

**Report to:  
Rapport au :**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
19 September 2022 / 19 septembre 2022**

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**Submitted by  
Soumis par :  
Dr. / Dre Vera Etches, Medical Officer of Health / Médecin chef en santé publique**

**Contact Person  
Personne resource :  
Jo-Anne Henderson-White, Program Manager, Health Equity, Diversity &  
Inclusion / Gestionnaire de programme, Équité en matière de santé, diversité et  
inclusion  
613-613-5988, [jo-ann.henderson-white@ottawa.ca](mailto:jo-ann.henderson-white@ottawa.ca)**

**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2022-OPH-EDI-0003**

**SUBJECT:** Reconcili-Action Plan Update - Annual Report

**OBJET :** Mise à jour du plan de réconcili-ACTION – Rapport annuel

**REPORT RECOMMENDATIONS:**

**That the Board of Health for the City of Ottawa Health Unit:**

- 1. Receive, for information, this update on OPH's continuing efforts to become a culturally safe and humble organization;**
- 2. Approve that, going forward, Indigenous cultural safety training (ICST) 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; and**
- 3. Receive, for information, an overview of priorities and concerns identified**

**by Indigenous partners relating to health and wellness.**

## **RECOMMANDATIONS DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa :**

- 1. prenne connaissance des efforts soutenus faits par SPO en vue de devenir un organisme humble et respectueux des cultures;**
- 2. soutienne que la formation sur les fondements de la sécurisation culturelle autochtone (FSCA) soit 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;**
- 3. prenne connaissance d'un résumé des priorités et des préoccupations soulevées par des partenaires autochtones en matière de santé et de mieux-être.**

## **EXECUTIVE SUMMARY**

Ottawa Public Health (OPH) recognizes the legacy of colonialism and its historical and ongoing oppressions, which have negatively impacted the health and well-being of Indigenous Peoples in Canada and continue to do so today. OPH is strongly committed to public health actions that promote reconciliation.

The OPH Reconcili-Action Plan was first proposed as a response to the Truth and Reconciliation Commission's (TRC) health related Calls to Action. The plan was developed in consultation with First Nations, Inuit and Métis communities, guided by the standards set out within the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and framed within the four principles of respect, relationship, reciprocity and reflection.

The purpose of this report is to update the Board of Health and partners on OPH's continuing efforts to become a culturally safe and humble organization through the actions of listening, learning and collaborative dialogue with Indigenous partners and community members. The report also summarizes some of the key actions taken to address the TRC calls to action, outlines priority actions moving forward, and introduces new community priorities for OPH consideration.

**Recommendation 1 - Receive, for information, this update on OPH's continuing efforts to become a culturally safe and humble organization through the actions of reconciliation**

Since the last report to the Board of Health, in September 2021, OPH has continued to make progress on advancing reconciliation, grounded in the principles of respect, relationship, reciprocity and reflection. A full list of activities, including feedback and lessons learned, can be found in Document 1, attached. However, key highlights are provided in the body of the report, including, but not limited to:

### *Respect*

As an essential part of the reconciliation journey, OPH continues to promote Indigenous cultural safety (ICS) learning opportunities for employees. In the past year, this has included: piloting the Indigenous Primary Health Care Council's newly launched ICS course; creating and facilitating Anti-Indigenous Racism training sessions; promoting the City of Ottawa's Pathways to Indigenous Learning; and sharing Inuit-specific ICS resources with Case Management and infection prevention and control (IPAC) team members.

### *Relationship*

Ottawa Public Health (OPH) has been actively supporting First Nations, Inuit and Métis partners with the interpretation of context-specific COVID-19-related guidelines, providing liaison services to facilitate timely responses to clinical inquiries, facilitating collaborative COVID-19 case management with Indigenous partners as needed, and sharing COVID-19-related employee training and wellness resources.

### *Reciprocity*

Indigenous partners continue to request tailored, up-to-date information on COVID-19 that is offered in plain language, with less text and more culturally- engaging images, that can be available through various venues / platforms. In order to build OPH capacity and relationships with Indigenous partners, communications specialists from Wabano and Tungasuvvingat Inuit (TI) were invited to join a facilitated knowledge exchange session with OPH's Social Media and Engagement team to share their knowledge, insight, recommended wise practices, and key resources related to Indigenous-tailored communications/social media messaging.

### *Reflection*

As a method that encourages deep listening and respectful dialogue, talking circles are designed to ensure that everyone has an equal voice - a safe space to share stories, thoughts, ideas and feelings. As part of an evaluation of ICST, OPH employees who piloted the [Foundations of ICS](#) course were invited to participate in a talking circle to

reflect on and share what they had learned, to consider how this knowledge could be applied in public health practice, and to generate ideas for future actions to promote reconciliation.

**Recommendation 2 - Approve that, going forward, Indigenous cultural safety training (ICST) be a mandatory requirement of the onboarding process and training for all new members of the Board of Health and OPH Leadership Team**

Reconciliation at OPH is an ongoing and evolving process that requires humility and an openness to listen. From an organizational perspective, this means a continual investment in learning, development and organizational change at all levels to develop policies, services and programs that make a difference to the health and well-being of First Nation, Inuit and Métis peoples in Ottawa.

Wise Practice #7 from the *Evidence Brief: Wise Practices for Indigenous-specific Cultural Safety Training Programs* stipulates that “Cultural safety training programs cannot work in isolation; system-level support is required for accountability and organizational transformation”. For ICST to truly effect change within an organization and effectively address Indigenous health inequities, it must have organization-wide and system level support. The Board of Health recognized the need to establish anti-racism training targets in its June 2020 motion declaring racism as a public health issue.

For these reasons, OPH is recommending that, going forward, Indigenous cultural safety training (ICST) be a mandatory requirement of the onboarding process and training for all new members of the Board of Health and OPH Leadership Team members (all supervisors and managers).

**Recommendation 3 - Receive, for information, an overview of priorities and concerns identified by Indigenous partners relating to health and wellness**

Indigenous partners have identified 4 community priorities: Indigenous Mental Wellness Strategy; Indigenous Women’s Safety Table; Planning with an Indigenous Lens; and Housing and Homelessness. Other concerns raised during check-in meetings with Indigenous partners and community members have included: COVID-19 related priorities, the lack of access to Primary Care providers in Ottawa, the need for safe spaces in the city’s core for Indigenous land-based initiatives related to health and wellness, and the ongoing anti-Indigenous systemic racism within the health care system.

With the understanding that the above priorities and concerns are all interconnected, specific community-led initiatives and concerns will be discussed with the goal to inform the actions OPH will take to work collaboratively with the community to advance initiatives that will improve, promote, and protect the health and well-being of Indigenous Peoples in the Ottawa region.

## **SOMMAIRE**

Santé publique Ottawa (SPO) reconnaît les séquelles du colonialisme et l'oppression historique et actuelle qui en découle, ainsi que les conséquences de celles-ci sur la santé et le bien-être des peuples autochtones du Canada jusqu'à aujourd'hui. SPO est fermement engagée à prendre des mesures de santé publique qui favorisent la réconciliation.

Son plan de réconcili-ACTION a d'abord été proposé dans la foulée des appels à l'action de la Commission de vérité et réconciliation (CVR) en matière de santé. Fondé sur les normes énoncées dans la Déclaration des Nations Unies sur les droits des peuples autochtones (DNUDPA), le plan a été conçu en collaboration avec des communautés des Premières Nations, des Inuits et des Métis, et en fonction de quatre grands principes : le *respect*, les relations, la *réciprocité* et la réflexion.

Le présent rapport vise à présenter au Conseil de santé et à ses partenaires les efforts soutenus faits par SPO en vue de devenir un organisme humble et respectueux des cultures par l'entremise de l'écoute, des apprentissages et de la collaboration avec les partenaires et les membres des communautés autochtones. Il résume également certaines des principales mesures entreprises pour répondre aux appels à l'action de la Commission de vérité et réconciliation, définit les mesures prioritaires à venir et présente de nouvelles priorités communautaires de SPO.

### **1<sup>re</sup> recommandation – Prendre connaissance des efforts soutenus faits par SPO en vue de devenir un organisme humble et respectueux des cultures par l'entremise d'actions de réconciliation**

Depuis le dernier rapport présenté au Conseil de santé en septembre 2021, SPO a poursuivi ses avancées vers la réconciliation, ancrées dans les principes de respect, de relations, de réciprocité et de réflexion. Une liste exhaustive de ses activités, y compris la rétroaction et les leçons apprises, se trouve dans le document 1 ci-joint. Le corps du rapport comprend quelques points saillants, notamment :

#### *Respect*

SPO continue de promouvoir les occasions d'apprentissage sur les fondements de la sécurisation culturelle autochtone (FSCA) auprès de son personnel dans le cadre des étapes essentielles vers la réconciliation. Au cours de la dernière année, SPO a mené la nouvelle formation sur les FSCA de l'Indigenous Primary Health Care Council; a mis sur pied et animé des séances de formation sur le racisme envers les Autochtones; a fait la promotion des formations « Sentiers autochtones » de la ville d'Ottawa; et a partagé des ressources de FSCA adaptées à la réalité des Inuits avec les membres des équipes de gestion des cas et de prévention et contrôle des infections (PCI).

### *Relations*

SPO a apporté un soutien actif aux partenaires issus des Premières Nations et des communautés inuites et métisses dans l'interprétation des directives relatives à la COVID-19. Elle a offert des services de liaison pour favoriser une réponse rapide aux demandes de renseignements médicaux, en plus de faciliter la gestion des cas de COVID-19 en collaboration avec ses partenaires autochtones selon les besoins et de proposer des ressources de formation et de mieux-être pour le personnel en lien avec la COVID-19.

### *Réciprocité*

Les partenaires autochtones demandent encore d'avoir accès à des renseignements personnalisés et à jour sur la COVID-19 par différents moyens, rédigés en langage clair et comportant davantage d'images engageantes sur le plan culturel. Dans le but de bâtir la capacité et les relations de SPO avec ses partenaires autochtones, des spécialistes des communications de Wabano et de Tungasuvvingat Inuit ont été invités à participer à une séance d'échange d'information avec l'équipe des médias sociaux et de l'engagement de SPO afin de faire part de leurs connaissances, de leurs recommandations et de leurs pratiques judicieuses, et de présenter des ressources essentielles en lien avec les messages et les publications sur les réseaux sociaux destinés aux Autochtones.

### *Réflexion*

Favorisant l'écoute active et le respect dans le dialogue, les cercles de discussion sont conçus pour que chacun ait une voix égale et sont un espace sûr pour partager des histoires, des pensées, des idées et des sentiments. Dans le cadre d'une évaluation des FSCA, les employés de SPO ayant piloté la [formation sur les FSCA](#) ont été invités à participer à un cercle de discussion pour réfléchir à leurs apprentissages et les mettre en commun, envisager comment ces connaissances peuvent s'appliquer à la santé

publique et trouver des idées d'actions à poser dans l'avenir pour favoriser la réconciliation.

**2<sup>e</sup> recommandation – Soutenir que la formation sur les fondements de la sécurisation culturelle autochtone (FSCA) soit 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**

Pour SPO, la réconciliation est un processus évolutif et continu qui exige humilité et écoute. D'un point de vue organisationnel, cela implique un investissement continu dans l'apprentissage, le développement et les changements organisationnels sur tous les plans afin d'élaborer des politiques, des services et des programmes déterminants pour la santé et le bien-être des Premières Nations, des Inuits et des Métis d'Ottawa.

La septième pratique judicieuse du document *Evidence Brief: Wise Practices for Indigenous-specific Cultural Safety Training* indique que les programmes de formation à la sécurisation culturelle ne peuvent être efficaces de manière isolée; un soutien systémique est nécessaire pour la responsabilisation et la transformation organisationnelle. Pour que les FSCA puissent véritablement changer les choses au sein d'un organisme et remédier efficacement aux inégalités en matière de santé touchant les Autochtones, ils doivent être combinés à un soutien organisationnel et systémique. Dans sa motion de juin 2020 où il définit le racisme comme un enjeu de santé publique, le Conseil de santé reconnaissait le besoin d'établir des cibles de formation antiracisme.

C'est pourquoi SPO recommande que la formation en matière de sécurisation culturelle des Autochtones soit désormais une étape obligatoire du processus d'intégration et de formation pour tous les membres du Conseil de santé et de la direction (superviseurs et gestionnaires) de SPO.

**3<sup>e</sup> recommandation – Prendre connaissance d'un résumé des priorités et des préoccupations soulevées par des partenaires autochtones en matière de santé et de mieux-être**

Nos partenaires autochtones ont défini quatre priorités communautaires : la stratégie en santé mentale des Autochtones; la table sur la sécurité des femmes autochtones; la planification fondée sur la perspective autochtone; et la stratégie sur le logement et l'itinérance. Lors des réunions de suivi avec les partenaires et les membres des communautés autochtones, les autres préoccupations soulevées comprenaient notamment : des priorités en lien avec la COVID-19, les problèmes d'accès aux

fournisseurs de soins primaires à Ottawa, le besoin d'espaces sûrs au centre-ville pour les initiatives autochtones en matière de santé et de mieux-être rattachées au territoire, et la lutte continue contre le racisme systémique envers les Autochtones dans le système de santé.

Étant bien entendu que les priorités et les préoccupations ci-dessus sont toutes interreliées, les initiatives et les préoccupations de la communauté seront abordées dans le but d'orienter les mesures entreprises par SPO en collaboration avec la communauté afin d'améliorer, de favoriser et de protéger la santé et le bien-être des peuples autochtones de la région d'Ottawa.

### **OPH COMMITMENT TO RECONCILI-ACTION**

*Ottawa Public Health (OPH) honours the Algonquin Anishinaabeg 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.*

*OPH is committed to public health actions that promote reconciliation and improve the health and well-being of all First Nations, Inuit and Métis peoples and communities. 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 the [United Nations Declaration on the Rights of Indigenous Peoples](#);<sup>1</sup> and support collective action to meaningfully address the [TRC Calls to Action](#)<sup>2</sup> and [Missing and Murdered Indigenous Women and Girls Calls for Justice](#),<sup>3</sup> as part of our mandate to improve the health of the population in Ottawa.*



## BACKGROUND

Ottawa Public Health (OPH) recognizes the legacy of colonialism and its inherent racist legislation, policies and practices such as the Residential School system, Day Schools and the forced dispossession from Indigenous lands and culture. OPH also recognizes that such historical and ongoing oppressions have negatively impacted the health and well-being of Indigenous Peoples in Canada and continue to do so today. OPH is strongly committed to public health actions that promote reconciliation.

The Truth and Reconciliation Commission defines reconciliation as “an ongoing process of establishing and maintaining respectful relationships. A critical part of this process involves repairing damaged trust by making apologies, providing individual and collective reparations, and following through with concrete actions that demonstrate real societal change”<sup>4</sup>. OPH aspires to be a culturally safe and humble organization through the actions of listening, learning and collaborative dialogue with Indigenous partners and community members with the goal to re-imagine together ways to support and advocate for systemic changes that will address the social determinants of Indigenous health and barriers to culturally safe and equitable health care, which will ultimately help improve the health and wellbeing of First Nations, Inuit and Métis peoples in Ottawa.

The OPH Reconcili-Action Plan was first proposed in a June 2017 report titled [Public Health Support for Actions that Promote Reconciliation and Advance Indigenous Health Equity: Update](#), as a response to the Truth and Reconciliation Commission’s (TRC) health-related Calls to Action, and was developed in consultation with First Nation Inuit and Métis communities. The development of OPH’s Reconcili-Action Plan was guided by the standards set out within the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and framed within the four principles of respect, relationship, reciprocity and reflection.

The TRC Calls to Action (2015) and the Murdered and Missing Indigenous Women and Girls (MMWIG) calls for justice (2019) provide direction for actions that must be taken for reconciliation to become a reality in Canada. The standards set out within UNDRIP support “the survival, dignity, and wellbeing of the Indigenous Peoples of the world. It is the framework for Reconciliation at all levels and across all sectors of Canadian Society”<sup>5</sup>.

In her presentation on Reconciliation in Public Health, given at the Indigenous Institute of Health and Healing (Dec 17, 2017), Dr. Marcia Anderson highlights that UNDRIP upholds four key themes as they relate to public health: The Right to Self Determination, The Right to Cultural Identity, The Right to Free Prior and Informed Consent, and The

Right to be Free from Discrimination. Further, Dr. Anderson suggests that every organization has a responsibility to think about how UNDRIP guides their work.<sup>6</sup>

Noting that systemic Indigenous racism continues to endure within our city and health care system, the Ottawa Board of Health approved Motion 11/3, declaring racism as a public health issue and directing “the MOH to establish training targets for Board members, employee learners and volunteers to participate in anti-Black racism and other anti-racism training to contribute to improved outcomes.” Anti-indigenous racism is understood to be a serious barrier towards reconciliation. Senator Justice Murray Sinclair, in conversation with Shelagh Rodgers during a webinar held by the Indigenous Cultural Safety (ICS) Collaborative titled *Racism, Reconciliation and Indigenous Cultural Safety*, referred to racism, and specifically anti-Indigenous racism, as a “thorny issue” that must be confronted both from an individual and institutional perspective<sup>7</sup>.

While Reconcili-Action is an ongoing priority for OPH, organizational progress needs to be systematically monitored and shared across the department and with Indigenous, City and health system partners. This will help to ensure that OPH's accountability for advancing this work is maintained. Monitoring and evaluation are means of informing ongoing efforts by identifying what has gone well, where there are areas for improvement, and what opportunities there are for OPH to do more to become a culturally safe and humble organization. In 2019, a Reconcili-Action Plan evaluation framework was developed to facilitate continuous monitoring of organizational progress and the impacts of reconciliation activities on First Nations, Inuit, and Métis peoples. This was followed by the identification of performance measures. Data collection related to these performance measures was to be initiated across OPH teams in 2020 however, due to the pandemic, OPH priorities for this work shifted to respond to the more immediate needs of First Nations, Inuit and Métis partners and community members relating to COVID-19. The Reconcili-Action Network for OPH employees was also created to help facilitate the sharing of knowledge, resources and lessons learned and to ensure continuous quality improvement of OPH programs and services for First Nations, Inuit, and Métis community members.

The purpose of this report is to update the Board of Health and partners on OPH's continuing efforts to become a culturally safe and humble organization. This report will summarize some of the key actions taken to address the TRC calls to action, outline priority actions moving forward, as well as introduce new community priorities for OPH consideration. Stories of local successes and challenges will also be discussed.

### **Current Context**

The Pope's recent visit to Canada and his highly anticipated and long-awaited apology for the trauma experienced by many Indigenous Peoples attending the Catholic-run residential schools in Canada became a focus of public attention earlier this year. The legacy of residential schools, the forced assimilation into the hegemonic society with disconnection from the land, culture and language, the experiences of intergenerational trauma and the ongoing discoveries of unmarked graves of Indigenous children once again became part of the national discourse of this country.

The TRC call to action #58 was the impetus behind the Pope's apology, albeit an apology whose meaning some would contend did not entirely reflect the call to action. This sentiment will continue to be debated among Indigenous communities and peoples across this country. Tony Belcourt, a Métis Elder from Lac Ste Anne, Alberta and Founding president of the Métis Nation of Ontario, spoke in a recent interview aired on CBC's program *Fresh Air* regarding the Pope's visit, the apology, and the meaning of reconciliation. He quoted a revered Métis Elder, Maria Campbell, who once said that "in my language there is no word for reconciliation, but only setting things right. In our culture we set things right when we have made mistakes. We do not just say sorry. Reparations must be made to set things right. Anything less is like smoke rising and dissipating into the air"<sup>8</sup>. Thus, the Pope's historic apology is seen as the beginning of the journey towards moving closer to reconciliation between Indigenous and non-Indigenous peoples. Given other institutions' roles and responsibilities for other TRC Calls to Action, the Pope's apology is only a part of the continuing journey of truth-telling, healing, and reconciliation for all Canadians and may be a catalyst to help the Nation move toward a reimagining of Canada's future while addressing the current struggles still being felt by Indigenous communities today.

The COVID-19 pandemic continues to have lasting impacts on First Nations, Inuit, and Métis communities in Ottawa and across Canada. Rising inflation, coupled with loss of income as the result of the pandemic, have left many Indigenous community members unemployed and/or without a home. The term "COVID-19 weary" has been used by Indigenous partners to describe this situation. The impact of future waves is also weighing heavily on Indigenous organizations and communities as the ongoing lack of affordable safe housing, lack of primary health care providers, lack of safe spaces to practice ceremonies and the removal of public health restrictions will continue to impact the health and well-being of Indigenous communities through future waves.

Anti-Indigenous racism continues to be a "thorny issue" in the Ottawa region and within the City's health care settings. The release earlier this year of the [Share Your Story](#)<sup>9</sup> report, a research project on Indigenous-Specific racism in the health-care system in the

Champlain region, conducted by the Wabano Center for Aboriginal Health and funded by OPH, confirms that anti-Indigenous racism is present significantly in the Ottawa community and within the health care system. Others have noted the resistance to a proposal to build a new facility to host Inuit relocating to Ottawa for medical treatments not easily accessed or offered in their home communities, has included racist views.

Systemic racism and reconciliation cannot coexist. If cultural safety and health equity for Indigenous Peoples in Ottawa is to become a reality, racism must be addressed.

Indigenous systems of knowledge are diverse, distinct and holistic in nature. Authors of the publication *Visioning the Future: First Nations, Inuit, & Métis Population and Public Health* suggest that Indigenous systems of knowledge generation and transmission “are participatory, communal, experiential and local”<sup>10</sup>. Indigenous systems of knowledge have guided Indigenous ways of being from time immemorial. Noting that Indigenous systems of knowledge inform decision-making on everyday aspects of life, valuing Indigenous knowledge is an essential first step towards reimagining and must inform how OPH does things moving forward. From an organizational perspective this means a continual investment in learning, development, and organizational change at all levels to develop policies, services and programs that make a difference to the health and well-being of First Nation, Inuit and Métis peoples in Ottawa. Sume Ndumbe-Eyoh, Senior Knowledge Translation Specialist with the National Collaborating Centre for Determinants of Health (NCCDH), sums up this sentiment well and states “reconciliation requires structural change and developing new ways of working and engaging. It calls on us to critically examine our practices and let go of those that are not aligned”<sup>11</sup>.

In the spirit of the four principles of the Reconcili-Action plan - respect, relationship, reciprocity, and reflection – OPH is reflecting and asking: *“What parts of the way I work are incompatible with reconciliation?” and “What parts of the way that I work are compatible and set the standards for my team and others in the organization that show true commitment and action towards reconciliation?”*

## DISCUSSION

### **Recommendation 1 - Receive, for information, this update on OPH’s continuing efforts to become a culturally safe and humble organization through the actions of reconciliation**

Since the last report to the Board of Health, in September 2021, OPH has continued to make progress on advancing reconciliation, grounded in the principles of respect, relationship, reciprocity and reflection. Below are some key highlights. A full list of

activities, including feedback and lessons learned, can be found at Document 1, attached.

### *Respect*

As an essential part of the reconciliation journey, OPH continues to promote Indigenous cultural safety (ICS) learning opportunities for employees. In the past year, this has included: piloting the Indigenous Primary Health Care Council's newly launched ICS course; creating and facilitating Anti-Indigenous Racism training sessions; promoting the City of Ottawa's Pathways to Indigenous Learning; and sharing Inuit-specific ICS resources with Case Management and infection prevention and control (IPAC) team members.

### *Relationship*

Throughout the pandemic, OPH has been actively supporting First Nations, Inuit and Métis partners with the interpretation of context-specific COVID-19-related guidelines, providing liaison services to facilitate timely responses to clinical inquiries, facilitating collaborative COVID-19 case management with Indigenous partners as needed, and sharing COVID-19-related employee training and wellness resources.

Annual meetings were held for the Medical Officer of Health to check-in with 10 local Indigenous agencies (two more than last year). These informal connections provided time to share updates and concerns, celebrate successes, and to identify gaps and opportunities for Reconcili-Action.

### *Reciprocity*

Indigenous partners continue to request tailored, up-to-date information on COVID-19 that is offered in plain language, with less text and more culturally- engaging images, that can be available through various venues / platforms. In order to build OPH capacity and relationships with Indigenous partners, communications specialists from Wabano and Tungasuvvingat Inuit (TI) were invited to join a facilitated knowledge exchange session with OPH's Social Media and Engagement team to share their knowledge, insight, recommended wise practices, and key resources related to Indigenous-tailored communications/social media messaging.

OPH continues to support COVID-19 vaccine initiatives at the Akausivik Inuit Family Health Team clinic three (3) days a week. Collaborative vaccine activities with Wabano have evolved this past year from a partnership at the Rideau-Vanier Community Centre, to a hub that offered vaccine services two (2) days a week onsite at Wabano.

## *Reflection*

As a method that encourages deep listening and respectful dialogue, talking circles are designed to ensure that everyone has an equal voice - a safe space to share stories, thoughts, ideas and feelings. As part of an evaluation of ICST, OPH employees who piloted the [Foundations of ICS](#) course were invited to participate in a talking circle to reflect on and share what they had learned, to consider how this knowledge could be applied in public health practice, and to generate ideas for future actions to promote reconciliation.

With “*Diversity, Our Interwoven Experiences*” as its theme, two (2) representatives from OPH were invited to the Canadian Evaluation Society (CES) Conference to share a presentation on *Reconcili-Action at OPH: Amplifying the Call to Action through Evaluation*. This national conference was an opportunity to share OPH’s journey – the process, approach and lessons learned - and to inspire others to join the circle.

## **Recommendation 2 - Approve that, going forward, Indigenous cultural safety training (ICST) be a mandatory requirement of the onboarding process and training for all new members of the Board of Health and OPH Leadership Team**

As noted in the Background section, reconciliation at OPH is an ongoing and evolving process that requires humility and an openness to listen and, from an organizational perspective, this means a continual investment in learning, development and organizational change at all levels to develop policies, services and programs that make a difference to the health and well-being of First Nation, Inuit and Métis peoples in Ottawa.

The *Evidence Brief: Wise Practices for Indigenous-specific Cultural Safety Training Programs* outlines 7 Wise Practices. Wise Practice #7 stipulates that “Cultural safety training programs cannot work in isolation; system-level support is required for accountability and organizational transformation”<sup>12</sup>. The authors further noted that ICST programs are “futile if these practices are not mandated within health care organizations, authorities, and all levels of government”<sup>13</sup>. For ICST to truly effect change within an organization and effectively address Indigenous health inequities, it must have organization-wide and system level support. The Board of Health recognized the need to establish anti-racism training targets in the motion noted above.

For these reasons, OPH is recommending that, going forward, Indigenous cultural safety training (ICST) be a mandatory requirement of the onboarding process and training for all new members of the Board of Health and OPH Leadership Team

members (all supervisors and managers). Reporting on compliance with this requirement would be built into updates to the Board of Health.

At an operational level, OPH has been providing opportunities for all staff to participate in ICST. Coordination of Indigenous Cultural Safety Learning opportunities and anti-Indigenous racism sessions have been ongoing this year, specifically focusing on frontline staff working directly with Indigenous communities. However, ICST cannot stand alone.

The authors of a substantive review of ICST programs in Canada have called “for further research, particularly into experiential learning and moving cultural competency and cultural safety training beyond the classroom and into community”<sup>14</sup>. Another research study titled “*It’s a Journey Not a Check Box: Indigenous Cultural Safety from Training to Transformation*” looked at the impact of ICST with health care practitioners and highlighted the need for a more diverse approach to ICST. Participants in the study advocated for “multiple modalities of training such as online, in person and community-engaged learning”<sup>15</sup>. Expansion of the current approaches related to ICST, such as co-location within local Indigenous organizations and communities, would be beneficial for experiential learning specific to the local culture and community challenges.

### ***Anti-Indigenous Racism, Reconciliation, and Indigenous Cultural Safety Programs***

The release of the *Share Your Story* (SYS) report, in May of this year, revealed that anti-Indigenous racism continues to negatively impact timely and culturally safe access to health care in the Champlain region.

Dr. Marcia Anderson outlines, in her presentation on Reconciliation and Public Health, that power imbalances within the health care system must be dismantled to move forward on the journey of reconciliation together<sup>16</sup>. Further, [Ontario Health’s Equity, Inclusion, Diversity and Anti-Racism Framework](#) defines equitable outcomes as “often requiring differential treatment and resource distribution to achieve a level playing field among individuals and communities”<sup>17</sup>.

To dismantle power imbalances requires recognizing and addressing Indigenous-specific barriers to health care by listening, engaging, and collaborating with key Indigenous partners and community members. As part of the Reconcili-Action Plan, OPH is committed to advancing actions that will combat anti-Indigenous racism by offering and expanding upon ICST learning and exploring experiential development opportunities for public health employees, with the impacts to be measured and

monitored over time. However broader systemic change is required for transformative systemic change to occur within the culture of health care.

Some authors suggest that a shift away from trying to teach about “Indigenous culture” towards a more fulsome examination of processes of power imbalances is what is required<sup>18</sup>. The Health Equity Guideline (2018) states “evidence-based upstream approaches, those that address people’s access to the social determinants of health, are imperative for decreasing health inequities”<sup>19</sup>. In addition to its internally focused work in this area, OPH is committed to leveraging changes across the health system by working with health system leaders in our region to amplify and encourage the adoption of the actions outlined in the SYS report as well as explore and advance policies that address the root causes of health inequities. OPH continues to encourage wide dissemination of the SYS report to key stakeholders within the Ottawa community to build understanding and motivation for change across organizations and networks. Further, OPH is seeking best practices for assessing policies and practices from an anti-colonial lens to move beyond a focus on individual training.

### **Recommendation 3 - Receive, for information, an overview of priorities and concerns identified by Indigenous partners relating to health and wellness**

Indigenous partners have identified 4 community priorities: Indigenous Mental Wellness Strategy; Indigenous Women’s Safety Table; Planning with an Indigenous Lens; and Housing and Homelessness. Other concerns raised during check-in meetings with Indigenous partners and community members have included: COVID-19 related priorities, the lack of access to primary care providers in Ottawa, the need for safe spaces in the city’s core for Indigenous land-based initiatives related to health and wellness, and the ongoing anti-Indigenous systemic racism within the health care system.

With the understanding that the above priorities and concerns are all interconnected, specific community-led initiatives and concerns will be discussed with implicated organizations and partners with the goal to inform the actions OPH will take to work collaboratively with the community to advance initiatives that will improve, promote, and protect the health and well-being of Indigenous Peoples in the Ottawa region.

### ***Ongoing COVID-19-related collaboration/concerns***

Discussions with partners continue to be centred around identifying further relevant and culturally appropriate messaging related to COVID-19 guidelines as well as concerns



over the removal of public health restrictions and the impact these changes may have on communities for current and future waves.

A proactive approach has been undertaken with partners to mitigate any unforeseen impacts from future waves on the health and well-being of Indigenous communities. Efforts have been made by OPH to provide the most up to date information on COVID-19 guidelines, immunization protocols and antiviral treatments in culturally appropriate formats and languages, and designated contacts from various OPH teams have been established to provide timely advice on COVID-19 specific inquiries as requests for supports arise.

With the recent announcements from the Ontario Ministry of Health related to expanding the availability of the fourth dose / second booster as well as providing children 6 months - 5 years of age with the vaccine, OPH has provided further ongoing support and guidance to Indigenous-led organizations. Vaccine hubs housed within Indigenous healthcare centers continue, supported by OPH employees.

Another significant concern raised by Indigenous partners relates to the removal, earlier this year, of the public health masking and isolation requirements. Community partners are concerned that the removal of these measures places community members at higher risk for acquiring COVID-19 during future waves, particularly for members living in over crowded, substandard, unaffordable housing.

### ***Indigenous Housing and Health: a critical social determinant of health***

Substandard housing and homelessness have been recognized as a significant social determinant of health nationally, provincially and municipally. This continues to be a major concern among Indigenous people and communities, particularly for people living in urban centers, including the Ottawa region.

According to the Canadian Observatory of Homelessness (COH), a research and policy institute housed at York University, the definition of Indigenous homelessness is not limited to the common narrative of homelessness within society, which describes homelessness as simply “lacking a structure of habitation”, but rather Indigenous homelessness is more fully understood through a “composite lens of Indigenous worldviews” - a disconnection from relationships with and isolation from family, communities, the land, culture and language<sup>20</sup>.

The legacy of colonization, with the ensuing displacement from the land, culture, and language, has resulted in physical, emotional, spiritual, and mental homelessness

among Indigenous Peoples and is considered a leading cause of socio-economic disadvantage and current health inequities experienced among Indigenous Peoples in Canada. Yvonne Boyer, a Métis lawyer with a background in nursing and former Canada Research Chair in Aboriginal Health and Wellness at Brandon University considers, in her book titled *Moving Aboriginal Health Forward*, “housing shortages and poor-quality housing as an urgent public health priority for all Indigenous Peoples in Canada”<sup>21</sup>. Further, the Ontario Non-profit Housing Association (ONPHA) released an Indigenous housing plan in May of 2020 titled [\*The Urban and Rural Indigenous Housing Plan for Ontario\*](#) (URIHPO)<sup>22</sup>, followed by the recent release of the [\*implementation plan\*](#)<sup>23</sup> in June of this year. The authors noted that there has been a rapid growth rate of Indigenous population in Ontario (54% over ten years) with nearly 85% of Indigenous people in Ontario now living off-reserve and 24% of this off-reserve urban population are living in poverty, with an estimated 18% in core housing need.

Poverty is directly associated with housing and homelessness and “increases an individual, a family’s and a community’s risk of developing chronic diseases that lead to death”<sup>24</sup>. The URIHPO estimates that Indigenous Peoples living in Ontario are three times more likely to live in poverty as the general population. Poverty leads to precarious housing, which can lead to “overcrowding, poor ventilation and sanitation, increased risk for the spread of infectious diseases, mental health concerns and violence”<sup>25</sup>. The URIHPO, founded upon a ‘for indigenous by indigenous’ (FIBI) approach, identified the need to secure funding for at least 22,000 subsidized Indigenous-owned and operated units over the next ten years to meet the current and future housing needs of off-reserve Indigenous populations in Ontario<sup>26</sup>.

Concerns over substandard housing and homelessness were recently raised during annual Indigenous partner meetings in the community and are an ongoing and urgent public health priority for the community.

A research study in partnership with Tungasuvvingat Inuit titled “*Population-based measures of urban Inuit health determinants, health status and health care access*” looked at key indicators of health for Inuit in Ottawa. The results indicated the Inuit in the Ottawa region “experience high rates of poverty, unemployment, household crowding and food insecurity”<sup>27</sup>. Indigenous housing partners and Inuit service providers have also expressed these concerns, stating that “the supply of housing is not sufficient and is not meeting the needs of Inuit peoples in Ottawa.”

The COVID-19 pandemic has exacerbated the disproportionate rates of core housing need in Ontario. Unemployment due to COVID-19, with loss of income and inability to

pay rent along with the lack of affordable and safe housing, the rising cost of living and poor access to health care, are all contributors to this picture.

The Ottawa Aboriginal Coalition's 2021 Homelessness Point-In-Time Count<sup>28</sup> highlights other significant barriers to accessing affordable, safe housing, such as anti-Indigenous systemic racism, which is clearly imbedded within our community. It also highlights the requirement for significant supports for individuals/families to help navigate and find appropriate accessible housing, especially people struggling with mental health concerns, addictions, serious medical conditions, physical and learning disabilities and those experiencing brain injury.

OPH's engagement with Indigenous stakeholders on addressing the current housing crisis is ongoing. Indigenous partners have suggested the possibility of holding a roundtable event with Inuit organizations to explore ways to address the current housing crisis.

The recent release of the Urban and Rural Indigenous Housing Implementation Plan for Ontario is timely and provides "a strategy and blueprint for relevant stakeholders and partners (including government, non-profit and industry) to move forward to address the disproportionate rates of core housing need among Indigenous households in urban and rural areas"<sup>29</sup>. The authors recommend that "Ontario's Indigenous community housing sectors and governments at all levels focus on the six recommendations within the URIHPO"<sup>30</sup>.

Ottawa Public Health (OPH) is supportive of the Urban and Rural Indigenous Housing Implementation Plan for Ontario as advancing solutions is important for health. OPH will be exploring ideas, both internally and with Indigenous stakeholders, to identify potential OPH actions to advance its objectives. OPH is also aware that the City's Community and Social Services Department's Housing Services team is working on a local Indigenous Housing & Homelessness Strategy and will seek to support this work in any way it can.

### ***"Land-Making" and Cultural Identity - A Positive Determinant of Health***

As discussed above, Indigenous homelessness goes beyond the common definition of "lacking a structure of habitation" but rather it is an all-encompassing human condition arising from the legacy of historical and contemporary colonization. The Canadian Observatory of Homelessness outlines 12 Dimensions of Indigenous Homelessness as articulated by Indigenous Peoples across Canada, some of which are: Historic Displacement, Contemporary Geographic Separation, Spiritual Disconnection, Mental

Disruption and Imbalance, Cultural Disintegration and loss, Overcrowding, Relocation and Mobility, Nowhere to Go, Escaping or Evading Harm, and Emergency Crisis<sup>31</sup>.

Along with supporting an Indigenous housing plan, re-establishing a sense of place and cultural identity for urban indigenous people is a critical step towards alleviating the crisis of Indigenous homelessness. There has been an ongoing, locally identified need and request by Indigenous community members for safe spaces (land) within the city limits, preferably near water, to be set aside for ceremony, sacred fires and a sweat lodge. Negotiations with the City have been ongoing for some years with respect to obtaining land for this purpose. The Ottawa Aboriginal Coalition has also been searching out options to address this need.

Dr. Marcia Anderson notes, in her presentation on Reconciliation in Public Health, that “Cultural identity is a positive determinant of health”<sup>32</sup> and is a right upheld in the UNDRIP. Further, the TRC calls to action #21, #22 and #23 speak to the need for culture-based care and to acknowledge the value of Indigenous knowledge and healing practices as an essential component for health and well-being<sup>33</sup>. The publication *Visioning the Future: First Nations, Inuit & Métis Population and Public Health* also noted that “wellness is explicitly embedded in identity, which can include associations with time and place, connections to the land and relational interactions with elders, cultural knowledge keepers and healers”<sup>34</sup>. Lastly, the author of the research article titled *The land is a healer: Perspectives on land-based healing from Indigenous practitioners in northern Canada*, suggests that the land is a central dimension of wellness in Indigenous knowledge and “is a necessary foundation for culturally responsive mental health care in Indigenous communities”<sup>35</sup>.

Land-based healing initiatives can play an important role towards addressing the various dimensions of Indigenous homelessness, particularly those related to mental health, cultural disintegration and loss, and contemporary geographic separation from the land. Indigenous knowledge and ways of being are intimately connected with the land and “is recognized as a central feature in Indigenous health and well-being”<sup>36</sup>. The authors of the paper *The Land is a Healer* speaks to the notion of “land-making”, which is the creation of opportunities and spaces for land in urban settings to be used towards creating “culturally relevant sources of therapy and resilience”<sup>37</sup>. Further, recommendation 4 from the SYS report supports the call for development of safe, culturally appropriate spaces. It states: “We call upon Ontario Health to direct institutional leadership to commit to competent, safe care by collaborating with Indigenous partners to: Create safe environments for service delivery; design and provide equitable spaces for Indigenous spiritual comfort and solace; and reflect

Indigenous culture in décor and organization of space”<sup>38</sup>. Finally, the TRC call to action #21 speaks to the need for advocating for funding, not only for existing health centres, but also for culture-based care as well.

Voices of Indigenous youth within the Ottawa community are an important addition to this dialogue on land-based healing initiatives within the urban landscape. Research has indicated that engagement with and connection to nature for Indigenous young people living in the urban cityscape has positive effects on mental health, building resilience and providing a sense of hope<sup>39</sup>. OPH is currently organizing an Ottawa based youth circle to discuss reconciliation as it relates to health and land-based healing initiatives to help inform actions OPH can take towards supporting and moving forward on this community-led health initiative.

### **Next Steps on the journey of meaningful reconciliation**

Ottawa Public Health (OPH) will continue to advance work on COVID-19 communications and support, collaboration on community identified priorities and concerns, and staff training and development, as described in this report. OPH will also continue to:

**Engage and collaborate** strategically with Indigenous partners and key stakeholders (all three levels of government) related to *Share Your Story* recommendations regarding Indigenous-specific racism in health care settings and to explore and advance policies that address the root cause of health inequities, as well as to continue to encourage wide dissemination of the SYS report to promote action by key stakeholders within the Ottawa community.

**Engage** Indigenous youth in a talking circle as a way for youth to inform actions OPH could take to support community-led land-based healing initiatives moving forward, and other health-related youth priorities.

**Complete** the approved cultural safety audit for OPH as a first step towards evaluating the effectiveness of ICST at OPH and to provide future direction related to anti-Indigenous racism actions and ICST.

**Complete** the Reconcili-Action internal webpage to extend access to learning and reflection resources for all employees and begin to arrange community consultation for the external webpage to best inform and connect Indigenous people in Ottawa with public health supports.

**Review** and refresh the OPH Reconcili-Action Plan with a continued approach based on respect, reciprocity and strengthening current relationship that embeds accountabilities through ongoing policy review and meaningful action across OPH.

## **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 employees, OPH Reconcili-Action Network, as well as Elders and/or leaders representing the following organizations: [Akausivik Inuit Family Health Team](#); [Inuugatigiit Centre for Inuit Children, Youth and Families](#); [Minwaashin Lodge/Oshki Kizis](#); [Odawa Native Friendship Centre](#); [Ottawa Aboriginal Coalition](#); [Ottawa Regional Métis Council](#); [Tewegan Housing for Aboriginal Youth](#); [Tungasuvvingat Inuit](#); and [Wabano Centre for Aboriginal Health](#).

## **LEGAL IMPLICATIONS**

There are no legal impediments to receiving this update for information and in approving recommendation 2, as outlined in this report.

## **RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications associated with this report.

## **FINANCIAL IMPLICATIONS**

There are no direct financial implications associated with this report.

## **ACCESSIBILITY IMPACTS**

There are no accessibility impacts associated with this report.

## **ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES**

This report aligns with strategic goals #1 # 2, #3 and #6, namely: Drive innovative approaches to mental health and substance use health; Healthy communities by design; Advance and monitor population health through a health equity lens; and Collaborate and engage strategically with OHTs, partners, stakeholders, communities, and clients to help strengthen the health system.

## SUPPORTING DOCUMENTATION

Document 1 – 2022 Snapshot of Reconcili-Action Activities

Document 2 - Poem gifted to OPH at Canadian Evaluation Society Conference (June 2022)

## 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.

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<sup>1</sup> [https://www.un.org/esa/socdev/unpfii/documents/DRIPS\\_en.pdf](https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf)

<sup>2</sup> [What Are the Truth & Reconciliation Commission's 94 Calls to Action & How Are We Working Toward Achieving Them Today? \(reconciliationeducation.ca\)](https://reconciliationeducation.ca/what-are-the-truth-reconciliation-commission-94-calls-action-how-are-we-working-toward-achieving-them-today/)

<sup>3</sup> [Home Page - Final Report | MMIWG \(mmiwg-ffada.ca\)](https://mmiwg-ffada.ca/home-page-final-report/)

<sup>4</sup> [What Are the Truth & Reconciliation Commission's 94 Calls to Action & How Are We Working Toward Achieving Them Today? \(reconciliationeducation.ca\)](https://reconciliationeducation.ca/what-are-the-truth-reconciliation-commission-94-calls-action-how-are-we-working-toward-achieving-them-today/)

<sup>5</sup> <https://www.nccih.ca/docs/context/WEBINAR-Reconciliation-Public-Health-Anderson-EN.pdf>

<sup>6</sup> <https://www.nccih.ca/docs/context/WEBINAR-Reconciliation-Public-Health-Anderson-EN.pdf>

<sup>7</sup> <https://www.icscollaborative.com/webinars/racism-reconciliation-and-indigenous-cultural-safety>

<sup>8</sup> <https://www.cbc.ca/listen/live-radio/1-193-fresh-air/clip/15926845-reparations-must-made-set-things-right-again-why>

<sup>9</sup> <https://wabano.com/sys/>

<sup>10</sup> [Visioning the Future: First Nations, Inuit, & Métis Population and Public Health \(nccih.ca\)](https://www.nccih.ca/docs/context/WEBINAR-Reconciliation-Public-Health-Anderson-EN.pdf)

<sup>11</sup> <https://nccdh.ca/blog/entry/reconciliation-public-health-and-knowledge-translation>

<sup>12</sup> <http://www.welllivinghouse.com/wp-content/uploads/2019/05/2017-Wise-Practices-in-Indigenous-Specific-Cultural-Safety-Training-Programs.pdf>

<sup>13</sup> <http://www.welllivinghouse.com/wp-content/uploads/2019/05/2017-Wise-Practices-in-Indigenous-Specific-Cultural-Safety-Training-Programs.pdf>

<sup>14</sup> <http://www.welllivinghouse.com/wp-content/uploads/2019/05/2017-Wise-Practices-in-Indigenous-Specific-Cultural-Safety-Training-Programs.pdf>

<sup>15</sup> [It's a Journey Not a Check Box: Indigenous Cultural Safety From Training to Transformation | International Journal of Indigenous Health \(utoronto.ca\)](https://www.utoronto.ca/ijih/article/view/10000)

<sup>16</sup> <https://www.nccih.ca/docs/context/WEBINAR-Reconciliation-Public-Health-Anderson-EN.pdf>

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- 17 [Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework Anti-Racism Framework](#)
  - 18 [It's a Journey Not a Check Box: Indigenous Cultural Safety From Training to Transformation | International Journal of Indigenous Health \(utoronto.ca\)](#)
  - 19 [Health Equity Guideline, 2018 \(gov.on.ca\)](#)
  - 20 [Definition of Indigenous Homelessness in Canada | The Homeless Hub](#)
  - 21 [UBC Press | Moving Aboriginal Health Forward - Discarding Canada's Legal Barriers, By Yvonne Boyer](#)
  - 22 [ONPHAs Urban and Rural Indigenous Housing Plan for.pdf](#)
  - 23 [2022 Urban and Rural Indigenous Housing Implementation Plan for Ontario \(onpha.on.ca\)](#)
  - 24 [UBC Press | Moving Aboriginal Health Forward - Discarding Canada's Legal Barriers, By Yvonne Boyer](#)
  - 25 [UBC Press | Moving Aboriginal Health Forward - Discarding Canada's Legal Barriers, By Yvonne Boyer](#)
  - 26 [ONPHAs Urban and Rural Indigenous Housing Plan for.pdf](#)
  - 27 [Our health counts: population-based measures of urban Inuit health determinants, health status, and health care access - PubMed \(nih.gov\)](#)
  - 28 [<https://www.ottawaaboriginalcoalition.ca/2021homelessnesspoint-in-timecount>](#)
  - 29 [2022 Urban and Rural Indigenous Housing Implementation Plan for Ontario \(onpha.on.ca\)](#)
  - 30 [2022 Urban and Rural Indigenous Housing Implementation Plan for Ontario \(onpha.on.ca\)](#)
  - 31 [Definition of Indigenous Homelessness in Canada | The Homeless Hub](#)
  - 32 [<https://www.nccih.ca/docs/context/WEBINAR-Reconciliation-Public-Health-Anderson-EN.pdf>](#)
  - 33 [Calls to Action English2.pdf \(exactdn.com\)](#)
  - 34 [Visioning the Future: First Nations, Inuit, & Métis Population and Public Health \(nccih.ca\)](#)
  - 35 [<https://jps.library.utoronto.ca/index.php/ijih/article/view/34046/26829>](#)
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