward Success has been created based upon the above findings. The recommendations are structured to address each applicable TRC health-related Calls to Action. The recommendations focus on specific goals that will provide guidance for making positive steps to improve overall health for the Indigenous population of Niagara and to enhance collaborative efforts.

Where there are multiple recommendations they are ordered by priority so that each recommendation is implemented according to the actions that can begin immediately, what will take planning and what will be long-term goals. It is hoped that with these recommendations addressing each relevant Call to Action will lead to a synergistic outcome for all stakeholders. With this initiative gaining momentum it will support ongoing decolonization, Indigenization and ultimately reconciliation. The quality of life in the Niagara region will improve with the coming together to find shared remedies to close the divisions influenced by strategies that colonization built over generations. We are using the Ottawa Public Health version of the Calls to Action in the Reconcili-action Plan (2018) building upon the research already done in another community.

Call to Action # 18

Publicly acknowledge and raise awareness about the direct relationship between residential schools, (and other government policies), and current state of Indigenous health.

Identifying with the Call:

While learning the strategies and tactics imposed in the assimilation process of Indigenous Peoples, we can begin to understand the traumatic impact that continues to affect everyday life for the Indigenous population. It is the responsibility of health professionals to get to the core of symptoms to effectively treat health concerns.

With the research of TRC this Call to Action (#18) suggests that acknowledging and raising awareness of historical atrocities on the Indigenous population of Canada is the first step in getting to the core of symptoms. Understanding the impacts that unresolved trauma passed down through generations and normalized racism throughout systems and structures endorsed from health related research that has not taken these impacts into consideration throughout the studies is a contributing factor to the symptoms. Allan & Smylie (2015) suggest that understanding the impact of historic, collective and intergenerational trauma in the lives of Indigenous Peoples is a necessary precondition to improving health care access and service delivery. (p.23)

To address inequalities and inequities that continue to hinder Indigenous peoples' quality of life, the responsibility has to be placed on the system and professionals servicing them. This leads to recommending having mandatory training for multiple topics such as the Truth and Reconciliation Commission, Calls to Action, residential schools, the history of First Nations, Metis and Inuit people in Canada, trauma-informed care as well as Indigenous cultural practices for well-being.

Responding to the Call:

Liaise with local Indigenous organizations to address systemic and structural barriers for Indigenous health beginning with mandatory training including topics that will explore understanding the hidden dark history of Canada which infected generations of Indigenous Peoples and their quality of life.

Action to take:

Immediate: Arrange an Indigenous speaker series including experts on the Cultural Determinants of Health (CDOH) i.e., Senator Murray Sinclair, (former Chair of the TRC), Indigenous health experts, and lived experience speakers.

Immediate: Supply resources to all employees and Board of Health members including literature on the TRC final report and the United Nations Declaration of Rights for Indigenous Peoples (UNDRIP).

Short Term: Develop posters, resources and materials that demonstrate statistical information that reflects direct correlations between residential schools, (and other government policies), and current states of Indigenous health.

Long Term: Explore the CDOH further to understand the underlying causes: past & present policies; ideologies of colonization that incorporate racism patriarchy and neo liberal capitalism to disadvantage Indigenous Peoples.

Call to Action #19

Establish measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities / Publish annual progress reports and assess long-term trends.

Identifying with the Call:

In demonstrating a commitment to Indigenous engagement, it must be seen as a long-term process. This must be deliberate and reflected in the operations of Public Health. Middlesex -London Health Unit (2018) suggests that relationship-building requires an honest approach, which demonstrates commitment through meaningful engagement and partnerships. (p.21) This engagement needs to explore working collaboratively to be mutually beneficial. Taking Action for Reconciliation suggests that this can create opportunities to bridge value systems that have historically remained disassociated (p.8). It has been suggested by the Indigenous leadership of Niagara to demonstrate the commitment and encourage further engagement with local Indigenous organizations, professionally and through community events. As well as establishing an Indigenous permanent position to participate in the decision-making processes within the works of NRPH&ES.

Responding to the Call:

Forming and strengthening alliances between Niagara Region and community organizations to demonstrate commitment to building the TRC Calls to Action into the work of NRPH&ES.

Action to take:

Immediate: Issue a statement releasing this report that acknowledges and recognizes the local Indigenous communities while demonstrating commitment to the TRC Calls to Action.

Short-term: Encourage PH&ES leaders and staff to attend local Indigenous events, participate in committees, and visit local organizations

Short-term: Engage with Indigenous leadership and communities when establishing or re-orienting PH&ES programs

Long-term: Establish strong Indigenous representation in decision-making processes (i.e. presence on councils, committees)

Call to Action #20

Address the distinct health needs of First Nations, Inuit, Metis Peoples living off-reserve.

Identifying with the Call:

Communicating available programs and services between local Indigenous and non-Indigenous organizations would support addressing the distinct and unique needs of the Indigenous population living in the region. Activating this practice will lead to many opportunities including making appropriate referrals, co-programming and potentially create other partnerships to improve the well-being of the Indigenous population of Niagara. Further investigation into identifying the distinct needs for the urban Indigenous community living in Niagara led with an Indigenous researcher to begin the process to strategically plan and implement Indigenous cultural protocols, health practices and other identified determinants of health for the urban Indigenous population of Niagara.

Responding to the Call:

Hiring an Indigenous employee to further explore all considerations of the distinct needs of the Indigenous population of Niagara.

Action to take:

Immediate: Hire an Indigenous Liaison (or similar) to work with PH&ES and Indigenous leadership to develop a Niagara specific Strategic/Action Plan

Short-term: Hire an Indigenous researcher to explore all determinants of health for the Indigenous population of Niagara.

Long-term: Implement strategies to address disparities and determinants impacting the overall health of the Indigenous population in the region.

Call to Action #21

Advocate for equitable, sustainable funding for existing and new Indigenous healing centres, and culturally-based care to address the physical, mental, emotional, and spiritual harms caused by residential schools (and other government policies).

Identifying with the Call:

Having an Aboriginal Health Access Centre (AHAC) in the Niagara region was suggested to be beneficial to address the holistic ongoing harm of the Indigenous health disparities for the Indigenous population of Niagara. Although there are AHAC sites in Brantford and Hamilton, which Niagara Indigenous Peoples can access and some services are offered locally, this current situation may not be feasible, attainable, or sustainable for meeting the needs of the Indigenous population of Niagara in the future. It is not clear that the current circumstances are actually meeting the needs now.

Responding to the Call:

Through this study the discussion was raised to explore feasibility of advocating for a new AHAC in the Niagara region. It was suggested that having an AHAC locally would be ideal to address the multiple concerns presented in the findings of this report. This researcher further suggests exploring the “Our Health Counts Uran Aboriginal Database Research” to investigate the next steps to acquire a Niagara AHAC.

Action to take:

Immediate: To explore the feasibility of an Aboriginal Health Access Centre in the Niagara region.

Call to Action #22

Recognize the value of Indigenous knowledge and healing practices and use them when working with Indigenous clients.

Identifying with the Call:

In addressing the lack of Indigenous-informed programs and services available for the local Indigenous population within the region there needs to be a collaborative effort to re-orient public health programs with the local Indigenous organizations. Honouring Indigenous ways and practices to approach addressing the needs of the Indigenous population is imperative to improving the health of the Indigenous population and providing equal opportunities for health. Further exploration of the research to gain knowledge of an Indigenous holistic lens, including what is needed to address the cultural determinants of health/well-being to truly achieve changes in health outcomes.

As article 23 of the United Nations on the Rights of Indigenous Peoples (UNDRIP) states, ”Indigenous Peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and social programs affecting them and as far as possible, to administer such programs through their own institutions (UNDRIP, 2007).

Responding to the Call:

Re-orienting public health programs should include NRPH&ES working with local Indigenous community leaders. They should utilize Indigenous research methodologies and methods to identify the gaps for local Indigenous SDOH, and bridge Indigenous CDOH to find solutions. They should focus on creating a holistic approach to improve overall health for the Indigenous population. NRPH&ES should coordinate programs and outreach services, where identified by the local Indigenous organizations.

Action to take:

Immediate: Circulate resources lists of local Indigenous programs and services for PH&ES to use for referring Indigenous clients to established local services

Short - long-term: Ensure resources are available that include Indigenous context and content

Short-term: Establish a group to identify the key local needs, gaps in programs and services, and come up with culturally relevant solutions

Long-term: Establish co-programing, location sharing, or coordinated outreach services as needed

Call to Action #23-i

Increase the number of Indigenous professionals working in the healthcare field.

Identifying to the Call:

Having more Indigenous professionals working in various capacities within PH&ES addresses concerns of representation, common experience, and understanding for Indigenous clients. There are benefits that only Indigenous Peoples can relate to and they need Indigenous service providers to feel that these services will be trustworthy. Indigenous professionals employed by Public Health who have acquired Indigenous expertise will be able to engage with further reconciliation efforts from a combination of lived experience along with expert capacity. There is an identified lack of direction when understanding what is needed to engage successfully and work in meaningful ways with the local Indigenous population. Hiring Indigenous professionals will address this lack of direction.

Responding to the Call:

NRPH&ES should hire multiple positions to support their work with the local Indigenous community.

Action to take:

Immediate: Hire an Indigenous Liaison to coordinate work and partnerships between Indigenous organizations and various areas in PH&ES, work with Indigenous leaders to develop a strategic plan that addresses Indigenous social determinants of health (SDOH) with Indigenous specific solutions.

Short-term: Establish relationships with local educational institutes to increase the number of Indigenous student placements with NRPH&ES and include Indigenous context into health-related programs.

Long-term: Hire other supporting Indigenous roles which potentially could include Indigenous specific positions (e.g. Public Health Nurses that are dedicated to specific Indigenous organizations) as well as Indigenous student placements.

Call to Action #23 iii.

Provide cultural competency training for all healthcare professionals.

Identifying with the Call:

From the respondents that have completed Indigenous context training they endorse the valuable experience which inspired more exploration of opportunities to engage with Indigenous Peoples and other learning. Offering mandatory training for all PH&ES employees would benefit the Indigenization work being established in the Niagara region.

Responding to the Call:

NRPH&ES should provide mandatory Indigenous Cultural Safety Training for all employees. This training should include online and in-person sessions. The in-person sessions should be provided by local Indigenous cultural experts and leadership. Multiple training topics suggested from this study include: the Truth and Reconciliation Commission; Calls to Action; history of First Nations, Metis and Inuit people in Canada; trauma-informed care approaches; understanding and addressing implicit bias; Indigenous value systems; traditional health-related teachings; and holistic practices.

Action to take:

Immediate: Arrange for all staff to participate in Cultural Safety Training

Short-term: Arrange for in-person training for all staff

Long-term: Provide topic specific training for relevant professionals

CONCLUSION

In conclusion, this research project builds upon previous and concurrent efforts to understand Indigenous health and also provides a deeper understanding and analysis from an Indigenous needs based perspective, rather than an institutional perspective. In doing this, it fulfills the TRC Calls to Actions with integrity and intention. The findings shaped and suggested recommendations to address improving Niagara Region Public Health & Emergency Services (NRPH&ES) programs and services being offered to the Indigenous population of the region. These findings demonstrate the need for institutional changes from policy reviews to providing professional development opportunities for NRPH&ES staff. These findings also suggest exploring postsecondary curriculum to incorporate Indigenous content for incoming PH&ES professionals and recruitment efforts for Indigenous students into PH&ES programs as well as student placement possibilities.

The recommendations suggest that there is a need to bridge Indigenous knowledge and ways of doing with Western knowledge and ways of doing to create a different approach when addressing effective and respectful Indigenous health outcomes. Understanding this concept will mitigate challenges which currently hinder collaboration and partnership efforts. It is strongly suggested that Indigenous professionals in various capacities be hired to participate and inform the Indigenization work of PH&ES to achieve health equity for the Indigenous population of the Niagara community.

Historically, there is not much in the way of relationship building between the Indigenous population and NRPH&ES or local community partners. This is not surprising, given that in the minds of many people within the dominant systems, Indigenous Peoples are just beginning to be acknowledged as human. This attitude shift has culminated with the release of the TRC report in June of 2015.

Talking Together to Improve Health Project Team (2017) states that not only is it a wise practice to reach out and engage with Indigenous communities before the start of any Indigenous health-related endeavour but it will also be an effective strategy to reduce distrust and increase trust and participation (p.16). This research project began after PH&ES consulted with Indigenous leadership from local Niagara Indigenous organizations and it was suggested to contract an Indigenous Consultant to lead the Creating Our Way Forward research. This part of the journey has proven effective as the findings demonstrate an honest approach from a First Nations perspective local to the region that is informed and knowledgeable about Indigenous ways of doing things while also providing expertise directly associated with the lived experience of being Haudenosaunee. Therefore this researcher was able to curate involvement during the

consultation sessions that stayed authentic to holistic values. This encouraged honest sharing by all participants while allowing the research to remain focused on the needs of Indigenous Peoples living in the region and fulfilling the TRC-CTA that are applicable.

Throughout the consultation sessions, creating a safe and comfortable space for stakeholders was an intrinsic pedagogical practice, while allowing time for discussion and sharing was equally important for the holistic experience. Reflection naturally begins to occur when hearing a different perspective or experience that another has shared. This project has taken the necessary time to allow the Indigenous researcher time for self-care and engaging in personal ceremonies that provided the reflection process to be spiritually guided.

The Talking Together to Improve Health Project Team also suggests that to nurture and sustain a relationship formed, that a process of continued reflection needs to be incorporated (p.22). It is with experience by including ceremonial opportunities, when building a relationship that involves unfamiliar and sometimes uncomfortable dialogue, promotes and strengthens the reflection process. It is suggested by this researcher that personal and/or collaborative ceremonies should be incorporated into the work going forward.

The following quote from Honouring the Truth, Reconciling the Future: Summary of the final report of the Truth and Reconciliation Commission of Canada (2015) seems to be the most fitting as this study concludes with the next steps suggested in collaboration with the various stakeholders of the Niagara region. As we continue onto our Pathway Toward Success equipped with goals to meet the Calls to Action applicable to improving the programs, services and delivery for the Indigenous population in the Niagara region. The effort moving forward will reflect the outcomes of the future.

> Getting to the truth was hard, but getting to reconciliation will be harder. It requires that the paternalistic and racist foundations of the residential school system be rejected as the basis for an ongoing relationship. Reconciliation requires that a new vision, based on a commitment to mutual respect, be developed. It also requires an understanding that the most harmful impacts of residential schools have been the loss of pride and self-respect of Aboriginal people, and the lack of respect that non-Aboriginal people have been raised to have for their Aboriginal neighbours. Reconciliation is not an Aboriginal problem; it is a Canadian one. Virtually all aspects of Canadian society may need to be reconsidered. This summary is intended to be the initial reference point in that important discussion. Reconciliation will take some time (p. VI).

This Indigenous researcher experienced times where I had to reconnect to my Indigeneity and practices in order to bridge and balance two value systems and worldviews. To walk effectively between two ways required accessing my support system. I consciously chose not to present the findings through numerical data because I want to present this data from a holistic place. We connected the data findings back to the philosophy of the Two Row and Dish with One Spoon Wampum agreements. To demonstrate an Indigenous led and inspired framework that focused on collaborative and cooperative ways of working together. These ways of working together, inspired by the world's oldest living democracy, provide a new pathway forward towards the goal of health equity for all.

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Appendix A

Questions asked NRPH&ES and community partners

- What are your experience(s) working and/or engaging with Indigenous clients/organizations, and your observations with barriers that Indigenous clients have encountered?
- What programs or services do local Indigenous organizations provide that complement your services and support the local Indigenous populations?
- What Indigenous related education/training have you done, your feedback, and what education/training would you like?
- What are some ways to incorporate the Calls to Action (CTA) into your current programs and services with Indigenous engagement?

Appendix B

Questions asked Indigenous Organizations Staff

- How would you describe positive well-being?
- What are the top 5 health issues and concerns for the Indigenous community?
- What resources and supports are in highest demand, or most popular, a.) at your organization and b.) other organizations in the community?
- What programs or services do you need more of in Niagara, or closer to the location where your clients live?
- In an ideal world, how would you describe the relationship between Public Health and the Indigenous peoples and/or organizations in Niagara?
- How can alliances between Niagara Region Public Health and Emergency Services and your organization be formed or strengthened?

Appendix C

Questions asked Indigenous Organizations Clients/Participants Online survey

- How would you describe positive well-being?
- What programs and services do you access that contributes to your well-being?
- What are the top 5 health issues that are important to you?
- How do you contribute to the health of your community?
- What resources and supports do you need more of in your community to improve your well-being?
- What would make you feel more welcome and comfortable when accessing the mainstream organizations?