

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
12 February 2024 / 12 février 2024**

**Submitted on February 1, 2024
Soumis le 1er février 2024**

**Submitted by
Soumis par:**

Dr. / Dre Vera Etches, Medical Officer of Health / Médecin chef en santé publique

Contact Person

Personne ressource:

**Jo-Anne Henderson-White, Program Manager, Health Equity, Diversity & Inclusion /
Gestionnaire de programme, Équité en matière de santé, diversité et inclusion
613-316-5988, jo-anne.henderson-white@ottawa.ca**

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2024-OPH-EDI-0001

SUBJECT: Indigenous Health, Rights and Reconciliation: Annual Update

OBJET: Santé, droits et réconciliation pour les populations autochtones : Mise à jour annuelle

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa Health Unit receive, for information, this update on Ottawa Public Health's continuing efforts to become a culturally safe and humble organization, as outlined in the OPH Reconcili-ACTION Plan.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa reçoive, à titre d'information, cette mise à jour sur les efforts continus de Santé publique Ottawa pour devenir une organisation culturellement sûre et humble, tel que décrit dans le plan Reconcili-ACTION de SPO.

OTTAWA PUBLIC HEALTH'S COMMITMENT TO INDIGENOUS HEALTH, RIGHTS AND RECONCILIATION

Ottawa Public Health (OPH) honours the Anishinabe Algonquin people, on whose unceded traditional territory the City of Ottawa is located. OPH extends this respect to all First Nations, Inuit and Métis peoples, their ancestors, their Elders, and their valuable past and present contributions to this land.

OPH recognizes the impact and legacy of [settler colonialism](#) and ongoing systemic racism on the health and well-being of First Nations, Inuit and Métis peoples, and we pay tribute to the survivors of residential schools, their families, communities and to the children who never came home.

Guided by the [United Nations Declaration on the Rights of Indigenous Peoples](#) (UNDRIP) and the principles of respect, relationship, reciprocity and reflection, we will continue to work in partnership with Urban Indigenous Peoples – including First Nations, Inuit, Métis peoples and communities – to promote social justice and advance Indigenous rights and wellbeing. We aspire to be a culturally safe and humble organization. We will continue to listen, learn, and acknowledge the truth about our collective history, and the current experiences for First Nations, Inuit, and Métis community members.

Working alongside Indigenous and non-Indigenous partners, OPH will continue to advocate for systemic changes that improve health services and address the determinants of Indigenous health; raise awareness about Indigenous rights as outlined in [UNDRIP](#); and support collective action to meaningfully address the [TRC Calls to Action](#) and [Missing and Murdered Indigenous Women and Girls Calls for Justice](#), as part of our mandate to improve the health of the population in Ottawa.

EXECUTIVE SUMMARY

Ottawa Public Health (OPH) is committed to and supports public health actions that promote reconciliation and advance Indigenous rights and wellbeing. With a goal to become a culturally safe and humble organization, the [OPH Reconcili-ACTION Plan](#) was designed as a living document to address the [Truth and Reconciliation Commission \(TRC\) Calls to Action](#). An evaluation framework (Document 1) was then developed based on guidance from Indigenous Elders, Knowledge Keepers, partners, consultants and OPH employees. Finally, a revised version of the [Plan](#) identified performance

measures. This report is a reflection on OPH's ongoing commitment to reconciliation and efforts since the [2022 update](#).

This report aims to honour and reflect the voices, contributions, and diversity among and within First Nations, Inuit, and Métis peoples in Ottawa, including recommended actions to ensure that OPH and the communities move forward together in a good way, with an approach that values Indigenous knowledges and self-determination. The report briefly describes demographics; historical and current context; strengths, challenges, and community priorities; and expectations for public health action moving forward into 2024. It also provides an opportunity to consider how OPH can effectively influence systemic changes that promote social justice and advance First Nations, Inuit, and Métis rights and wellbeing in Ottawa.

There is considerable diversity within and among First Nations, Inuit and Métis peoples, which is reflected in over 70 [Indigenous languages](#), more than [600 First Nations](#) across the country, a wide range of groups representing [Métis nationhood](#), and the four regions and 51 communities of [Inuit Nunangat](#). This diversity is further reflected in the growing number of Indigenous peoples who identify as 'urban Indigenous' - defined as "First Nation, Inuit and Métis people living in small, medium and large communities, including rural, isolated and remote communities, which are: off-reserve; outside of their home community, community of origin or settlement; or outside of Inuit Nunangat."

In Canada, the Indigenous population grew by 9.4% from 2016 to 2021, almost doubling the growth of the non-Indigenous population over the same period, and approximately 52% of First Nations, Inuit and Métis peoples now live in urban areas. Further, in 2021, Ontario had the largest Indigenous population of all provinces and territories at 23%, with 46,545 Indigenous peoples reported to be residing in the Ottawa-Gatineau region. With a growing number of First Nations, Inuit and Métis peoples migrating to and passing through urban centres, there is a growing need for more investments in culturally safe and accessible urban Indigenous-specific supports and resources.

Canada's colonial history [profoundly impacted Indigenous peoples, their governance, languages, and cultures](#). Understanding the historical and contemporary context of First Nations, Inuit, and Métis peoples, including the local diversity, strengths, successes, and urban context, is considered a critical first step towards reconciliation.

OPH's [2023-2027 Strategic Plan](#) includes a renewed commitment to reconciliation. Guided by the principles of respect, relationship, reciprocity, and reflection, the health

unit will continue to work in partnership with urban Indigenous peoples to promote social justice and advance Indigenous rights and wellbeing.

With its emphasis on relationships and social justice, OPH's commitment to reconciliation recognizes the need to advance Indigenous rights, as referenced in the [United Nations Declaration on the Rights of Indigenous Peoples](#) (UNDRIP). Taking the time to understand the key themes within UNDRIP, to reflect on their significance within a public health context, and to determine appropriate actions, are all critical steps to advance Indigenous health, rights, and reconciliation.

Ottawa is also known for its diverse Indigenous population, representing numerous First Nations, Inuit, and Métis communities from across Canada. Adding to its uniqueness, Ottawa has the largest Inuit population south of the Arctic, with as many as 7,000 Inuit residents.

Respect – Awareness, Understanding

The need to improve health professionals' access to meaningfully participate in a variety of Indigenous cultural safety (ICS) learning opportunities is critically important as Indigenous Peoples continue to face the harmful and lethal impacts of systemic racism embedded within the Canadian and local health system. Considerable evidence supports the positive outcomes of introducing ICS training for healthcare professionals in all areas of practice, especially ICS trainings that have been evaluated and include an explicit focus on power, privilege, and equity, and are grounded in decolonizing, anti-racist, and transformative education theories.

Accordingly, in 2022, the Board of Health approved a recommendation that, going forward, Indigenous Cultural Safety Training (ICST) would be a mandatory requirement as part of the onboarding process and training for all new members of the Board of Health and OPH Leadership Team.

Relationship – Listen, Learn, Act

OPH meets annually with local Indigenous partners to exchange updates and to enhance mutual understanding about new, ongoing, and emerging public health issues impacting First Nations, Inuit, and Métis peoples in Ottawa. These meetings are an opportunity to build and strengthen relationships and connections with community; to discuss programs, services and other initiatives that are taking place to address identified needs and priorities; to hear partner perspectives about what is working well

and what needs to change; and to explore opportunities for our organizations to continue to collaborate to advance Indigenous rights and wellbeing, and reconciliation.

This year's discussions highlighted the growth in the number of culturally appropriate programs and services now available in Ottawa, especially those that have been developed for Inuit. Similarly, there is appreciation for the high level of collaboration between Indigenous organizations that was initially established in response to rapidly expanding community needs during the pandemic. Partners also expressed ongoing concerns about several determinants of urban Indigenous health such as the rise of food insecurity, an alarming shortage of safe and affordable housing, and the chronic lack of access to mental health and primary care resources and support. Anti-Indigenous racism and systemic discrimination continue to be recognized as fundamental drivers of the health inequities and social injustices experienced by First Nations, Inuit and Métis peoples in Ottawa.

Most Indigenous service providers highlighted some of the challenges faced by Inuit in Ottawa. Several critical issues have been identified, including but not limited to, community accounts of an increasing number of non-natural deaths among urban Inuit. Indigenous partners also emphasized the lack of safe, adequate, and affordable housing for Inuit, and the growing number of Inuit experiencing homelessness. Similarly, there is a greater demand for, but less access to, culturally adapted mental health support services for Inuit, including counselling and residential treatment for substance use.

Indigenous youth's participation in decision-making is recognised as a pathway to promote health equity, decolonization, and social inclusion. Ensuring that Indigenous youth voices are consistently heard, and actively involving them in decisions that affect their lives and their communities, has the potential to address some of the disproportionate health and social challenges they encounter. As such, OPH collaborated with colleagues from the City's Indigenous Relations Branch to arrange a land-based facilitated talking circle for local Indigenous youth. With input from leaders connected to the [Assembly of Seven Generations](#) (A7G), and the support of a First Nations Elder and Traditional Knowledge Keeper, a safe space was created for participants to share their perspective about reconciliation, Indigenous health, and Indigenous-specific racism, and what they imagined OPH's role could be to address these issues.

Partner feedback reinforces OPH as a valued partner that has demonstrated flexibility and a willingness to collaboratively address the distinct health and wellness needs of

urban Indigenous communities in Ottawa; a partner that is willing to share wise practices with health system partners.

Reciprocity - Collaboration

Anti-Indigenous racism in health systems is widespread and results in avoidance of medical care, traumatic experiences, and negative health outcomes, including preventable deaths. Ottawa is no exception, as evidenced in the [Share Your Story](#) (SYS) report, an account of Indigenous-specific racism and discrimination in health care across the Champlain region.

Access to quality health care that is safe and free from discrimination is a fundamental human and Indigenous right as outlined in [UNDRIP](#). The SYS report is a call to action to Ontario Health, the Ministry of Health, and all health system partners to collaborate on practical, measurable solutions to effectively address and monitor Indigenous-specific racism.

In recent years, the importance of disaggregated data in uncovering systemic racism and inequalities has become increasingly clear. OPH is continuing pre-pandemic work to expand the collection of sociodemographic data (SDD), that includes self-identification as First Nation, Inuit and/or Métis, from people accessing OPH services. We are committed to using a process of respectful relationship, and to using this data only for the purpose of ensuring equitable care and improved health outcomes.

Reflection – Sharing lessons learned

Cultural humility is a perspective that involves a commitment to practice lifelong learning; exercising self-reflection and critique about personal values, beliefs, biases, and assumptions; recognizing the dynamics of one's power and privilege; and being comfortable with not knowing. It is considered an essential building block for cultural safety and can be applied at both the individual and organizational level.

Working in partnership with consultants from the [San'yas ICST Program](#), OPH initiated an Indigenous cultural safety organizational assessment (ICSOA) in 2023. This was a two-phased approach with a request for all OPH employees to participate in an ICS self-assessment (ICSSA) survey. The 2nd phase focused on a more in-depth ICS assessment for each service area.

SOMMAIRE

Santé publique Ottawa (SPO) est résolue à instaurer et à soutenir des mesures de santé publique qui visent à promouvoir la réconciliation et à améliorer la santé des Autochtones. Notre objectif est de devenir un organisme humble et accueillant pour toutes les cultures. À cette fin, le [Plan de Réconcili-ACTION de SPO](#) a été conçu comme un document évolutif en réponse aux [appels à l'action de la Commission de vérité et réconciliation](#). Un cadre d'évaluation a ensuite été élaboré en s'inspirant des conseils des aînés, des gardiens du savoir, des partenaires, des consultants et des employés de SPO autochtones. Enfin, les indicateurs de rendement ont été définis dans une version révisée du [Plan](#). Le présent rapport est une réflexion opportune sur l'engagement continu de SPO en faveur de la réconciliation et sur les efforts déployés depuis la [mise à jour de 2022](#).

Ce rapport vise à honorer et à refléter les voix, les contributions et la diversité des Premières Nations, des Inuits et des Métis d'Ottawa, ainsi que les mesures recommandées pour s'assurer que SPO et la communauté progressent ensemble dans la bonne direction, avec une approche qui valorise les savoirs et les visions autochtones. Le rapport décrit brièvement les données démographiques; le contexte historique et actuel; les forces, les défis et les priorités de la communauté; et les attentes en matière de mesures de santé pour aller de l'avant en 2024. Il offre aussi l'occasion de réfléchir à la manière dont SPO peut influencer efficacement les changements systémiques qui favorisent la justice sociale et font progresser les droits et le bien-être des Premières Nations, des Inuits et des Métis à Ottawa.

Il existe une grande diversité parmi et entre les Premières Nations, les Inuits et les Métis, laquelle se traduit par plus de 70 [langues autochtones](#), plus de [600 Premières Nations](#) à travers le pays, un vaste éventail de groupes représentant [les peuples des Métis](#) (en anglais seulement), ainsi que 4 régions et 51 communautés de [l'Inuit Nunangat](#). Cette diversité se reflète également dans le nombre croissant de peuples autochtones qui s'identifient comme « Autochtones urbains », soit « les Premières Nations, les Inuits et les Métis vivant dans des collectivités de petite, moyenne et grande taille, y compris les collectivités rurales, isolées et éloignées, qui sont : hors réserve; en dehors de leur communauté d'origine ou de leur établissement; ou en dehors de l'Inuit Nunangat (territoires inuits) ».

Au Canada, la population autochtone a augmenté de 9,4 % entre 2016 et 2021, soit presque le double de la croissance de la population non autochtone au cours de la même période, et environ 52 % des Premières Nations, des Inuits et des Métis vivent aujourd'hui dans des zones urbaines. En outre, en 2021, l'Ontario comptait la plus grande population autochtone de toutes les provinces et de tous les territoires (23 %), avec 46 545 Autochtones résidant

dans la région d'Ottawa-Gatineau. En raison du nombre croissant de Premières Nations, d'Inuits et de Métis qui migrent vers des centres urbains ou les traversent, des investissements accrus dans des mesures de soutien et des ressources culturellement appropriées et accessibles pour les autochtones vivant en milieu urbain sont requis.

L'histoire coloniale du Canada [a eu des répercussions profondes sur les Autochtones, leur gouvernance, leurs langues et leurs cultures](#). La compréhension du contexte historique et contemporain des Premières Nations, des Inuits, des Métis et des Autochtones urbains, y compris leur diversité locale, leurs forces et leurs réussites, est considérée comme une première étape essentielle vers la réconciliation.

Le [Plan stratégique 2023-2027 de SPO](#) comprend un engagement renouvelé à l'égard de la réconciliation. Guidé par les principes du respect, des relations, de la réciprocité et de la réflexion, le bureau de santé continuera à travailler en partenariat avec les Autochtones vivant en milieu urbain pour promouvoir la justice sociale et faire progresser les droits et le bien-être des Autochtones.

En mettant l'accent sur les relations et la justice sociale, l'engagement de SPO à l'égard de la réconciliation reconnaît la nécessité de faire progresser les droits des Autochtones, comme le prévoit la [Déclaration des Nations Unies sur les droits des peuples autochtones \(DNUDPA\)](#). Prendre le temps de comprendre les thèmes clés de la DNUDPA, de réfléchir à leur importance dans un contexte de santé publique et de déterminer les mesures appropriées constitue également une étape essentielle pour favoriser la santé des Autochtones, et promouvoir les droits autochtones et la réconciliation.

Ottawa est également connue pour la diversité de sa population autochtone, qui représente de nombreuses communautés de Premières Nations, d'Inuits et de Métis de partout au Canada. Pour ajouter à son caractère unique, Ottawa compte la plus grande population inuite au sud de l'Arctique, soit pas moins de 7 000 résidents inuits.

Respect – *Prendre conscience et comprendre*

Favoriser la participation concrète des professionnels de la santé à une variété de possibilités d'apprentissage en matière de sécurisation culturelle autochtone (SCA) est d'une importance cruciale, puisque les Autochtones font encore face aux effets néfastes et mortels du racisme systémique ancré dans le système de santé canadien et local. Des preuves considérables soutiennent les résultats positifs de l'introduction de la formation en SCA pour les professionnels de la santé dans tous les domaines de pratique, en particulier les formations en SCA qui ont été évaluées et qui comprennent un accent explicite sur le pouvoir, les

privilèges et l'équité, et qui sont fondées sur des théories éducatives décolonisantes, antiracistes et transformatrices.

Par conséquent, en 2022, le Conseil de santé a approuvé une recommandation selon laquelle, à l'avenir, la formation sur les fondements de la sécurisation culturelle autochtone (FSCA) sera une étape obligatoire du processus d'intégration et de formation pour tous les nouveaux membres du Conseil de santé et de la direction de SPO.

Relations – Écouter, apprendre, agir

SPO rencontre chaque année ses partenaires autochtones locaux afin d'échanger des mises à jour et d'améliorer la compréhension mutuelle des questions de santé publique nouvelles, actuelles et émergentes ayant des répercussions sur les Premières Nations, les Inuits, les Métis et les Autochtones vivant en milieu urbain d'Ottawa. Ces rencontres sont l'occasion d'établir et de renforcer les relations et les liens avec la communauté; de discuter des programmes, des services et des autres initiatives mis en place pour répondre aux besoins et aux priorités cernés; d'obtenir le point de vue des partenaires sur ce qui fonctionne bien et sur ce qui doit changer; et d'explorer les possibilités de poursuivre les collaborations de nos organismes pour favoriser la santé des Autochtones et promouvoir leurs droits et la réconciliation.

Les discussions tenues cette année ont mis en évidence l'augmentation du nombre de programmes et de services culturellement appropriés désormais disponibles à Ottawa, en particulier ceux qui ont été créés à l'intention des Inuits. De même, le niveau élevé de collaboration initialement mis en place entre les organismes autochtones pour répondre à l'évolution rapide des besoins de la communauté pendant la pandémie a été apprécié. Les partenaires ont également fait part de leurs préoccupations concernant plusieurs déterminants de la santé des autochtones vivant en milieu urbain, tels que l'augmentation de l'insécurité alimentaire, la pénurie alarmante de logements sûrs et abordables et le manque chronique d'accès aux ressources et au soutien en matière de santé mentale et de soins primaires. Le racisme envers les autochtones et la discrimination systémique continuent d'être reconnus comme des facteurs fondamentaux des inégalités en matière de santé et des injustices sociales dont sont victimes les Premières Nations, les Inuits et les Métis à Ottawa.

La plupart des fournisseurs de services autochtones ont souligné certains des défis auxquels sont confrontés les Inuits à Ottawa. Plusieurs enjeux critiques ont été relevés, y compris, mais sans s'y limiter, les récits de la communauté sur le nombre croissant de décès non naturels chez les Inuits vivant en milieu urbain. Les partenaires autochtones ont également souligné le manque de logements sûrs, adéquats et abordables pour les Inuits, la longue liste d'attente

pour obtenir un logement par l'intermédiaire de l'Inuit Non-Profit Housing et le nombre croissant d'Inuits en situation d'itinérance. De même, la demande de services de santé mentale adaptés à la culture des Inuits est plus importante, mais l'accès à ces services est moindre, notamment en ce qui concerne le counseling et le traitement résidentiel pour des problèmes de consommation de substances.

La participation des jeunes autochtones à la prise de décision est reconnue comme un moyen de promouvoir l'équité en matière de santé, la décolonisation et l'inclusion sociale. Veiller à ce que les jeunes autochtones se fassent entendre constamment et les faire participer activement aux décisions qui ont des répercussions sur leur vie et leur communauté peut permettre de relever certains des défis sanitaires et sociaux disproportionnés qu'ils rencontrent. Dans cette optique, SPO a collaboré avec des collègues de la Direction des relations avec les Autochtones de la Ville afin d'organiser un cercle de dialogue facilité sur le terrain pour les jeunes autochtones de la région. Avec l'aide de dirigeants liés à l'[Assemblée des sept générations](#) (en anglais seulement) et le soutien d'un aîné des Premières Nations et d'un gardien des savoirs traditionnels, un espace sûr a été créé pour permettre aux participants de partager leur point de vue sur la réconciliation, la santé des Autochtones, le racisme envers les Autochtones, et ce qu'ils imaginent être le rôle de SPO dans la résolution de ces problèmes.

Les commentaires des partenaires confirment que SPO est un partenaire apprécié qui a fait preuve de souplesse et de volonté de collaborer pour répondre aux besoins distincts des Premières Nations, des Inuits, des Métis et des communautés autochtones vivant en milieu urbain d'Ottawa en matière de santé et de bien-être, et qui est prêt à partager ses pratiques judicieuses avec ses partenaires du réseau de la santé.

Réciprocité – Collaborer

Le racisme envers les Autochtones dans les systèmes de santé est généralisé et entraîne un évitement des soins médicaux, ainsi que des expériences traumatisantes et des conséquences négatives sur la santé, y compris des décès évitables. Ottawa ne fait pas exception, comme en témoigne le rapport [Raconte ton histoire](#), un compte rendu du racisme et de la discrimination envers les Autochtones spécifiquement dans les soins de santé sur le territoire de la région de Champlain.

L'accès à des soins de santé de qualité, sécuritaires et exempts de discrimination est un droit humain et autochtone fondamental, selon la [DNUDPA](#). Le rapport Raconte ton histoire est un appel à l'action lancé à Santé Ontario, au ministère de la Santé et à tous ses partenaires du

système de santé pour qu'ils collaborent à des solutions pratiques et mesurables afin de lutter efficacement contre le racisme envers les Autochtones spécifiquement.

Ces dernières années, l'importance des données ventilées pour mettre au jour le racisme et les inégalités systémiques est devenue de plus en plus évidente. SPO poursuit son travail d'avant la pandémie pour enrichir la collecte de données sociodémographiques auprès des personnes qui accèdent aux services de SPO, notamment l'auto-identification comme membre d'une communauté de Premières Nations, inuite, ou métisse. Nous nous engageons à utiliser un processus de relations respectueuses et à n'utiliser ces données que dans le but d'éliminer le racisme et l'oppression systémiques.

Réflexion – Mettre en commun les leçons apprises

L'humilité culturelle est une perspective qui comprend un engagement à apprendre tout au long de sa vie, à se livrer à une autoréflexion et une remise en question à l'égard de ses valeurs, croyances, préjugés et hypothèses personnels, à reconnaître la dynamique de son pouvoir et de ses privilèges, et à être à l'aise avec le fait de ne pas connaître les réponses. Cette perspective est considérée comme un élément essentiel de la sécurité culturelle et peut être appliquée au niveau individuel et organisationnel.

En partenariat avec des consultants du [Programme de FSCA de San'yas](#) (en anglais seulement), SPO a lancé une évaluation organisationnelle de la sécurisation culturelle autochtone en 2023. Cette évaluation a été menée à l'aide d'une approche en deux phases, et tous les employés de SPO ont été invités à participer à un sondage d'autoévaluation sur la SCA. La deuxième phase s'est concentrée sur une évaluation plus approfondie de la SCA pour chaque secteur d'activité.

BACKGROUND

Ottawa Public Health (OPH) first declared its commitment to and support for public health actions that promote reconciliation and advance Indigenous health in a [report](#) to the Ottawa Board of Health in 2017. With a goal to become a culturally safe and humble organization, the inaugural [OPH Reconcili-ACTION Plan](#) (Plan), approved by the Board in June 2018, was designed as a living document to address the [Truth and Reconciliation Commission \(TRC\) Calls to Action](#). Based on guidance from Indigenous Elders, Knowledge Keepers, partners and consultants, as well as OPH employees, an evaluation framework (Document 1) was developed in 2019, followed by the identification of performance measures that were included in a revised version of the [Plan](#) in 2021. This report is intended to be a timely reflection on OPH's commitment to

reconciliation and efforts since the [2022 update](#) to become a culturally safe and humble organization.

As an overview for new Board members, Indigenous partners and community members, this report aims to honour and reflect the voices, contributions, and diversity among and within First Nations, Inuit, and Métis peoples in Ottawa, including recommended actions to ensure that OPH and the community move forward together in a good way, with an approach that values Indigenous knowledges and self-determination. The report briefly describes demographics; historical and current context, including the evolving discourse on reconciliation; strengths, challenges, and community priorities as identified in recent and past conversations with Indigenous partners; and expectations for public health action moving forward into 2024.

Aligning with the [2023-2027 OPH Strategy](#), this report also provides an opportunity to consider the ways OPH can effectively influence systemic changes that promote social justice and advance First Nations, Inuit, and Métis rights and wellbeing in Ottawa.

Context

Demographics

Indigenous peoples, their communities, cultures, and languages have existed since time immemorial in the land now known as Canada. The term "Indigenous peoples" refers to three groups - First Nations, Inuit and Métis - who are recognized in the [Constitution Act](#). While these groups are representative of the Indigenous population, there is considerable diversity within and among these groups. This diversity is reflected in over 70 [Indigenous languages](#), more than [600 First Nations](#) across the country, a wide-range of groups representing [Métis nationhood](#), and the four regions and 51 communities of [Inuit Nunangat](#),¹ the vast region known as the Inuit homeland, which encompasses 40% of Canada's land area and 72% of its coastline.²

This diversity is further reflected in the growing number of Indigenous peoples who identify as 'urban Indigenous'. According to the National Association of Friendship Centres, *urban Indigenous* is defined as "First Nation, Inuit and Métis people living in small, medium and large communities, including rural, isolated and remote communities, which are: off-reserve; outside of their home community, community of origin or settlement; or outside of Inuit Nunangat."³

In Canada, the Indigenous population grew by 9.4% from 2016 to 2021, almost doubling the growth of the non-Indigenous population over the same period.⁴ Approximately 52%

of First Nations, Inuit and Métis peoples now live in urban areas.⁵ This amounts to 801,045 Indigenous peoples living in large urban centres, a 12.5% increase since 2016.⁶ In 2021, Ontario had the largest Indigenous population of all provinces and territories at 23%,⁷ with 46,545 Indigenous peoples reported to be residing in the Ottawa-Gatineau region.⁸ In general, urban Indigenous populations are undercounted in Ontario due to increased rates of mobility (no fixed address), migration between geographical locations, and historical mistrust of government institutions and colonial policies.⁹ With a growing number of First Nations, Inuit and Métis peoples migrating to and passing through urban centres like Ottawa, it can be assumed that there is also a growing need for additional investments in culturally safe and accessible urban Indigenous-specific supports and resources.¹⁰

Historical context

Canada's colonial history has [profoundly impacted Indigenous peoples, their governance, languages, and cultures](#). Understanding the historical and contemporary context of First Nations, Inuit, Métis peoples, including the local diversity, strengths and successes, is considered a critical first step towards reconciliation.¹¹ According to the Truth and Reconciliation Commission (TRC) of Canada, reconciliation "will only occur once there is an awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change the behaviour."¹² While a comprehensive review of the history, legacy, and inter-generational impact of colonization is beyond the scope of this report, there are several recommended resources, reports and trainings available to facilitate learning and understanding of this truth (included in Document 2).

Current Context

Reconciliation, an evolving discourse

OPH's [2023-2027 Strategic Plan](#) includes a renewed commitment to reconciliation: As guided by the principles of respect, relationship, reciprocity, and reflection,¹³ the health unit will continue to work in partnership with urban Indigenous peoples – including First Nations, Inuit, Métis peoples and communities – to promote social justice and advance Indigenous rights and wellbeing. The statement has evolved to reflect feedback received from the [Ottawa Aboriginal Coalition](#) (OAC) and the shifting, and at times divisive, discourse related to reconciliation.

Eight (8) years after the TRC released a [summary report](#) of its findings and [94 Calls to Action](#), [Jody Wilson-Raybould](#) shares this thought-provoking viewpoint in her book, *True Reconciliation: How to Be a Force for Change*:

‘Reconciliation’ is controversial. When I say this, I am speaking from my own perspective as an Indigenous person. For some Indigenous people, the whole notion of reconciliation is a sham. Even a four-letter word. Does one reconcile with one’s oppressor? Does one reconcile when there has never been a proper relationship? Yes, we need justice. Yes, we need our rights upheld. Yes, we need #landback. Yes, we need fairness and equity. But reconciliation? With who? And why? And how?”¹⁴ (p. 4)

The author elaborates with the observation that some Indigenous Peoples, leaders, and scholars have criticized or rejected the term because it: (a) speaks to repairing a relationship when the fundamental realities of colonization, including its power structures, remain; and (b) does not consider the full scope of the essential changes that are needed to improve the lives of Indigenous Peoples.¹⁵

Expanding on this, renowned Kahnawà:ke Mohawk activist and scholar Taiaiake Alfred is quoted in the book as suggesting that “reconciliation is *recolonization* because it is allowing the colonizer to hold onto his attitudes and mentality and does not challenge his behaviour towards our people or the land”¹⁶ (p. 10). Others believe that “reconciliation is dead”, especially in situations when police are used to enforce land and resource decisions, which leads to a belief that “resistance, not reconciliation, must be paramount”¹⁷ (p.11).

These concerns are echoed at the local level, as expressed during a talking circle with Indigenous youth. Facilitated by a First Nations Elder and traditional Knowledge Keeper, OPH and colleagues from the City’s Indigenous Relations Branch learned that youth feel disconnected from the term reconciliation, now considered a ‘buzz word’ associated with empty promises and broken trust. Furthermore, participants felt excluded and unwelcome in formal spaces where change-makers / decision-makers gather. From their perspective, a lot more needs to be done to create Indigenous youth-friendly spaces where they feel safe to speak their truth and share their ideas about what is needed to promote reconciliation and to ensure that Indigenous rights are upheld in Ottawa (additional insights are illustrated in Document 3).

We are also reminded that reconciliation does not look or feel the same for everyone, but it always starts with *truth*. While there is much shared between First Nations, Inuit,

and Métis peoples, there are also critical distinctions with respect to history, lived experience, and current realities. Being aware of these distinctions and working together to address the legacy of colonialism, the ongoing injustices and systemic racism, are all essential to the process.¹⁸

The above-mentioned comments and concerns reinforce the need for OPH to be closely connected to the Indigenous partners and communities that we work with; to continuously engage, reflect, and act to advance community-identified priorities in a way that will result in systemic changes that are considered meaningful and impactful by Urban Indigenous Peoples.

From Wilson-Raybould's perspective, the term reconciliation may not resonate with everyone, but she acknowledges that the pace of change has accelerated over the past decade with regards to Indigenous governments, economies, and social systems. Across the country and in various ways, people from all backgrounds are listening, learning, sharing, understanding, and acting. This makes it a critical time, "with significant transformative potential, a moment where we recognize that we all have a role to play, and that we need to increasingly, and urgently, act,"¹⁹ in a way that reflects and advances the vision where all people and places in Ottawa are healthy and thriving.²⁰

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

With its emphasis on relationships and social justice, the OPH commitment to reconciliation explicitly recognizes the need to advance Indigenous rights. This is in reference to the [United Nations Declaration on the Rights of Indigenous Peoples](#) (UNDRIP), a comprehensive international human rights instrument that establishes minimum standards of protection for a broad range of collective and individual rights intended to contribute to the survival, dignity and well-being of Indigenous Peoples.²¹ UNDRIP is also part of the guiding framework for the [OPH Reconcili-ACTION Plan](#), and the central focus in an evolving governance model created by the City of Ottawa's Indigenous Relations Branch.

Declared as law in Canada on June 21, 2021, the [UNDRIP Act](#) requires the federal government to work with Indigenous Peoples to ensure the laws of Canada are consistent with UNDRIP. Considered a roadmap to reconciliation at all levels and within all sectors of society, the document describes and affirms inherent Indigenous rights related to equality and non-discrimination; self-determination, self-government, and recognition of treaties; lands, territories, and resources; health, education, cultural

identity, language and spirituality; as well as social, economic, environmental, and political rights, to name a few. Taking the time to understand the key themes within UNDRIP, to reflect on their significance within a public health context, and to determine appropriate action, are all considered critical steps to advance Indigenous health, rights, and reconciliation. In particular, the right to self-determination, to be free from discrimination, to cultural identity, and to free, prior and informed consent as described in this [webinar](#) on *Reconciliation and Public Health* (Dr. Marcia Anderson, NCCIH, 2018) ²². According to Kenneth Deer, Indigenous rights activist from the Mohawk Nation of Kahnawake, *all* Indigenous rights flow from the right to self-determination.²³

Right to free, prior, and informed consent

References to “free, prior and informed consent” (FPIC) are found throughout UNDRIP. They emphasize the importance of recognizing and upholding the rights of Indigenous Peoples and ensuring that there is effective, meaningful, and timely participation of Indigenous Peoples in decisions that affect them, their communities, and territories. Depending on the context, FPIC may require different processes and creative ways of working together to ensure meaningful and effective participation in decision-making. In other words, “*nothing about us, without us.*”

Nothing about us, without us

This phrase is commonly heard in relation to Indigenous Peoples. According to Dr. Sarah Funnell, former Associate Medical Officer of Health at OPH, this can only be achieved in public health when the necessary time is taken to ‘authentically engage’²⁴ Urban Indigenous Peoples (i.e., in order to build reciprocal, long-lasting relationships that truly reflect the diverse voices and are not limited to organizational priorities²⁵), and to consistently include Indigenous perspectives and considerations in all matters related to public health.²⁶

Visioning the future for urban Indigenous public health

Fundamental to any urban Indigenous public health vision is recognizing the diversity of urban Indigenous populations. Dr. Funnell and other experts assert that a ‘*one size fits all*’ model of public health programs and services in urban settings will not adequately address the complexity of needs and strengths of the communities that we work with. Instead, a public health vision for urban Indigenous populations requires a principled approach that respects Indigenous self-determination, considers the unique qualities of each urban setting, and is centred on reconciliation.

It is noted that reconciliation is not possible without colonial structures, such as those that exist within the health system, being stripped of the power they removed from First Nations, Inuit, and Métis peoples. To achieve this in a good way requires an investment of time and resources, including opportunities to assess existing policies, programs, and practices for the extent to which they are free from Indigenous-specific racism and discrimination, respect cultural safety, and include mechanisms to continuously monitor progress.²⁷ In response, OPH has recently partnered with consultants from the [San'yas Anti-Racism Indigenous Cultural Safety \(ICS\) Training Program](#) on an inaugural ICS organizational assessment. Efforts are underway to enhance organizational capacity and ensure authentic engagement with local Indigenous communities through the hiring of two (2) Indigenous Health Specialists to join the Health Equity, Diversity, and Inclusion (HEDI) Service Area. One of these positions supports work with the Inuit community.

Other considerations to enhance public health programs include: an integration of Indigenous knowledges, stories, and teachings (e.g., [Grandpa's Wisdom - An Algonquin Reflection on West Nile Virus and Lyme Disease](#)); a commitment to establish and nurture reciprocal relationships with Indigenous partners and communities; concerted collaboration on the Indigenous-led design of processes to collect and analyze empowering [Indigenous population health data](#) (p. 37-38); an understanding of the importance of land as an integral part of Indigenous wellbeing and cultural identity; and a focus on community strengths, prevention and promotion.²⁸ In the words of Dr. Funnell, “Urban Indigenous Peoples have the right to the highest attainable health, and they know what is required to be healthy and well”²⁹ (p. 48).

Recognizing community strengths

Indigenous communities and scholars have long prioritized and advocated for strengths-based approaches to public health and wellness research, interventions, funding, and policy, that recognize and celebrate Indigenous “strengths, wellness, and wisdom to resist, survive, heal, and persist despite the systemic pressures to disconnect from culture, spirit, and wholistic collectivism;” approaches that value Indigenous knowledges and resilience, and shift the narrative from illness and deficits to one of flourishing and relationality.³⁰

Recognizing that much of Canada's cultural, economic, and political landscape has been influenced by the achievements of Indigenous peoples is a start.³¹ A critical part of reconciliation involves taking the time to acknowledge that generations of Indigenous peoples, including leaders, Elders, healers, educators, business leaders, artists, and

activists have made and continue to make invaluable contributions to life in Canada. Across the country, greater numbers of Indigenous young people are driving creativity, innovation, and change across society, including in the arts, culture, technology, and politics. Indigenous women are reclaiming their roles in leadership and public life. Indigenous businesses are thriving in certain sectors.³² Stories of Indigenous achievements are shared annually as part of the [Indspire Awards](#), intended to showcase and celebrate the diversity of Indigenous peoples in Canada.

At the local level, Ottawa is also known for its very diverse Indigenous population, representing numerous First Nations, Inuit, and Métis communities from across Canada. The growing community includes people who come to Ottawa temporarily, those who come and stay and, increasingly, those who have lived here most of their lives and identify as urban Indigenous. Spread out across the city, individuals and families come for many reasons such as employment and career opportunities and/or to access higher education, health, or social services. Many report more than one Indigenous identity. Local leaders suggest that with this diversity comes an extraordinary collection of Indigenous cultures, creativity, teachings, talents, innovative ideas, and wisdom that enrich life in Ottawa.³³

Adding to its uniqueness, Ottawa has the largest Inuit population south of the Arctic. With as many as 7,000 Inuit residents³⁴, Ottawa is considered “ground zero for a blossoming ‘loud and proud’ urban Inuit movement,” showcasing a growing sense of cultural pride, especially among children who are steeped in Inuit culture in a variety of programs that are unique to the city.”³⁵

DISCUSSION

Building on previous reports on Reconcili-ACTION (included in Document 1), and the more recent update on [Health Equity, Diversity and Inclusion at OPH](#), this section will provide an overview of OPH’s progress to advance Indigenous health, rights and reconciliation since the September 2022 [report](#) to the Board of Health.

Framed according to the principles of reconciliation as outlined in the OPH Reconcili-ACTION Evaluation Framework – *respect, relationship, reciprocity, reflection* – and informed by conversations with local Indigenous partners, this section will also capture OPH initiatives and actions taken to address community-identified priorities.

Limitations

While the organizational commitment to reconciliation remains strong, it should be noted that the extent to which previously identified priority actions could be fully, consistently, and effectively implemented in 2023 were impacted by multiple competing priorities related to the Re-Imagine process, including efforts to support the establishment of the Health Equity, Diversity and Inclusion Service Area, a chronic lack of team capacity to support increasing internal and external partner initiatives, and short-term human resource solutions.

Respect – Awareness, Understanding

Indigenous Cultural Safety (ICS) Training

OPH aspires to be a culturally safe and humble organization. According to the [Public Health Agency of Canada](#) (2023), “these terms describe the key elements for creating an environment where Indigenous Peoples are respected, and health services are provided in an equitable and safe manner, without discrimination.”³⁶

In particular, the BC First Nations Health Authority provides the following definitions:³⁷

Cultural safety is about the experience of the patient. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural humility is a way in which health care providers practice that enables cultural safety. It is a process of self-reflection to understand privilege, personal and systemic biases, in order to develop and maintain respectful processes and relationships based on mutual trust. It involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience, and dismantling power imbalances (p. 9).

More information about cultural safety and humility can be found in this short video on [Cultural Safety: Respect and Dignity in Relationships](#), and in this recently released 1-page infographic by the Indigenous Primary Health Care Council (IPHCC) on the [Cultural Safety Continuum](#).

The need to improve access for health professionals to meaningfully participate in a variety of ICS learning opportunities is critically important as Indigenous Peoples

continue to face the harmful and lethal impacts of systemic racism embedded within the Canadian³⁸ and local health system.³⁹

Considerable evidence supports the positive outcomes of introducing ICS training for healthcare professionals in all areas of practice,⁴⁰ especially ICS trainings that have been evaluated and include an explicit focus on power, privilege, and equity, and are grounded in decolonizing, anti-racist, and transformative education theories.⁴¹ This is consistent with TRC Calls to Action #23 and #57, as well as recommendations highlighted in Wabano's [Share Your Story](#) (SYS) report that calls for mandatory anti-racism training for all new employees. In addition, Indigenous partners have long stressed the need for greater understanding of Indigenous health and wellness concerns and collective accountability at leadership levels, including knowledge, understanding, and action to address Indigenous-specific racism, so there can be more impactful system transformation.

In response, the Board of Health approved a recommendation in 2022 that, going forward, **Indigenous cultural safety training (ICST) would be a mandatory requirement as part of the onboarding process and training for all new members of the Board of Health and OPH Leadership Team.** Actions taken to address this recommendation in 2023 are as follows:

- **Board** - All Board of Health members received the *Indigenous Health & Reconciliation* resource list as part of their welcome package (Document 1), and all but two (2) members participated in the *Anti-Indigenous, Anti-Black racism training session* that was offered in May 2023. More recently, all Board members received information regarding the self-paced, online [San'yas ICST](#) or the Indigenous Primary Health Care Council's (IPHCC) [Foundations of ICS](#). A mechanism has been developed to facilitate monitoring of Board Members' ICST to ensure that every Board Member benefits from at least one training opportunity.
- **Senior Leadership Team (SLT)** – All SLT members completed San'yas' [Core Health](#) and/or the advanced [Bystander to Ally](#) training this past year, as recommended in preparation for the ICS organizational assessment. Building in opportunities to reflect on the content and to share lessons learned was highly encouraged.
- **Leadership Team (LT)** - With fewer ICST seats available this year due to funding limitations, it was decided to target LT members who had not previously taken one of the recommended ICSTs. This approach is validated by research that suggests

employees believe that leaders who have taken ICST themselves will be more supportive with regards to protecting time for employees to complete ICST, arranging de-briefing sessions to discuss lessons learned, and to facilitate the application of these teachings into policies and practices.⁴²

Attempts to track how many members of the LT completed ICST proved difficult because of re-deployment of staff during OPH's Re-Imagine process. Capacity issues also created challenges for OPH to consistently gather ICST data and completion reports from vendors. An All-Staff ICS self-assessment survey (ICSSA), circulated in September 2023 as part of the broader ICS organizational assessment (ICSOA), will provide critical baseline information to help determine organizational needs, including ICST needs for LT. Findings will be shared in 2024.

- **Frontline service providers** - The San'yas and IPHCC trainings were also widely offered to frontline service providers in 2022, with a more targeted approach in 2023 that focused on employees known to be working directly with Indigenous partners and community members (e.g., designated liaisons). An All-Staff message to promote access to a comprehensive list of diverse ICS learning opportunities was distributed in January to coincide with the annual Individual Development Plan (IDP) conversations between employees and supervisors. A similar initiative is planned in 2024.

Thirty-eight (38) employees also had the opportunity to participate in Inuit-specific learning opportunities such as the [Finding Common Ground Symposium on Inuit Wellness](#) and sessions offered by partners at [Inuuqatigiit](#). Feedback following these events has been very positive (e.g., appreciated the experiential aspect of the training, learning about the issues that are important to Inuit from Inuit, and the language tips and resources), with employees taking the time to reflect and share lessons learned with their teams. Several felt that these learning opportunities were among the best they had ever taken, and most participants agreed that they would definitely apply the knowledge in their practice (and lives) going forward.

Overall, efforts to completely meet this objective in 2023 were limited by a lack of team capacity to consistently follow up and further promote, register, monitor, and evaluate ICST. With the addition of two (2) Indigenous Health Specialists positions, greater support is expected in 2024 to reliably coordinate and monitor ICST. Other proposed initiatives include working with Staff Development to create a multi-year ICST plan for OPH that incorporates individual and organization-wide performance goals and accountability requirements for leaders (i.e., as per SYS recommendations)⁴³.

Reconciliation at OPH Webpage

As an identified 'next step' in the [2022 update](#), an internal *Reconciliation at OPH* webpage was created to improve access for OPH employees to ICS learning opportunities related to key Indigenous health, rights, and reconciliation-related topics. In addition, this online resource is intended to enhance organization and HEDI service area efficiencies by minimizing the amount of time team members spend responding to similar requests for information. Designating time and human resources to continue to develop this webpage and to ensure timely quality improvements are expected in 2024.

Land Acknowledgments

As the team's most common request this year, the *Reconciliation at OPH* webpage now includes multiple resources to support OPH colleagues in their efforts to create meaningful land acknowledgements. The growing number of requests stems from an emerging awareness that, in general, land acknowledgements are increasingly perceived by Indigenous Peoples to be superficial; a platitude that is performative and can be problematic⁴⁴ (e.g., triggering); an empty gesture that lacks understanding and redress⁴⁵ (as exemplified in this 2-minute [video](#)).

Indigenous voices from across the country are requesting land acknowledgments that demonstrate personal commitment, critical reflection, and are action-oriented in a way that will ensure meaningful systemic changes. At the very least, there is a call to initiate some kind of sustainable relationship with the Indigenous peoples whose land is being acknowledged.⁴⁶ For many like [Anishinabe Algonquin Elder Claudette Commanda](#), the issue boils down to the concept of '[land back](#)'.⁴⁷ Recognizing the need for actions contributing to reconciliation, OPH supports the facilitation of access to land for urban Indigenous well-being.

In response to these internal requests, the *Indigenous Health, Rights and Reconciliation* (IHRR) team regularly provides individual and team consultations and facilitates resource-sharing. Other OPH actions to address these concerns included an education session designed for the Leadership Team on creating land acknowledgments with purpose and intent. With an emphasis on reinforcing the rationale and evolving expectations related to land acknowledgments, the session offered several practical tips (e.g., make it relevant; do your homework; use appropriate language; include specific actions; be an ally for systemic changes), key questions to consider, and recommended resources (e.g., [Guidance for Honouring the Land and Ancestors through Land](#)

[Acknowledgments](#)⁴⁸; [How to Develop a Meaningful Land Acknowledgement](#)⁴⁹) to facilitate this process that, when done right, can be an important act of reconciliation.

During the session, there was also a Call to Action for all OPH employees and teams to develop land acknowledgments that are meaningful and relevant on a personal and/or professional level. The requested land acknowledgments could be prepared to share at public meetings, in written reports, through social media, and/or to display in various OPH settings. Most importantly, the requested land acknowledgment should demonstrate an understanding of the history of the Indigenous Peoples who live on the land, and their past and present relationship with the land. The [City of Ottawa-Anishinabe Algonquin Nation Civic Cultural Protocol](#) is a recommended resource to learn more about the Host Nations.

Building on the idea of an [OPH video](#) created in 2021, there was also a call for volunteers, individuals and teams willing to share their experience developing a personalized land acknowledgement (e.g., their process, lessons learned, thoughts, and feelings). In an initiative led by members of the HEDI Leadership Team, these revelations were then creatively compiled in a series of videos intended to capture this part of the OPH journey, including personal reflections and commitments to advance Indigenous rights and reconciliation. Serving as both an inspiration for others, as well as an education tool to guide other teams and organizations considering similar action, the first video was shared at the OPH Townhall in September 2023.

Recognizing that land acknowledgements by themselves are not enough, it should be noted that initiatives to create meaningful land acknowledgments were identified during a recent local panel discussion on Anishinabe Algonquin identity, as a tangible action that settlers and colonial organizations can take to speak the truth. Similarly, City partners have advised OPH that this initiative aligns very well with the expectations of Anishinabe Algonquin Elders and Knowledge Keepers who are currently working with the City to review its [official land acknowledgement](#).

Relationship – Listen, Learn, Act

Annual meetings with local Indigenous partners continue to take place to exchange updates and to enhance mutual understanding about new, ongoing, and emerging public health issues impacting First Nations, Inuit, and Métis peoples in Ottawa (list of partners included in Consultation section). These meetings are an opportunity to build and strengthen relationships and connections with community; to discuss programs, services and other initiatives that are taking place to address identified needs and

priorities; to hear partner perspectives about what is working well and what needs to change; and to explore opportunities for our organizations to continue to collaborate to advance Indigenous health, rights, and reconciliation.

What we heard from partners

In general, community priorities are unchanged from those identified in the [2022 update](#). This year's discussions highlighted the growth in the number of culturally appropriate programs and services now available in Ottawa, especially those that have been developed for Inuit. Similarly, there is appreciation for the high level of collaboration between Indigenous organizations that was initially established in response to rapidly expanding community needs during the pandemic. As an example, while there is consensus about human resource challenges impacting all local Indigenous service organizations (e.g., recruitment; retention; onboarding; employee movement within and among organizations; mental health concerns; precarious funding models; changes in leadership; lack of opportunities to work remotely), collective action continues in an effort to effectively address the issue (e.g., [OAC Career Fair](#)).

One agency described successful efforts to enhance their employment policies and employee benefits to promote short- and long-term employee wellness. This same partner described the intensity of emotions that employees and the community at large are experiencing due to "*layered losses during the pandemic*" (e.g., from COVID, substance use; loss of access to programs and support; a prolonged disconnect from families, culture, land, and home communities). From their perspective, many employees are:

“Full. Saturated with grief. Some haven't made the connection between these losses and the physical, emotional manifestations like depression, anxiety, anger, and frustration. It is hard to carry on when you work from a place of compassion and empathy.”

Partners also expressed ongoing concerns about several determinants of urban Indigenous health. In particular, the rise of food insecurity, an alarming shortage of safe and affordable housing, and the chronic lack of access to mental health and primary care resources and support. Anti-Indigenous racism and systemic discrimination continue to be recognized as fundamental drivers of the health inequities and social injustices experienced by First Nations, Inuit, and Métis peoples in Ottawa.

Beyond addressing Indigenous-specific racism as recommended in Wabano's [Share Your Story](#) (SYS) report, a few partners reinforced the need for more [System](#)

[Navigators](#), and accessible, safe and anonymous platforms that work to address barriers to reporting racism, bias, and discrimination in healthcare (e.g. the IPHCC's [Safespace Network](#)). OPH was encouraged to create an anonymous 'Client Safety Survey' that would allow the organization to receive anonymous client feedback related to culturally safe services. A partner also suggested that OPH consider and advocate for culturally "*Safe Space Designations*" for local health service locations, like restaurant designations undertaken in the past as part of 'heart healthy' campaigns, especially in clinical areas identified as problematic in the SYS report (e.g., emergency rooms; labour and delivery).

Another partner reminded OPH of the critical importance of wrap-around services that are holistic, culturally relevant, and culturally safe for all First Nations, Inuit and Métis children and their families, especially during the foundational developmental period between 0-6 years. According to Melissa Pigeau, Executive Director at Makonsag Aboriginal Head Start, "in order to support the whole child, you must also support the parents and families." As an example, this [video](#) captures the powerful impact of the local programs/organizations that make up the [Indigenous Early Years Circle](#), and reinforces how Indigenous knowledge generation and transmission is participatory, communal, experiential, and intergenerational - all important considerations when working with Indigenous partners to design and deliver impactful public health programs and services for Indigenous Peoples in Ottawa.⁵⁰

All partners described inadequate and unsustainable core funding models that have not kept up with changing demographics. Short-term funding cycles, some as brief as six (6) months, make it nearly impossible to maintain high quality services. Laborious and inflexible reporting requirements are felt to be an additional barrier. It is believed that a more sustainable funding model that better aligns with structures in non-Indigenous organizations, will enhance continuity of programs and services and facilitate employee recruitment and retention. In the words of one partner:

"The City and other funders need to listen to the community more – they know exactly what they need to be healthy and well (e.g. Sacred Fire; land for ceremony). They try to share their concerns and possible solutions, but generally do not feel heard. It is time to walk the talk; not just empty promises and rhetoric. Words fall flat without action."

Advocating for sustainable funding is also seen as another important opportunity for OPH to promote Indigenous rights and social justice to advance Indigenous health and wellbeing in Ottawa.

Among the many issues identified by partners, a few are described here in more detail:

Inuit health and wellness in Ottawa

Escalating Concerns

Most Indigenous service providers highlighted some of the challenges faced by Inuit in Ottawa. While [many are not new](#), several critical issues have been identified, including but not limited to, community accounts of an increasing number of non-natural deaths among urban Inuit. These concerns are anchored within the context of high rates of poverty, unemployment, household crowding, and food insecurity, as well as limited access to health services.⁵¹ Improvements in the collection of race data in health systems will provide an improved lens on this issue. For example, racial identity only became mandatory for all coroner-investigated deaths in May 2023. As such, data completeness and accuracy are expected to increase significantly in the future.

In addition, Indigenous partners emphasized the lack of safe, adequate, and affordable housing for Inuit, the long wait list for a unit through Inuit Non-Profit Housing, and the growing number of Inuit experiencing homelessness in and around the Byward Market. Inuit are increasingly being encouraged to apply for housing through other Indigenous agencies such as Gignul Housing and Tewegan Housing for Aboriginal Youth, adding pressure on already limited housing resources. Advocacy and sustainable funding are called for to enhance availability of Inuit-specific and Inuit-supported housing options.

Similarly, OPH heard that there is a greater demand for, but less access to, culturally adapted mental health support services for Inuit, including counselling and residential treatment for substance use.

There is also a perception among partners that the overall mental wellbeing of Inuit men is on the decline with an observed increase in social isolation post-pandemic. It is suggested that this may be an ongoing effect of being disconnected from family, community, and Inuit culture during the pandemic, as well as the “Post-COVID/Post-Convoy Occupation socio-political climate”; in particular, a feeling that there is less caring, compassion, and empathy in society, and more racism and discrimination when Inuit try to access mainstream health services. It is believed that this places precariously housed Inuit at greater risk for violence.

Other local challenges that were emphasized in recent conversations with Inuit partners included:

- escalating food insecurity that can be explained by rising inflation, diminishing COVID-19 funding, housing solutions that do not provide access to cooking facilities, and the challenges that local services are having responding to the growing Inuit population in Ottawa (i.e., despite expanding Inuit-specific food bank services, local agencies are finding it difficult to meet current demand); and
- inadequate support with system navigation for Inuit arriving in Ottawa, and negative interactions with mainstream social services, may place some Inuit women and children at greater risk for human trafficking and exploitation. This is compounded by a lack of resources to address violence against Inuit women (e.g., safe housing solutions).

Overall, partners describe the situation as a ‘crisis’ that requires immediate action, including additional sustained financial resources to support the development and implementation of a comprehensive, multi-partner, Inuit-led action plan to holistically address Inuit health and wellbeing in Ottawa.

OPH Response

OPH is currently collaborating with Inuit and non-Inuit partners interested in working together on a proposed action plan. An initial meeting was held to discuss the planning and implementation of “synergy sessions”, intended as an opportunity to: bring a diverse group of people together to determine priorities for immediate action to advance Inuit health and wellbeing in Ottawa; leverage organizational strengths and resources; and explore long-term funding solutions. All attendees welcomed the idea and appreciated OPH’s leadership to initiate collective action. All agreed that a unified voice is essential to effectively address the identified issues and to ensure a greater overall impact. Additional insight and opportunities to build/strengthen relationships with the Inuit community are expected to occur with the added support of the new Inuit Health Specialist who joined OPH’s *Indigenous Health, Rights and Reconciliation* team in November 2023.

Ottawa Indigenous Housing and Homelessness Strategy

As noted in the [2022 update](#) on reconciliation, substandard housing and homelessness have long been recognized as key determinants of health. This issue continues to be a major concern for First Nations, Inuit, and Métis peoples in Ottawa, and an identified priority for OPH and all levels of government.

As a reminder, the City of Ottawa's [2021 Homelessness Point-in-Time Count](#), reported that 32% of people experiencing homelessness identified as Indigenous; of this group, 34% identified as Inuk. The true percentage of people experiencing homelessness who identify as Indigenous is likely higher.⁵² Indigenous partners have raised concerns about the data that suggests that of the 428 Indigenous respondents, 42% had been in foster care; 14% were homeless one day after leaving foster care or a group home.⁵³ A local partner also shared an observation and a concern that with more non-Indigenous community members seeking affordable housing, Inuit and other Indigenous Peoples are getting pushed out of housing opportunities in Ottawa.

Building on the information provided in last year's report, the Inuit-specific situation as described above, and the October 25th memo to the Board on [Strengthening Bridges between Health and Housing Systems](#), recent developments include the drafting of the *Ottawa Indigenous Housing and Homelessness Strategy* by the Ottawa Aboriginal Coalition (OAC). With a vision for Ottawa to be a place of belonging for Indigenous Peoples, and the intention to strengthen the Indigenous community by ensuring the right for all Indigenous community members to have access to secure, sustainable, affordable, and supportive housing, some key elements of the Strategy include:⁵⁴

- A fundamental understanding that: (a) Each Indigenous person has an identity based on culture. They have needs that extend *into* their home - food security, mental health, community, and connection; (b) Mental health and housing intersect - mental health disrupts the ability to get and keep a home; and (c) Colonialism, racism and intergenerational trauma are realities that Indigenous community members navigate wherever they live.
- In addition to the [Housing Continuum](#), as defined by the Canadian Mortgage and Housing Corporation, the OAC's Housing Continuum includes priorities related to an *Aging Out Initiative* (for youth leaving foster care) and the long-awaited *Family Healing Centre*. Multiple challenges and solutions are identified across the Housing Continuum.

Proposed actions and outcomes include: Increasing the number of housing units for Indigenous Peoples in Ottawa that are managed by Indigenous Peoples; providing safe housing with supportive services to Indigenous community members – everywhere on the continuum; establishing Indigenous-specific housing/service buildings (e.g., Family Healing Centre; Violence Against Women Shelter for Inuit; Aging Out Housing Initiatives; expanding transition housing space for Indigenous young women); establishing an Indigenous Mental Wellbeing Outreach Team to provide wraparound

supports for Indigenous community members with mental health and substance use issues who are experiencing homelessness; and improving tenants' access to mental health supports in existing Indigenous housing facilities.

OPH Response

Along with the City of Ottawa's Housing Services, OPH has led conversations with an array of local health and housing partners to collaboratively identify opportunities to strengthen our health and housing systems to support people with unmet health needs. A strengthened health and housing system can help to keep people living in supportive and community housing in their homes. This work includes designing health system approaches that align with Ontario Health's strategic priority and identifying possible provincial funding opportunities to support the *Ottawa Indigenous Housing and Homelessness Strategy* (OIHHS), as informed by Indigenous-led discussions with the OAC. Aligning with the [OPH 2023-2027 Strategy](#), the development of the OIHHS has, in part, been funded as part of a multi-year agreement between OPH and the OAC.

In keeping with OPH's commitment to Indigenous health, rights and reconciliation, this statement in the report titled [Our City Starts with Home: Scaling Up Non-Profit Housing in Ottawa](#), received by the City's Planning and Housing Committee in May 2023, reinforces critical considerations for a respectful approach to address Indigenous-specific housing and homelessness in Ottawa:

“As we recommend turning over land for public good in perpetuity, it is critical that we remember that this land was never the possession of settlers in the first place. As part of reconciliation, we need to redress extreme disparities in housing outcomes experienced by Indigenous Peoples. For Indigenous, By Indigenous housing and urban land back initiatives are critical to any housing strategy. Embracing Indigenous leadership and collaboration must lead the way in ensuring that all have a place to live”⁵⁵ (p. i)

Indigenous Youth

Indigenous youth participation in decision-making is internationally recognised as a pathway to promote health equity, decolonization, and social inclusion. Ensuring that Indigenous youth voices are consistently heard, and actively involving them in decisions that affect their lives and their communities, has the potential to address some of the disproportionate health and social challenges they encounter.⁵⁶

As another identified priority, OPH collaborated with colleagues from the City's Indigenous Relations Branch to arrange a land-based facilitated talking circle for local Indigenous youth. With input from leaders connected to the [Assembly of Seven Generations](#) (A7G), and the support of a First Nations Elder and Traditional Knowledge Keeper, a safe space was created for participants to share their perspective about reconciliation, Indigenous health, and Indigenous-specific racism, and what they imagined OPH's role could be to address these issues. A graphic facilitator was also invited to join the circle to visually capture the conversation so that it could be shared with the community in this preferred format (Document 2). All participants are eager to continue the conversation and collaborate on efforts to engage and amplify the voices of urban Indigenous youth in Ottawa.

Relationship with OPH

Overall, partner feedback continues to reinforce OPH as a valued partner that has demonstrated flexibility and a willingness to collaboratively address the distinct health and wellness needs of First Nations, Inuit, Métis, and urban Indigenous communities in Ottawa; a partner that is willing to share wise practices with health system partners.

In addition, OPH was described as very supportive, with special recognition for establishing designated points of contact to facilitate direct lines of communication and timely responses to critical inquiries. In general, OPH supports are seen as invaluable in areas such as Dental Outreach, Healthy Growth and Development, Immunization, and Infection Prevention and Control. Furthermore, OPH was reminded to encourage these designated employees to take the time to build trusting, caring, long-term relationships with the Indigenous partners that they work with (e.g., regular site visits; schedule time to share a meal or cup of tea). Co-location experiences at Indigenous organizations were also mentioned as an excellent way to build, strengthen, and maintain reciprocal relationships (e.g., Wabano Vaccination Hub).

Special Acknowledgment

Just before the launch of National Indigenous History Month, the OAC held a community gathering at City Hall. This event was an opportunity to bring together Indigenous community members and local partners to [share the story of the Coalition over the past three years](#).

This story included a very special acknowledgement by the Coalition of Dr. Etches and the many ways in which she ensured the safety of First Nations, Inuit, and Métis

communities in Ottawa during the pandemic, including Indigenous Elders, organizations, and their employees.

Dr. Etches was recognized for her quiet humility and commanding voice, for her patience and advocacy, for always showing up and taking the time to listen and learn from community, and for understanding the critical importance of nurturing relationships. All qualities that exemplify authentic engagement. Furthermore, the Coalition believes that Dr. Etches' committed efforts and leadership will result in the positive system changes that the urban Indigenous community is looking for. This includes Dr. Etches' support for collective action to address Indigenous-specific racism.

Reciprocity - Collaboration

Indigenous-Specific Racism and Discrimination

Anti-Indigenous racism in health systems is widespread and results in avoidance of medical care, traumatic experiences, and negative health outcomes, including preventable deaths.⁵⁷ Ottawa is no exception, as evidenced in the 2022 [Share Your Story](#) (SYS) report, an account of Indigenous-specific racism and discrimination in health care across the Champlain region.^{58,59}

Based on the experiences and eye-witness accounts of more than 315 Indigenous peoples who sought health care services in the Champlain region, the SYS researchers identified and validated repeated examples of five (5) common stereotypes about Indigenous peoples – i.e. as racially inferior; diseased, addicted, and mentally unwell; a burden; aggressive; and as bad parents.⁶⁰

According to the report, hospitals had the highest percentage of identified instances of Indigenous-specific racism and discrimination (i.e., 71% in urban Ottawa), especially in emergency rooms and maternity units. Of the incidents captured in the report, approximately 60% occurred within the last two (2) years; 85% within the last seven (7) years. 78% of SYS participants reported that they regularly experienced racism when accessing health services; 76% felt they could have received better service if they were able to hide their Indigenous identity. 59% of participants believed their physical health had been negatively impacted by anti-Indigenous racism, with 73% crediting racism for the decline in their mental health and wellbeing. Specific examples are captured in the following video: [Racism in Healthcare | SYS Project](#). Collectively, these experiences have led to a lack of trust in, or willingness to access health services in the region, and caused Indigenous Peoples to delay or avoid timely essential care.⁶¹

Access to quality health care that is safe and free from discrimination is a fundamental human and Indigenous right as outlined in [UNDRIP](#).⁶² The SYS report is a call to action to Ontario Health, the Ministry of Health, and all health system partners to collaborate on practical, measurable solutions to effectively address and monitor Indigenous-specific racism. The report includes recommendations and suggested actions to systematically incorporate and operationalize anti-Indigenous racism goals into ongoing service delivery and quality improvement activities.⁶³ A comprehensive [list of recommendations](#), clustered under themes (each with their own list of suggested actions and/or specific steps or measures), and aligned with the [Seven Grandfather Teachings](#), provides a framework for action. The SYS recommendations incorporate community voices, with expertise from Indigenous-led organizations, to target systemic racism at all levels.

It should be noted that feedback received from local Indigenous service providers has consistently suggested that improvements in health outcomes for First Nations, Inuit and Métis peoples in Ottawa are unlikely to occur until racism and discrimination are effectively addressed within the health system. During a conversation with Allison Fisher, Executive Director, Wabano Centre for Aboriginal Health, OPH was encouraged to approach hospital leaders to initiate health system discussions related to the SYS recommendations.

OPH Response

Building on a meeting the OAC Co-Chairs had with leaders from Ottawa-based hospitals in December 2022, Dr. Etches arranged another meeting with hospital leaders in September 2023. This was intended to foster collective action to improve access to culturally safe health services in Ottawa, and to enhance health and wellbeing outcomes for Indigenous community members. There was agreement in principle to collaborate on system change related to Indigenous-specific racism. The following initial next steps were proposed:

1. Create and sustain a formal community of practice (CoP) for Indigenous Health Specialists working in each organization (i.e., employees who work directly with Indigenous partners and clients).
 - Maintain an inventory/living document of actions taking place in each organization that address Indigenous-specific racism.

- Create a safe and supportive space to share and exchange ideas and actions that are most effective for sustained positive change, that support learning and mentorship for participating organizations.
2. Determine a common approach to engage with/hear from Indigenous communities on these critical initiatives to evaluate progress.
 - The community of practice was asked to provide recommendations to hospital CEOs/Medical Officer of Health by March 2024 on the preferred approach to collectively engage with the diverse Indigenous communities in Ottawa to evaluate progress on the “Share Your Story” recommendations.

A collective inventory of actions to address anti-Indigenous racism was initiated in September. An example of OPH actions, framed according to the Seven Grandfather Teachings, is attached in Document 4. An inaugural meeting of the CoP occurred in October, with additional meetings to take place monthly in 2024. It is understood that the CoP will seek regular guidance from Indigenous community members, to ensure that it is on the right track with regards to action plans, preferred engagement practices, and evaluation process. This approach aligns with Ontario Health’s (OH) recognition of the role of Indigenous peoples in the planning, design, delivery, and evaluation of health services in their communities.⁶⁴ Similarly, it is supported by OH’s identified priorities to partner/ collaborate to advance Indigenous health equity and address Indigenous-specific racism.

Community-led Projects

In 2022, OPH established a multi-year funding agreement with the OAC to provide more long-term support to address the following community-identified priorities: Indigenous-specific racism and discrimination; OAC-led COVID research; Indigenous Women’s Safety Table (IWST); Indigenous Housing and Homelessness Strategy; Indigenous Mental Wellbeing Strategy (IMWBS); an employee wellness strategy; and a systematic, online referral process.

Reports describing actions taken to address the identified priorities and preliminary findings from the OAC’s COVID research were shared at the OAC Indigenous Community Gathering in May 2023: [Community Gathering Booklet](#) and [OAC Research Project: Ottawa Indigenous Community Members' Experiences in the First Year of COVID-19](#). Both documents provide recent examples of individual, organizational, and community strengths and resiliency that have been revealed over the course of the pandemic. From a research perspective, despite disruptions to every aspect of life,

initial findings describe creative coping strategies, a variety of self-development initiatives, enhanced social connections, and Indigenous organizations and communities working together for the collective wellbeing. Community members talked about the importance of being able to fulfill their responsibilities to protect and care for their families, friends, and communities. For many, “this was an area of pride, growth and positive mental health”⁶⁵ (p. 12).

OPH employees have been honoured by the request to support some of these priority initiatives through active participation on the SYS Research Advisory Committee, the Indigenous Women’s Safety Table, Indigenous Mental Wellbeing Strategy team, and the OAC COVID Research Committee. As members of the Research Committee, OPH employees met regularly with representatives from the OAC research team, Inuuqatigiit, Makonsag, Odawa, Tewegan, Tungasuvvingat Inuit (TI), Wabano, the Royal Ottawa, and the University of Ottawa. Efforts have included the co-development of ethics review documentation, a data sharing agreement between OPH and the OAC, and ongoing support with data analysis. OPH employees have also been present at knowledge exchange events with the OAC Research Team (e.g., COVID Research Community Workshop; Metropolis Social Determinants of Health Conference).

As previously reported, being able to directly support this research, and other community-led initiatives, has provided invaluable opportunities to strengthen relationships; to listen, learn and critically reflect on system changes that will help to improve the health and wellbeing of First Nations, Inuit, Métis, and urban Indigenous community members. It has also resulted in a better understanding of Indigenous worldviews, ways of knowing and doing, and highlighted the need for more education on decolonizing approaches for public health. From the OAC’s perspective, having OPH staff on the OAC Research Committee is an example of respectful partnership as reflected in the Two Row Wampum belt – i.e. “to travel together in the same time and the same space, recognizing and honouring two ways of knowing and being (worldviews), while coming together for mutual benefit, is real work that OPH staff committed to with the Indigenous community. Those relationships are embedded in our community now and are based on trust and respect.”⁶⁶

Sociodemographic Data

In recent years, the importance of disaggregated data in uncovering systemic racism and inequalities has become increasingly clear. OPH is continuing pre-pandemic work to expand the collection of sociodemographic data (SDD), that includes self-identification as First Nation, Inuit and/or Métis, from people accessing OPH services.

Staff from OPH's Surveillance and Epidemiology Team continue to work with members of the OAC to provide an update and to seek guidance on next steps.

Drawing from *The Grandmother Perspective*, developed by Gwen Phillips of Ktunaxa Nation in British Columbia and as outlined in this [report](#), we are committed to using a process of respectful relationship, and to using this data only for the purpose of eliminating systemic racism and oppression. There is commitment to collaborate to establish ways of working that will keep data ownership and control, including dissemination of findings, with First Nations, Inuit, Métis, and the urban Indigenous communities in Ottawa. A next step will be to continue to build the relationship among OPH, OAC, and other City partners to explore what is needed to uphold data governance principles, particularly in this diverse and growing urban Indigenous context.

In another meeting with Inuit partners, OPH learned about additional efforts that will be taking place to enhance understanding of Inuit population health. The [Qanuippitaa? National Inuit Health Survey](#) is an Inuit-owned, Inuit-led population health survey for Inuit across Inuit Nunangat, that is informed by Inuit knowledge, values, and worldview. Surveys will be distributed every five (5) years, to adults, youth (12+), and children (to be completed by an adult who knows them). More information about the implementation and analysis of survey results will be shared when available.

OPH Program Support

In addition to the described collaborations with the OAC, several OPH teams continue to work closely with local Indigenous service providers to support the many culture-based programs and services in Ottawa. These collaborations receive very positive feedback from partners, with much enthusiasm to re-connect with OPH and resume these partnerships post-pandemic. Especially recognized is OPH's commitment to assign designated team liaisons who can establish long-term relationships and develop a better understanding of agency needs and culturally safe practices when engaging with community members. Recent highlights include:

- *Dental Services and Outreach* - Significant efforts have been made to re-establish dental services and outreach opportunities for Indigenous Peoples in Ottawa, through the many Indigenous organizations that OPH works with. The Wabano Dental Clinic is operating with a dentist and/or hygienist onsite five days a week; 26 targeted oral health promotion activities took place between Q1-Q3, including participation at local Indigenous events. These activities allowed the team to reach

780 community members of all ages. This includes providing dental screenings for numerous Indigenous children.

- *Vision* – OPH collaborated with Wabano on the development of tailored resources that were launched as part of the *Children’s Vision Health Month* campaign in October.
- *Healthy Growth & Development (HGD)* – With an OPH supervisor assigned to coordinate HGD partnerships with Indigenous agencies, designated public health nurses (PHNs) are now working with partners to determine tailored approaches to best address organizational and client needs for HGD information and support. Collaborative parenting sessions on a variety of topics are now taking place virtually or in-person in all agencies that have expressed an interest. Targeted outreach efforts continue to expand HGD support, including participation at local Indigenous events (e.g., Ottawa Indigenous Children & Youth Pow Wow). PHNs and other service providers also refer some families to the HGD Home Visiting program for additional PHN support as needed.
- *Collaborative Case Management (CCM)* – In response to a request from the Akausivik Inuit Family Health Team (AIFHT), OPH teams have been working with Akausivik leadership to re-establish and enhance CCM processes that will help to ensure culturally safe and supportive care for Inuit in Ottawa. OPH’s Sexual Health and Harm Reduction Unit also facilitate AIFHT’s access to medications to treat sexually transmitted infections and Naloxone kits.
- *Health Promotion through Information Sharing* - To enhance accessibility, and in response to requests from partners, OPH adapted and shared respiratory illness fact sheets that were tailored for local First Nations, Inuit and Métis populations.
- *Immunization* – Initially established during the pandemic, OPH continues to collaborate with AIFHT and Wabano to provide onsite support for COVID vaccinations at the Indigenous/Inuit-specific vaccine hub. Building on the success of the COVID vaccine services, OPH began offering routine childhood vaccinations at the Wabano hub in August 2023, followed by flu vaccine services in October. The following is an example of the feedback and suggestion for service improvement received from partners at Wabano:

“Wabano Centre is grateful for the collaborative relationship we have with OPH in ensuring the Indigenous community had access to the COVID-19 vaccinations from initial launch in Feb 2021 to today. Our voice has been heard throughout the

process and we were able to run our clinic with culture and created a safe space for the community. Moving forward what would be of assistance would be the ability to take the clinic onto our mobile medical van so we can reach more isolated community members and offer these services in various areas in the City of Ottawa.” - N. Lloyd, Director of Administration, Communication and Engagement

Reflection – Sharing lessons learned

Cultural humility is a perspective that involves a commitment to practice lifelong learning; exercising self-reflection and critique about personal values, beliefs, biases, and assumptions; recognizing the dynamics of one’s power and privilege; and being comfortable with not knowing. It is considered an essential building block for cultural safety and can be applied at both the individual and organizational level. The following are a few examples of OPH efforts to promote cultural humility:

National Immunization Conference

In April 2023, Dr. Etches was invited to be part of a plenary panel on ‘*Unlearning and Undoing Systemic White Supremacy and Indigenous-specific Racism in Public Health*’ at the National Immunization Conference. The inspiring discussion included colleagues from British Columbia’s Office of the Provincial Health Officer. Centered on the underlying belief that public health systems have clear obligations and mandates to uphold Indigenous rights and address Indigenous-specific racism, the panelists shared their reflections, personal and organizational journeys, emphasizing that one must approach this work with humility, love, caring, compassion, and respect for all perspectives and experiences. While the discussion revealed several innovative initiatives in BC and Ottawa, it was clear that there is still a long way to go and many challenges to overcome before the goal is achieved. Feedback from Indigenous peoples in the audience validated the need for this work and urged the panelists to continue their journeys. For more details, please watch the full session here: [Plenary panel discussion](#) (scroll down).

Other opportunities to collectively reflect on Indigenous rights, reconciliation and racism occurred in 2023 during meetings with colleagues in the City’s *Indigenous Relations Branch*, the *Indigenous Relations Interdepartmental Collaborative Sharing Circle*, and with partners from other public health units, including members of the *Public Health Indigenous Engagement Network*. Health Equity Specialists also facilitated monthly Indigenous, Black and Racialized employee check-ins to offer a dedicated space for Indigenous, Black, and racialized staff at OPH to connect, listen, and support one

another. OPH employees also participated in consultations and a strategic planning session with academic colleagues at the University of Ottawa (e.g., STROBE Equity Reporting Guideline; Centre for Indigenous Health Research and Education). The OPH Reconcili-ACTION Network, a long-standing community of practice that was created as a safe space for reflection on Indigenous health, rights and reconciliation, was not active in 2023 due to multiple competing priorities and the evolving staffing situation during the Re-Imagine process. The decision to re-establish this Network will be re-visited in 2024.

Reconcili-ACTION Plan (RAP) Evaluation

As part of OPH's commitment to reconciliation, a culturally responsive evaluation framework was created to monitor organizational progress and impacts on First Nations, Inuit, Métis peoples in Ottawa. Informed by the collective feedback from First Nations consultants, Indigenous partners and public health employees, the evaluation framework was designed in 2019 to respect and reflect Indigenous values, principles, priorities, and practices, followed by the identification of performance measures that were included in a revised version of the [OPH Reconcili-ACTION Plan](#) in 2021.

Despite delays with the systematic implementation of the evaluation during the pandemic, several actions were taken to initiate the evaluation and monitoring process, including quarterly and annual reports to help capture the story of reconciliation at OPH (e.g., [2021-2022 Snapshot of Reconcili-ACTION at OPH](#)).

OPH also had an opportunity to share lessons learned at the Canadian Evaluation Society Conference in 2022, highlighting a combination of Indigenous and western evaluation activities (i.e., a [Two-Eyed Seeing Framework](#)). A few examples of these activities included: annual meetings with partners, ICS training evaluations, and facilitated talking circles. Reflections on the evaluation process identified several wise practices such as the need to maintain Indigenous rights and reconciliation-related initiatives as distinct from diversity and inclusion work, and taking the time needed to proceed in a good way, being flexible and adaptable when needed.

The pandemic and OPH's Re-imagine process have both reinforced the need to pivot. To take the necessary time to collectively reflect on the proposed implementation process, performance measures, and the Reconcili-ACTION Plan, to ensure that they continue to align with community-identified priorities and the 2023-2027 OPH Strategy, and to consider how to systematically measure feedback from Indigenous clients, communities and organizations using methods that respect Indigenous data governance and Indigenous ways of knowing, while being transparent about how that information

will be used to improve OPH programs, policies and practices. From a readiness and capacity perspective, 2023 was the right time to temporarily shift the focus to establishing a baseline understanding of the factors that contribute most significantly to ICS at OPH.

Indigenous Cultural Safety Organization Assessment

Working in partnership with consultants from the [San'yas ICST Program](#), OPH initiated an Indigenous cultural safety organizational assessment (ICSOA) in 2023. This was a two-phased approach starting in September with a request for all OPH employees to participate in an ICS self-assessment (ICSSA) survey; 52% completed the survey.

The 2nd phase of this process occurred in October and focused on a more in-depth ICS assessment for each service area. After a facilitated discussion with the San'yas team, all members of the OPH Senior Leadership Team (SLT) were asked to complete a questionnaire that focused on 11 key areas (e.g., Culturally Safe Practices and Protocol; Racism and Discrimination Policies; Service Planning; Communications; Community Relations; Indigenous Recruitment and Retention).

Findings of this assessment are expected to build on the recommendations of OPH's [Diversity Audit](#). In particular, they will strengthen OPH's ability to address Indigenous-specific racism and promote Indigenous rights and reconciliation; support the integration of Indigenous ways of knowing and being into public health policies, programs and practices; and create a culturally safe space for Indigenous clients, partners and employees. A full report will be shared with OPH's Senior Leadership Team, OPH employees, the Board of Health and community members in 2024.

Next Steps

As noted, several key initiatives are currently in progress to promote social justice and advance Indigenous rights and wellbeing in Ottawa. To build on this momentum, the following actions are expected to take place in 2024: (a more comprehensive list is included in Document 5)

Respect

- *ICS organizational assessment (ICSOA)* - Initiate the gradual implementation of recommendations from the ICSOA.
- *ICST education plan* - Collaborate with the Staff Development and the Legislative Affairs and Strategic Engagement (LASE) teams to develop, implement and

monitor a comprehensive ICST plan for OPH employees and Board of Health members, that can be gradually implemented over time. This will include exploring opportunities to enhance funding and human resources to support this initiative.

- *Land acknowledgments* – Continue to develop land acknowledgement resources to support OPH colleagues and teams in their efforts to create personalized land acknowledgements.

Relationship

- *Indigenous Health Specialists* - Facilitate the onboarding process for Indigenous Health Specialists (within OPH and with Indigenous community partners).
- *Relationship building* - Encourage and monitor relationship building between teams across OPH and urban Indigenous partners and community members to shape our work.
- *SYS Community of Practice (CoP)* – Continue to support the *Share Your Story CoP* and collective actions to address Indigenous-specific racism in the healthcare system.
- *Indigenous youth* - Create opportunities to meaningfully engage with Indigenous youth.
- *Host Nations* - Follow the lead of the City of Ottawa’s Indigenous Relations Branch with regards to relationships with Anishinabe Algonquin Nations.
- *Government of Nunavut* - Strengthen relationships with the office of Nunavut’s Chief Public Health Officer (i.e., in support of Nunavummiut who temporarily reside in Ottawa for health, education, and other services).

Reciprocity

- *Inuit health and wellbeing* - Working together with Inuit-serving organizations, and as guided by [Inuit societal values](#), support/advance work on the development of an Inuit-led action plan to address Inuit health and wellness needs.
- *Community-identified priorities* - Continue to support OAC-led initiatives that address community-identified priorities (e.g., Indigenous Women’s Safety Table,

Indigenous Mental Wellbeing Strategy, Ottawa Indigenous Housing and Homelessness Strategy, COVID research).

- *Sociodemographic data* – Continue discussions with the OAC and other City and community partners related to Indigenous data governance principles and practices in Ottawa.

Reflection

- *Reconcili-ACTION Plan (RAP) evaluation* – Collectively review/refine/socialize performance measures as part of the systematic implementation process of the RAP evaluation.
- *OPH role* - Continue to reflect on and articulate OPH's role to advance social justice and promote Indigenous health, rights, and reconciliation.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

The content of this report was informed by communication with, and feedback from, OPH frontline employees and leadership, the City's Indigenous Relations Branch, as well as leaders representing the [Ottawa Aboriginal Coalition](#) and the following local Indigenous organizations: [Akausivik Inuit Family Health Team](#); [Gignul Non-Profit Housing](#); [Inuuqatigiit Centre for Inuit Children, Youth and Families](#); [Large-Baffin](#); [Makonsag](#); [Minwaashin Lodge/Oshki Kizis](#); [Odawa Native Friendship Centre](#); [Tewegan Housing for Aboriginal Youth](#); [Tungasuvvingat Inuit](#); and [Wabano Centre for Aboriginal Health](#).

In addition, OPH has been in regular communication with consultants from the [San'yas Anti-Racism Indigenous Cultural Safety Online Training Program](#) who provided support with the planning, implementation, and analysis of OPH's Indigenous cultural safety organizational assessment.

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information contained in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

As identified in the [2023-2027 OPH Strategy](#), OPH remains committed to working in partnership with Urban Indigenous Peoples – including First Nations, Inuit, Métis peoples and communities – to promote social justice and advance Indigenous rights and wellbeing. Additional details regarding this alignment are outlined in Document 4.

SUPPORTING DOCUMENTATION

Document 1 – *OPH Reconcili-ACTION Plan Evaluation Framework*

Document 2 - *Indigenous Health, Rights, and Reconciliation: Learning Resources and Key Documents for the Board of Health*

Document 3 - *Indigenous Youth Talking Circle: Sharing Thoughts on Reconciliation*
(Graphic representation)

Document 4 – *Share Your Story: A Snapshot of OPH Actions to Address the Recommendations*

Document 5 – *2023-2027 OPH Strategy: Proposed Actions to Advance Indigenous Health, Rights & Reconciliation*

DISPOSITION

Ottawa Public Health (OPH) will continue to work towards becoming a culturally safe and humble organization and on advancing its Reconcili-Action Plan, based on the four principles of respect, relationship, reciprocity and reflection.

The health unit will also continue to provide annual update reports to the Board of Health and partners on these efforts.

¹ Statistics Canada. (Sept 21, 2022). *Indigenous population continues to grow and is much younger than the non-Indigenous population, although the pace of growth has slowed*. Retrieved from, <https://www150.statcan.gc.ca/n1/daily-quotidien/220921/dq220921a-eng.pdf>

-
- ² Inuit Tapiriit Kanatami. (2023). *Who we are*. Retrieved from, <https://www.itk.ca/national-voice-for-communities-in-the-canadian-arctic/>.
 - ³ National Association of Friendship Centres. [NAFC]. (2023). *Urban Indigenous*. Retrieved from, <https://nafc.ca/about-the-nafc/urban-indigenous>
 - ⁴ Statistics Canada. (Sept 21, 2022).
 - ⁵ Graham, S., Muir, N., Formsma, J. & Smylie, J. (2023). *First Nations, Inuit and Métis Peoples Living in Urban Areas of Canada and Their Access to Healthcare: A Systematic Review*. Retrieved from, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10252616/pdf/ijerph-20-05956.pdf>
 - ⁶ Statistics Canada. (Sept 21, 2022).
 - ⁷ Indigenous Services Canada. (2021). *Indigenous communities in Ontario*. Retrieved from, <https://www.sac-isc.gc.ca/eng/1603371542837/1603371807037>
 - ⁸ Statistics Canada. (Sept 21, 2022).
 - ⁹ Rotondi, M. A. et al. (2017). *Our Health Counts Toronto: Using respondent-driven sampling to unmask census undercounts of an urban Indigenous population in Toronto, Canada*. Retrieved, October 13, 2023, from <https://bmjopen.bmj.com/content/bmjopen/7/12/e018936.full.pdf>
 - ¹⁰ NAFC. (2023).
 - ¹¹ Wilson-Raybould, J. (2022). *True reconciliation: How to be a force for change*. Toronto, ON: McClelland & Stewart.
 - ¹² Truth and Reconciliation Commission of Canada.[TRC]. (2015a). *Honoring the truth, reconciling the future: Summary of the final report of the Truth and Reconciliation of Canada*. Retrieved from, https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Executive_Summary_English_Web.pdf.
 - ¹³ Ottawa Public Health. [OPH] (2019). *OPH Reconcili-ACTION plan update*. Retrieved from, <https://pub-ottawa.escribemeetings.com/filestream.ashx?documentid=35864>.
 - ¹⁴ Wilson-Raybould, J. (2022).
 - ¹⁵ Wilson-Raybould, J. (2022).
 - ¹⁶ Wilson-Raybould, J. (2022).
 - ¹⁷ Wilson-Raybould, J. (2022)
 - ¹⁸ Wilson-Raybould, J. (2022).
 - ¹⁹ Wilson-Raybould, J. (2022).
 - ²⁰ Ottawa Public Health. [OPH]. (2023). *Equity, prevention, impact: OPH's 2023-2027 Strategic Plan*. Retrieved from, https://www.ottawapublichealth.ca/en/public-health-services/resources/Documents/2023-2027-Strategic-Plan_ENG.pdf
 - ²¹ Government of Canada. (2020). *The United Nations Declaration on the Rights of Indigenous Peoples*. Retrieved from, https://www.justice.gc.ca/eng/declaration/un_declaration_EN1.pdf.
 - ²² Anderson, Dr. M. (Jan 19, 2018). *Reconciliation and public health*. [NCCIH Webinar]. Retrieved from, https://www.nccih.ca/495/Webinar_Reconciliation_and_Public_Health.nccih?id=245
 - ²³ Indigenous Bar Association. (2011). *Understanding and implementing the UN declaration on the rights of Indigenous peoples: An introductory handbook*. Retrieved from, https://chrr.info/wp-content/uploads/2015/10/UNDRIP_Handbook_WEB.pdf
 - ²⁴ Ministry of Health and Long-term Care. (2018). *Relationship with Indigenous Communities Guideline, 2018*. Retrieved from, https://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Relationship_with_Indigenous_Communities_Guideline_en.pdf

-
- 25 Public Health Agency of Canada. [PHAC]. (2020). *From risk to resilience: An equity approach to COVID-19*. Retrieved July 25, 2021, from <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>
- 26 Funnell, Dr. S. (2021). *Urban Indigenous public health vision; Nothing about us, without us*. Retrieved from, https://www.nccih.ca/Publications/Lists/Publications/Attachments/10351/Visioning-the-Future_EN_Web_2021-12-14.pdf
- 27 Funnell, Dr. S. (2021).
- 28 National Collaborating Centre for Indigenous Health. [NCCIH]. (2021). *Visioning the Future: First Nations, Inuit, & Métis Population and Public Health*. Retrieved from, https://www.nccih.ca/Publications/Lists/Publications/Attachments/10351/Visioning-the-Future_EN_Web_2021-12-14.pdf
- 29 Funnell, Dr. S. (2021).
- 30 O'Keefe, V.M. et al. (2023). *Conceptualizing Indigenous strengths-based health and wellness research using group concept mapping*. Retrieved from, <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-023-01066-7>
- 31 Statistics Canada. (Sept 21, 2022).
- 32 Wilson-Raybould, J. (2022).
- 33 Canadian Broadcast Corporation. [CBC]. (Aug 19, 2011). *5 things to know about Ottawa's Aboriginal community*. Retrieved from, <https://www.cbc.ca/news/canada/ottawa/5-things-to-know-about-ottawa-s-aboriginal-community-1.1000724>
- 34 Forester, B. (Jan 13, 2020). *A crisis on two fronts: The urban Inuit caught between two housing shortages*. Retrieved from, <https://www.aptnnews.ca/national-news/a-crisis-on-two-fronts-urban-inuit-housing-shortages/>
- 35 Payne, E. (Apr 17, 2015). *Ottawa's urban Inuit renaissance*. Retrieved October 10, 2023, from <https://ottawacitizen.com/news/local-news/ottawas-urban-inuit-renaissance>
- 36 Public Health Agency of Canada. [PHAC]. (2023). *Common definitions on cultural safety*. Retrieved from, <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/chief-public-health-officer-health-professional-forum-common-definitions-cultural-safety/definitions-en2.pdf>.
- 37 PHAC. (2023)
- 38 Webb, D. (2023). *Indigenous cultural safety trainings for healthcare professionals working in Ontario, Canada: Context and considerations for healthcare institutions*. Retrieved from, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10126787/pdf/10.1177_11786329231169939.pdf.
- 39 Wabano Centre for Aboriginal Health. (2022a). *Share your story: Indigenous-specific racism in health care across the Champlain region*. Retrieved from, <https://wabano.com/wp-content/uploads/2022/05/ShareYourStory-FullReport-EN.pdf>.
- 40 Webb, D. (2023).
- 41 Churchill, M. et al. (2017). *Evidence Brief: Wise Practices for Indigenous-specific Cultural Safety Training Programs*. Retrieved from, <http://www.welllivinghouse.com/wp-content/uploads/2019/05/2017-Wise-Practices-in-Indigenous-Specific-Cultural-Safety-Training-Programs.pdf>.
- 42 Wylie, L., McConkey, S., & Corrado, A.M. (2021). *It's a journey not a check box: Indigenous cultural safety from training to transformation*. Retrieved from, <https://jps.library.utoronto.ca/index.php/ijih/article/view/33240/27351>
- 43 Wabano Centre for Aboriginal Health. (2022b). *Share your story: Summary report*. Retrieved from, <https://wabano.com/wp-content/uploads/2022/05/ShareYourStory-ShortReport-ENpdf.pdf>

-
- 44 Deer, K. (Oct 21, 2021). *What's wrong with land acknowledgments, and how to make them better*. Retrieved from, <https://www.cbc.ca/news/indigenous/land-acknowledgments-what-s-wrong-with-them-1.6217931>.
- 45 Klukas, J.J. (Sept 12, 2022). *What do land acknowledgements really mean? And how do Indigenous people really feel about them?* Retrieved from, <https://theyee.ca/Analysis/2022/09/12/What-Do-Land-Acknowledgements-Really-Mean/>.
- 46 Deer, K. (Oct 21, 2021).
- 47 Deer, K. (Oct 21, 2021).
- 48 Centre for Addiction and Mental Health. [CAMH]. (2022). *Guidance for honouring the land and ancestors through land acknowledgments*. Retrieved from, <https://www.camh.ca/en/camh-news-and-stories/land-acknowledgements-guidance>
- 49 Indigenous Primary Health Care Council. [IPHCC]. (N.D). *How to develop a meaningful land acknowledgment*. Retrieved from, <https://iphcc.ca/wp-content/uploads/ninja-forms/2/IPHCC-How-to-develop-a-meaningful-land-acknowledgement.pdf>
- 50 NCCIH. (2021).
- 51 Smylie, J., Firestone, M., Spiller, MW., and Tungasuvvingat Inuit. *Our health counts: population-based measures of urban Inuit health determinants, health status, and health care access*. Retrieved from, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6267637/pdf/41997_2018_Article_111.pdf
- 52 City of Ottawa (Oct 2021). *2021 homelessness point-in-time count*. Retrieved from, https://documents.ottawa.ca/sites/documents/files/PointInTime_Infographic_EN_.pdf
- 53 Ottawa Aboriginal Coalition [OAC]. (Feb 2023). *Ottawa Indigenous Housing and Homelessness Strategy*. [PowerPoint slides]. Ottawa, ON
- 54 Ottawa Aboriginal Coalition [OAC]. (Feb 2023).
- 55 Whitzman, C. (2023). *Our city starts with home: Scaling up non-profit housing in Ottawa*. Retrieved from, https://assets.nationbuilder.com/allianceottawa/pages/1428/attachments/original/1682686792/EN_SU_NPHO_Report.pdf?1682686792
- 56 Morton, D., Linton, J. & Hatala, A. (2022). *Integrative review protocol for Indigenous youth participation in health equity promotion*. Retrieved from, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9310184/pdf/bmjopen-2021-055568.pdf>
- 57 Canadian Institute for Health Information [CIHI]. (2021). *Measuring cultural safety in health systems*. Retrieved from, <https://www.cihi.ca/sites/default/files/document/measuring-cultural-safety-in-health-systems-report-en.pdf>
- 58 Wabano Centre for Aboriginal Health. (2022a).
- 59 Turpel-Lafond M.E. (2020). *In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care, full report*. Retrieved from, <https://www.bcchr.ca/sites/default/files/group-opsei/in-plain-sight-full-report.pdf>
- 60 Wabano Centre for Aboriginal Health. (2022a).
- 61 Wabano Centre for Aboriginal Health. (2022b).
- 62 Government of Canada. (2020).
- 63 Wabano Centre for Aboriginal Health. (2022b).
- 64 Corpus Sanchez International. (2020). *Building a plan and framework to address equity, inclusion, diversity & anti-racism in Ontario*. Retrieved from, <https://www.ontariohealth.ca/sites/ontariohealth/files/2021-01/CorpusSanchezInternationalReport.pdf>
- 65 Ottawa Aboriginal Coalition. (OAC). (2023). *OAC research project: Ottawa Indigenous community members' experiences in the first year of COVID-19*. Retrieved from, https://www.ottawaaboriginalcoalition.ca/files/ugd/c0bc78_10a592fe776a42e9a35ba2a3a0127029.pdf
- 66 Riggs, J., personal communication, September 8, 2021.