

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
14 April 2025 / 14 avril 2025**

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**Submitted by
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**Ward: CITY WIDE / À L'ÉCHELLE DE
LA VILLE**

**File Number: ACS2025-OPH-HED-
0001**

SUBJECT: Indigenous Health, Rights and Reconciliation (IHRR): Annual Update

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

REPORT RECOMMENDATION

That the Ottawa Board of Health receive, for information, this update on Ottawa Public Health's continuing efforts to become a culturally safe and humble organization through the continued work of the Indigenous Cultural Safety Organizational Assessment (ICSOA) and the newly formed ICSOA advisory circle.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé 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 grâce au travail continu de l'Évaluation organisationnelle de la sécurité culturelle autochtone (ICSOA) et du nouveau cercle consultatif de l'ICSOA.

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.

BACKGROUND

Ottawa Public Health (OPH) recognizes that 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. Cultural humility is considered an essential building block for cultural safety and can be applied at both the individual and organizational level.

This report will provide an update of the work and advocacy which OPH strives to push forward to address anti-Indigenous racism, and the systemic change needed to promote and improve the health and well-being of First Nations, Inuit, Métis, and urban Indigenous communities.

In 2023, working in partnership with consultants from the San'yas Indigenous Cultural Safety Training (ICST) Program, OPH initiated an Indigenous cultural safety organizational assessment (ICSOA). This was a two-phased approach with a request for all OPH employees to participate in an Indigenous Cultural Safety Self Assessment (ICSSA) survey. The second phase focused on a more in-depth ICS assessment for each service area.

Additionally, this report will update the Board of Health (the Board) and Indigenous partners on the ongoing work of OPH in becoming a culturally safer and humble organization. The report will discuss the results of the ICSOA and the efforts OPH is making to follow-up on the findings. OPH continues to move forward together with Indigenous partners and the Ottawa Aboriginal Coalition (OAC), to influence positive systemic change to advance the rights and wellbeing for urban Indigenous communities, First Nations, Inuit, and Métis Peoples. This work occurs in alignment with the 2023-2027 OPH Strategy including safer spaces in healthcare settings to address anti-Indigenous racism.

Building upon the last [Indigenous Health, Rights and Reconciliation Annual Update](#), this report will provide an update on the work OPH is doing to progress social justice and reconciliation through the Cultural Safety Organizational Assessment (ICSOA). This work included moving forward with the areas for action contributing to reconciliation, implementing an ICSOA advisory circle, and developing an Indigenous Cultural Safety Training Educational Plan (ICST). As our learning journey is never complete, the ICST enables every OPH staff member to attend a session and successfully complete a course through [San'Yas](#) and/or the Indigenous Primary Health Care Council (IPHCC). ICST provides the opportunity for further continual learning opportunities such as participating in the Blanket Exercise and the Land Acknowledgment training. The Board's support for the [2022 recommendation](#) that ICST be a mandatory requirement

for all new members of the Board and the OPH Leadership Team as part of the onboarding process, is further progress.

DISCUSSION

Indigenous Cultural Safety Organizational Assessment (ICSOA)

In December 2023, a preliminary report was received from San'Yas, '*Indigenous Cultural Safety Assessments Report*.' Through the means of a self-assessment survey, the report provided OPH staff with an opportunity to share their understanding, knowledge and awareness surrounding fundamental principles of ICS (Indigenous Cultural Safety), in addition to their readiness to positively implement ICS at OPH. The San'Yas report was constructed around the eleven action areas as defined by the ICSOA: Shared Understanding; Culturally Safe Practices and Protocols; Service Planning; Communications; Racism and Discrimination Policies; Training and Orientation; Community Relations; Indigenous Recruitment and Retention; Research and Evaluation; Funding, Resource Allocation and Sustainability; and Leadership.

OPH's Senior Leadership Team (SLT) shared feedback with the Board of Health in January 2024 in response to the report. And In June 2024, the ICSOA Executive Summary was shared with OPH staff. In September 2023, 716 OPH staff were invited to complete the San'Yas self-assessment survey. A total of 367 OPH staff completed the online survey, equaling a 51% response rate. Amongst the SLT, a response rate of 100% was recorded from the eight Senior Leaders representing service areas from across OPH. The intention of the survey was to identify both individual and organizational barriers, possible gaps and strengths in OPH becoming a more culturally safe and humble organization.

In 2024, Indigenous Health Rights and Reconciliation (IHRR) pinpointed successes, concerns and recommendations for the Indigenous Cultural Safety Organizational Assessment (ICSOA). Successes included the posting for the hiring of another Indigenous Health Specialist and the advancement and ongoing opportunities to participate in ICST at OPH. IHRR has again purchased seats for the training offered by San'Yas and the IPHCC. This training is open to all OPH staff, and everyone is encouraged to take the trainings. To date, 49% of the Leadership team has completed the ICST. The Board of Health members will have until the end of their term (2026) to complete the ICST. In 2024, 23% of OPH staff successfully completed ICST. Another successful learning opportunity was the Blanket Exercise presented by IHRR. In 2024, three Blanket Exercises were conducted at OPH with over 70 participants registered. In late 2024, 16 staff members were able to participate in a Land Acknowledgment training

session that was provided by *NVision*. The training was well received and OPH staff have requested it be brought back for 2025.

The Indigenous Cultural Safety Organizational Advisory (ICSOA) Circle was established in the fall of 2024 with representation from six service areas. IHHR has pinpointed successes, concerns, and recommendations for the ICSOA. The initial objectives for the Circle are to recommend priority ICSOA-related actions for 2025, assist in the development of a comprehensive organization-wide action plan that responds to the ICSOA recommendations, and help share information about the recommendations and the Plan with OPH programs/teams.

Results to be shared will include progress to date, celebrations, areas of concern, process, and next steps. It will provide an overview for the Board of Health, Indigenous partners, and the community of the continued work that is being achieved by OPH staff through an understanding of the history of Indigenous Peoples and Canada by means of education (i.e., ICST) in recognizing and addressing current gaps in health outcomes for Indigenous community members in Ottawa.

ICSOA Results

The Dissemination Process included the review and feedback provided from OPHs Senior Leadership Team (SLT) (January 2024); Executive Summary (June 2024); IHRR presentation of highlights (Fall 2024); establishment of the ICSOA Advisory Circle (November 2024); Recommendations for OPH priority action areas and activities (December 2024); and the Comprehensive ICSOA Action Plan (started in January 2025).

Recommendations for OPHs priority action areas and activities – ‘5 for 2025’ – was voted upon from a Leadership Team meeting in the fall of 2024. The Leadership Team chose five actions from a list. This list was created from 11 action areas defined by the ICSOA. (listed under ‘Discussion’).

‘5 for 2025’:

- Shared Understanding
 - Many employees see ICS as a chance to reflect on how their own attitudes affect Indigenous Peoples. They value self-awareness and want services to be trauma informed. Many feel confident in what they know and plan to keep learning about IHRR.

- Some employees, however, lack a clear understanding of the unique position Indigenous Peoples hold in Canada and the purpose of land acknowledgments. This gap sometimes leads to “color-blind” or “equality” comments that overlook the ongoing impacts of colonization.
- Offering more learning opportunities would foster a shared grasp of IHRR and ICS, clarify why Indigenous Peoples hold distinct rights, and address the misconceptions behind color-blind or equality-based views.
- Culturally Safe Protocols & Practices
 - Some public health services are embedded in Indigenous health centres where access to dedicated spaces for ceremonial purposes are available; Several employees mentioned that they have spent time reflecting on and personalizing their *land acknowledgement* which are included in internal and external meetings and events.
 - There seems to be little familiarity among OPH employees of local Indigenous protocols (e.g., [City of Ottawa-Anishinabe Algonquin Nation Civic Cultural Protocol](#));
 - Indigenous art - is not present at all OPH sites; OPH needs to build more capacity and confidence to provide trauma-informed, culturally safe(r) services.
 - Provide information sessions and other resources to facilitate each team’s creation of a reflective, meaningful, and personalized *land acknowledgement* that includes a commitment to action; Work with the City’s Indigenous Relations Branch (IRB) and Indigenous partners to develop a policy for honoraria and gifting specific to Indigenous engagement.
- Community Relations
 - Many employees recognize how important it is to work alongside Indigenous partners and communities when planning public health services. In areas where there is direct contact, people strive to be culturally safe by following principles of respect, reciprocity, relationship, and reflection. OPH supports Indigenous organizations

with targeted funding for their own initiatives, collaborative partnerships, and by advocating for funding from other sources.

- OPH does not have clear methods for regularly involving Indigenous partners, Elders, youth, or the Host Nation. There is no formal policy on how to offer honoraria or gifts to Elders for their contributions, and OPH needs to develop processes for data governance and knowledge sharing with Indigenous partners to ensure these efforts truly benefit Indigenous communities. Provide OPH employees with resources and opportunities to learn about the importance of local cultural protocols, how to apply wise practices related to Indigenous engagement, and to familiarize themselves with [local Indigenous organizations](#) and the services they offer (i.e., for the purpose of referral and collaboration); Ensure that all OPH employees are aware of the issues impacting Indigenous community members (e.g., [2023 IHRR Annual Update](#); [Indigenous Community Gathering 2024](#)).
- Training & Orientation
 - Many employees mentioned that ICS training is a core activity at OPH, noting various opportunities to learn. Leaders and colleagues often encourage one another to take part, which has led to 41% of employees completing OPH's in-house Anti-Indigenous Racism Training, 28% completing San'yas ICS Training, and 24% completing their ICS training in the last one to three years. The Ottawa Board of Health has reinforced this direction by making ICS training mandatory for new Board members and the Leadership Team.
 - Despite these efforts, 29% of employees have not taken any ICS training. Some feel they are not given enough work time to complete it, and there is no consistent approach for learning about trauma-informed practice. In some areas, staff assume ICS training only applies to those in clinical roles, and ICS considerations are not routinely included in performance reviews or monitoring.
 - Ensure that all employees understand their roles related to IHRR; *Time* - Remind OPH leadership of the need to encourage, support and allocate sufficient time for employees to complete ICST; *Trauma-informed practice* - Coordinate trauma-informed care workshops for employees/teams (as appropriate); Enhance accountability

mechanisms to ensure that that all LT members complete ICST; *Talking circles* - Arrange post-ICST talking circles to facilitate knowledge exchange and application.

- Communications
 - Some employees noted that OPH resources have been adapted or translated for Indigenous community members, sometimes with feedback from Indigenous partners or the inclusion of Indigenous models and culturally appropriate imagery. They also reported a greater awareness of how they communicate, making an effort to avoid hurtful or inappropriate language (e.g., [Indigenous Writes](#)).
 - While there was a good understanding of the reporting requirements and metrics developed around ICS internally, there was less clarity about OPH's efforts to report on progress to audiences outside the organization.
 - Continue to promote the use of inclusive language resources (e.g., [Culturally Appropriate Language Guide: Supporting Engagement Efforts with Indigenous Communities](#)).

Urban Indigenous Communities:

Ottawa has as many as 7000 Inuit residents, the largest Inuit population south of the Arctic. OPH and the Canadian Centre for Substance Abuse (CCSA) have been co-leading the Ottawa Inuit Synergy Group (OISG) since 2023. It is made up of Inuit Service providers within Ottawa to address the specific needs of the Inuit population, both permanent and visiting Inuit – this includes Inuit who are travelling to Ottawa for medical appointments. In March 2024, OISG held its first community forum and from that, a report titled “*Thematic Summary and Recommendations Report*” was developed. Furthermore, discussion topics as presented by the Inuit community who were present at the forum which include access to housing, food insecurity, anti-Inuit specific racism, to name a few, can be found in supporting document one, titled the “*Ottawa Inuit Synergy Group Community Engagement Session Final Report (May 2024)*”.

A second gathering was held on June 11th, 2024 with OISG including Members of Parliament and their staff. The purpose of the meeting was to share the needs of urban Inuit in Ottawa. and the conclusion was that the Inuit community in Ottawa is in crisis. The Inuit in Ottawa continue to face many challenges including racism, low socio-economic conditions,

substance use, poverty, precarious housing and deaths. Currently there is no formal or funded repatriating system of human remains back to the north - volunteers have filled this void. The work that needs to be addressed from that meeting will continue well into 2025 and beyond, until resolved. OPH will continue to advocate for safe housing, access to food (including country foods), and access to medical treatment for the Inuit population in Ottawa.

OPH remains committed to support the work of our Indigenous partners. This includes sitting on the Indigenous Women's Safety Table; Missing and Murdered Indigenous Women and Girls (MMIWG) work; working with Ottawa Police Services; reconciliation plans; volunteering at the Wabano Gala; volunteering at powwows throughout the summer months; meeting with Indigenous partners throughout the year to hear and respond to their needs. OPH continues to introduce Public Health and City departments to the OAC to strengthen our work within Indigenous communities in Ottawa with Emergency Preparedness team and Youth Services being a couple of successful examples. OPH has shifted its partnership relationship with the OAC to support initiatives that have come out of research and initiatives from the urban Indigenous community. The OAC has publicly noted many times the OPH contribution to Indigenous community-based research (including the Point in Time Count and the current research project that the OAC has with the Kids Come First Network entitled "Collectively Caring for Indigenous Children and Youth. The OAC has also been able to increase capacity of the community through the Indigenous Housing and Homelessness Strategy and the Indigenous Employment Hub. All that OPH contributed to and supported.

Relationship Building with Host Nation

The IHRR team has been meeting with the City's Indigenous Relations Branch to determine how OPH should proceed to build a relationship with the Host Nation. Currently, there is no clear universally accepted approach/process for engaging with the Host Nation communities that are most closely located to Ottawa – Algonquins of Pikwakanagan First Nation and Kitigan Zibi Anishinabeg. The City of Ottawa - Anishinabe Algonquin Nations Civic Cultural Protocol was co-developed with representatives from the Host Nation communities. It provides some excellent background information about the Anishinabe Algonquin Nations.

As part of this protocol, the Anishinabe Algonquin Nation Consultative Circle has been developed to facilitate discussions between leaders from the Anishinabe Algonquin First Nations – for example, the Chiefs, Councillors, Grand Chief of the Algonquin Nation Tribal Council, Elders, and Knowledge Keepers – and the City of Ottawa on issues

related to arts, heritage, and culture. An annual meeting between City of Ottawa leaders, including the Mayor and Anishinabe Algonquin First Nations Leaders and representatives, is an expected part of the implementation plan.

Several City departments have unique relationships with Host Nation communities. These departments include Planning, Development and Building Services; Recreation, Cultural and Facilities; Infrastructure & Water Services; and Strategic Initiatives. There is a need to improve the engagement process (e.g., coordinated, holistic approach), with direction coming from the Host Nation.

Moving forward, the recommendations for relationship building with Host Nation communities include bilateral meetings with the Medical Officer of Health, Community and Social Services and the General Manager, strategic engagement in a more holistic manner as well as training and orientation. A commitment to ongoing engagement is a priority.

Key Achievements in 2024:

- In 2024, Dr. Vera Etches and Indigenous Health and Research Relations (IHRR) met with Indigenous Partners on an individual basis to address their current needs and concerns. Part of the open agenda discussions have included Indigenous Partners' asks for the future. The dialogue between Indigenous Partners and Dr. Vera Etches remained open and respectful, allowing Indigenous Partners to reach out directly to her when there was a need or an ask which further fostered the relationship between Indigenous communities in Ottawa and OPH. Although Dr. Vera Etches is no longer with Ottawa Public Health, Indigenous Partners can still reach out to the IHRR team and stay connected with OPH to continue fostering these important relationships
- OPH started the process of hiring an additional Indigenous Health Specialist for the IHRR team.
- OPH recognizes that Indigenous Peoples hold a unique status in Canada and the concept of "equity" as applied to other population groups are not equivalent for Indigenous Peoples. OPH is committed to promoting health equity for Indigenous communities, including advocating for safer hospital settings and equitable treatment in healthcare. The Share Your Story Community of Practice (SYS CoP) meets monthly to fulfil the Medical Officer of Health's call for a unified approach to engaging Indigenous communities on health system actions to address

Indigenous-specific racism. The CoP has met with Wabano and members of the OAC to ensure these efforts align with community needs.

NEXT STEPS - For moving forward with Recommendations in 2025

To continue moving OPH's current work forward in a meaningful manner which will enhance safer spaces for OPH staff, ensure that BOH members and OPH staff are participating and completing Indigenous Cultural Safety Training (ICST) and to further strengthen relationships with Indigenous partners and the Ottawa Aboriginal Coalition (OAC), the following work will continue and/or be introduced to our evergreen working plans:

- Work with the new ICSOA advisory circle on a bi-monthly basis which will include in 2025:
 - revision of OPH's Reconciliation plan with guidance as to how to best achieve this work provided by *NVision*.
 - Initial phase of a policy development to assist OPH with the hiring and retention of Indigenous staff.
 - A survey related to IHRR activities on a quarterly basis in 2025 to be implemented and completed by all Teams at OPH.
- OISG sessions to support the needs of Ottawa's Inuit community. For example, a gathering was held on March 19th, 2025, with Inuit community members invited to speak specifically to the ongoing harmful realities the Inuit community continues to face in Ottawa. Follow-up to the '*Thematic Summary and Recommendations Report*' was also on the agenda. The event was constructed in a safe manner and culturally appropriate to Inuit ways and knowing.
- Building and implementing an ICST education plan which includes the goal that all OPH staff successfully complete ICST within the next few years. There are Blanket Exercises taking place at OPH in 2025, including specific ones for the Board of Health members. The blanket exercise materials will also be shared by IHRR with the Civic Hospital, CHEO and the Ottawa General Hospital. Starting in March 2025, operating monthly, IHRR will be offering time dedicated to answer questions asked by OPH staff regarding topics such as Indigenous knowledge, Indigeneity, and the Two-Eyed Seeing approach.
- OPH's Medical Officer of Health to continue attending yearly meetings with Indigenous partners to amplify their voices, concerns, community needs and address anti-Indigenous racism in healthcare settings. Moving forward, in 2025,

Dr. Trevor Arnason Interim Medical Officer of Health will continue this important work until a permanent MOH is announced at OPH.

- Collaborate, hear and advocate for the needs of Indigenous partners and the First Nation, Inuit, Métis Peoples and urban Indigenous communities (i.e. this can include an update on the new relationship between OPH's Healthy Growth and Development and Nigig Nibi Ki-win Gamik).
- Completion of hiring and onboarding of a new Indigenous Health Specialist to join the IHHR team.
- SYS CoP to continue to meet monthly to share successes and discuss areas of concerns and areas of improvements, while addressing anti-Indigenous racism in hospitals. A gathering is planned for the fall of 2025 for Ottawa hospitals, Indigenous Partners and Indigenous community members to come together for the purpose of information sharing, such as ideas for programs and services offered for the urban Indigenous, First Nations, Inuit and Métis Peoples in hospital and healthcare settings. It will also provide time for Indigenous hospitals leads, IHHR and Indigenous Partners to share updates, successes, areas of concern when addressing anti-Indigenous racism.
- Strive for fair and equitable access for First Nations, Inuit, Métis Peoples and urban Indigenous communities to healthcare and public health services in Ottawa by working with OPH programs such as dental, immunization, emergency preparedness, in part through the continued support to the Ottawa Aboriginal Coalition and urban Indigenous priorities.
- As part of the 2023-2027 Strategic Plan – Commitment - Reconciliation: to promote social justice and advance Indigenous rights and wellbeing. This will include meeting with and building a meaningful relationship with the Host Nation and OPH – a plan is currently being developed to achieve this important work. It will be guided by the Indigenous Relations Branch at the City and the ICSSOA.

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 Indigenous organizations and the following local Indigenous organizations: Akausivik Inuit Family Health Team; Gignul Non-Profit Housing; Inuuqatiggit Centre for Inuit Children, Youth and Families; Larga-Baffin; Makonsag; Minwaahsin Lodge/Oshki Kizis; Odawa Native Friendship Centre; Tewegan Housing for Aboriginal Youth; Tungasuvvingat Inuit; and Wabano Centre for Aboriginal Health.

LEGAL IMPLICATIONS

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

RISK MANGEMENT 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.

ENVIRONMENTAL IMPLICATIONS

There are no environmental implications 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 partnerships with Urban Indigenous Peoples – including First Nations, Inuit and Métis peoples and communities – to promote and advance Indigenous rights and wellbeing. This includes the ICSEA advisory circle, introduced in late 2024, and the completion and ongoing registrants of ICST by BOH members and OPH staff.

SUPPORTING DOCUMENTATION

Supporting documentation is included and immediately follows the report.

DISPOSITION

OPH will continue to work towards becoming a culturally safe and humble organization and on advancing the ICSSOA advisory circle and the ICST Education Plan.

Ottawa Public Health will also continue to provide annual updates reports to the Board of Health and partners on these efforts.

Supporting Documentation:

Document 1 - Indigenous Cultural Safety Organizational Assessment (ICSSOA)

Document 1b - Evaluation organisationnelle SCA - Resume (juin 2024).pdf

Document 2 - OPH ICSSOA_San'yas Report_RV (Dec 2024).pdf