

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
20 September 2021 / 20 septembre 2021**

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

File Number: ACS2021-OPH-CCE-0001

SUBJECT: RECONCILI-ACTION AT OTTAWA PUBLIC HEALTH: A TIME TO
REFLECT, RE-FRESH AND REINFORCE COMMITMENT

OBJET: LE PLAN DE RÉCONCILI-ACTION DE SANTÉ PUBLIQUE OTTAWA : UN
MOMENT POUR RÉFLÉCHIR, ACTUALISER NOTRE POINT DE VUE ET
RÉAFFIRMER NOTRE ENGAGEMENT

REPORT RECOMMENDATIONS

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

- 1. Receive, for information, this update on Ottawa Public Health's Reconcili-ACTION Plan; and**
- 2. Approve proposed revisions and recommended priority actions relating to the Reconcili-ACTION Plan, as outlined in this report and detailed in Document 1.**

RECOMMANDATIONS DU RAPPORT

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

- 1. prenne connaissance de ce rapport sur le plan de réconcili-ACTION de Santé publique Ottawa à titre d'information; et**
- 2. approuve les modifications proposées et les actions prioritaires recommandées concernant le plan de réconcili-ACTION, énoncées dans le présent rapport et décrites dans le document 1.**

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](#); 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 becoming a culturally safe and humble organization through actions that promote reconciliation and advance Indigenous health. In order for this to happen, local First Nations, Inuit and Métis Elders and partners have stressed the importance of acknowledging the truth, taking action, and ensuring accountability. Establishing and maintaining relationships, monitoring our progress, and providing regular updates to First Nations, Inuit and Métis communities in Ottawa are identified as essential steps in the reconciliation process.

The inaugural OPH Reconcili-ACTION Plan was created as a living document to respond to the health-related [Truth and Reconciliation Commission Calls to Action](#). Grounded in principles of reconciliation (respect, relationship, reciprocity and reflection), it was validated by Indigenous Elders in 2017 and approved by the Board of Health in June 2018. An evaluation framework was developed in 2019, followed by the identification of department-wide performance measures and related targets.

A decision to refresh the Plan in 2021 resulted from several factors. These include, but are not limited to: OPH's renewed commitment to reconciliation in its [2019-2022 Strategic Plan](#); the release of the [Reclaiming Power and Place](#) report on Missing and Murdered Indigenous Women and Girls (MMIWG); and ongoing feedback from First Nations, Inuit and Métis partners (e.g. [OPH's Commitment to Reconcili-ACTION](#)). Local, national and global events have further reinforced the need to strengthen reconciliation efforts to address issues of systemic racism and the health and social inequities that have been amplified for Indigenous Peoples during the pandemic.¹

Recent conversations with local First Nations, Inuit and Métis Elders and community partners suggest that OPH continues to make progress. Evidence of Reconcili-ACTION was explicitly identified in the context of pandemic planning, the COVID vaccination rollout, COVID resources that included Indigenous languages, and efforts to address racism. Discussions reinforced the critical importance of taking the time to build trust, collaboration, reciprocity and respect for [Indigenous rights](#) and self-determination when working with Indigenous communities, as well as adopting strengths-based approaches in public health policies, programs and services that are informed by First Nations, Inuit and Métis communities. Regular meetings with First Nations, Inuit and Métis Elders and community partners will continue to inform OPH's Plan.

Coinciding with the 5th anniversary of the release of the Truth and Reconciliation Commission's (TRC) [final report](#), this report is a timely reflection on OPH's role and commitment to Reconcili-ACTION. It describes the current context and expectations for

reconciliation; captures the story of local successes and challenges; outlines proposed revisions to the OPH Reconcili-ACTION Plan, primarily new sections that address the [*Missing and Murdered Indigenous Women and Girls Calls for Justice*](#) and annual performance measures; and, based on feedback from First Nations, Inuit and Métis Elders and partners, recommends priority actions to ensure that OPH and Indigenous communities continue to move forward together with a decolonizing approach that values Indigenous knowledge and respects self-determination.

RÉSUMÉ

Santé publique Ottawa (SPO) entend devenir une organisation sûre et humble sur le plan culturel, en posant des actions qui favoriseront la réconciliation et amélioreront la santé des Autochtones. À cette fin, les aînés des Premières Nations, inuits et métis de chez nous ainsi que d'autres partenaires ont insisté sur l'importance de reconnaître la vérité, d'agir concrètement et de garantir la responsabilisation. Considérés comme des composantes essentielles du processus de réconciliation sont le tissage et l'enrichissement des relations, le suivi des progrès accomplis et la présentation de comptes rendus réguliers aux communautés des Premières Nations, inuites et métisses d'Ottawa.

Le tout premier plan de réconcili-ACTION de SPO est un document évolutif qui donne suite aux [*appels à l'action de la Commission de vérité et réconciliation du Canada*](#) en matière de santé. Fondé sur les principes de la réconciliation (respect, relations, réciprocité et réflexion), le Plan a été validé par les aînés autochtones en 2017 et approuvé par le Conseil de santé en juin 2018. Puis, en 2019, un cadre d'évaluation a été mis au point, ce qui a permis de fixer pour l'ensemble de SPO des mesures de rendement assorties de cibles.

La décision d'actualiser le Plan en 2021 découle de plusieurs facteurs, entre autres l'engagement renouvelé de SPO à l'égard de la réconciliation dans son [*Plan stratégique 2019-2022*](#), la publication du rapport [*Réclamer notre pouvoir et notre place*](#), qui porte sur les femmes et filles autochtones disparues et assassinées (FFADA), et la rétroaction continue de nos partenaires des Premières Nations, inuits et métis (voir par exemple la [*vidéo sur l'engagement de SPO pour le Plan de réconcili-ACTION*](#), en anglais seulement). D'autres événements d'envergure locale, nationale et mondiale ont aussi fait ressortir la nécessité d'en faire plus à l'égard de la réconciliation pour enrayer le racisme systémique et les inégalités sociales et en matière de santé, des problèmes que la pandémie n'a fait qu'exacerber pour les peuples autochtones.

De récentes conversations avec les aînés des Premières Nations, inuits et métis d'Ottawa et nos partenaires communautaires laissent entendre que SPO est sur la bonne voie. La planification entourant la pandémie, la campagne de vaccination contre la COVID-19, les ressources sur le virus offertes notamment dans des langues autochtones et le travail accompli pour endiguer le racisme démontrent bien que la réconciliation progresse. Les discussions qui ont eu lieu ont de nouveau mis en lumière combien il est important, lorsque l'on travaille avec les communautés autochtones, de prendre le temps de bâtir des relations de confiance, de collaboration, de réciprocité, et de respect envers les [droits des peuples autochtones](#) et l'autodétermination, et combien il importe de miser sur les forces de chacun dans les politiques, les programmes et les services de santé publique, et de consulter à cette fin les communautés des Premières Nations, des Inuits et des Métis. Nous continuerons, afin de renouveler le Plan de SPO, de discuter régulièrement avec les aînés des Premières Nations, inuits et métis et nos partenaires communautaires.

Au moment où nous célébrons le 5^e anniversaire de la publication du [rapport final](#) de la Commission de vérité et réconciliation, nous voici appelés à réfléchir au rôle et à l'engagement de SPO en ce qui concerne son plan de réconcili-ACTION. Ce plan expose le contexte et définit les attentes entourant la réconciliation, rapporte les réussites et les difficultés vécues chez nous, et énonce les modifications proposées au Plan, à savoir principalement l'ajout de nouvelles sections sur les [appels à la justice concernant les FFADA](#) et les mesures de rendement annuelles. Enfin, il recommande, selon l'avis des aînés des Premières Nations, inuits et métis et des partenaires, des actions prioritaires garantes d'un processus où SPO et les communautés autochtones continueront de marcher côte à côte sur la voie de la décolonisation, pour faire place à la valorisation du savoir autochtone et au respect de l'autodétermination de ces peuples.

BACKGROUND

Ottawa Public Health (OPH) is committed to becoming a culturally safe and humble organization through actions that promote reconciliation and advance Indigenous health. Local Indigenous Elders and partners have stressed the importance of acknowledging the truth, taking action and ensuring accountability. Monitoring our progress and providing regular updates to First Nations, Inuit and Métis communities in Ottawa is an essential part of the reconciliation process.

Designed as a living document, the inaugural OPH Reconcili-ACTION Plan was created to respond to the health-related [Truth and Reconciliation Commission \(TRC\) Calls to Action](#), validated by Indigenous Elders in 2017, and approved by the Board of Health in June 2018. An evaluation framework was developed in 2019, followed by the identification of

performance measures. Data collection related to these performance measures was to be initiated across OPH teams in 2020. While our reconciliation journey is ongoing, the pandemic necessitated adjustments to the plan and reporting expectations in 2020-2021 in order to respond to the more immediate COVID-related needs of First Nations, Inuit and Métis partners and community members.

This report is a timely reflection on OPH's role and commitment to reconciliation. In particular, it describes the current context and expectations for reconciliation; captures the story of local successes and challenges; outlines proposed revisions to the OPH Plan; and recommends priority actions for the next 12 months.

Current context

December 15, 2020 marked the 5th anniversary of the launch of the TRC report, [Honouring the Truth, Reconciling for the Future](#). In recognition of this milestone, the TRC Commissioners released a [public statement](#) wherein they expressed concern about the slow and uneven pace of implementation of the [TRC Calls to Action](#). In their statement, Commissioners pointed to worrying signs, including the roll back on advancements made in public school curricula, stating “this is not only a barrier to reconciliation - it is also an attack on the truth.”² The perceived lack of meaningful action has resulted in claims by some Indigenous leaders that the reconciliation discourse has evolved from ‘historic steps forward’ to ‘cautiously optimistic’ and now, ‘reconciliation is dead’.³

More recently, [multiple discoveries on the grounds of former residential schools](#)⁴ have re-kindled conversations about reconciliation and Canada's colonial legacy. The unmarked graves of Indigenous children are painful reminders of the genocide, systemic racism, discrimination, and the inequities that Indigenous Peoples have endured, and continue to face in Canada (e.g. [Joyce Echaquan](#); [In Plain Sight](#); Wabano's *Share Your Story* report; [Racism alive and well in Nepean](#)).

According to the Royal College of Physicians and Surgeons of Canada, “while the effects of racism can be difficult to measure, it is a major determinant of health which can have similar or greater effects on health, happiness and wellbeing than commonly considered social determinants of health such as housing, education and employment (p.22).”⁵ Similarly, the negative health effects of residential schools have had long lasting and intergenerational effects on the physical and mental well-being of Indigenous populations in Canada, including increased rates of chronic and infectious diseases, post-traumatic stress disorders, addictive behaviours and substance misuse, depression, anxiety and suicidal behaviours.⁶

Survivors and their families are seeking truth, justice and opportunities to heal.⁷ Finding more burial sites is not only expected, it is one of the things that Indigenous leaders and advocates are asking the federal government and other jurisdictions to do to help residential school survivors⁸; following through on all of the TRC recommendations is another. This message is echoed as part of a [statement](#) by the Ottawa Aboriginal Coalition (OAC):⁹

*As each of us look at our individual and collective responsibility to the children who lay buried, to the 150,000 survivors of residential school, to the Indigenous community members who attended day schools, to the Indigenous community members who continue to have to leave their community to go to school, and to all Indigenous community members who carry the generational consequences of residential schools, we ask that we focus on **JUSTICE**. ...*

What can each of us do to heal, to comfort each other and do no further harm to Indigenous people in Canada? Look at your beliefs, structures, systems and your relationships with Indigenous people and let us all do our work to honour the children.

*There will be more children found, more truths. The Truth and Reconciliation Commission told us that. Indigenous community members have told us that. Maybe we are now ready to **LISTEN**.*

Some local academic leaders are also speaking out to demand justice and action to dismantle colonial systems that persist in 2021. From their perspective, “we are not shocked, we are not surprised, and we do not feel humanistic outrage. We are asking for political outrage. We are asking for Indigenous stories to be valued, heard, and believed. We do not need tears, we need action.”¹⁰

Compounding these events are the inequities experienced by local First Nation, Inuit and Métis communities during the COVID-19 pandemic, as discussed in a June 2020 report to the Board of Health titled [Reconciliation, Indigenous Health Equity and COVID-19](#).

Recommendations to address such inequities are proposed in the report, [What We Heard: Indigenous Peoples and COVID-19](#), a supplement to the annual report on the state of public health in Canada.¹¹ For example, moving forward in a good way requires:

- more authentic Indigenous engagement – i.e. in the context of *reciprocal* and *long-lasting* relationships that truly reflect the diverse voices of First Nations, Inuit and Métis communities and are not limited by time and government priorities;
- enhanced advocacy for the integration of a holistic continuum of care that respects and supports the integration of Indigenous ways of knowing and being;

- support for Indigenous-specific data that is owned and controlled by First Nations, Inuit and Métis organizations and communities;
- time and space for genuine engagement of Indigenous representation within decision-making bodies; and
- mandated Indigenous cultural safety training for public servants, with measures built into annual employee performance reviews – i.e. “By reviewing how people are integrating cultural safety into their everyday work, it will help with authentic relationship building, self-awareness of power, privilege and positionality, and will be seen as an action toward truth and reconciliation” (p. 20).

This content emphasizes the sense of urgency and amplified calls for a clear commitment to acknowledge the truth, support action, and ensure accountability. Despite [news](#) on June 22, 2021 that the *United Nations Declaration on the Rights of Indigenous Peoples Act* received Royal Assent, TRC Commissioners, Indigenous leaders, community partners and academics all reinforce the need to renew commitments and redouble efforts toward reconciliation and healing. Honouring and integrating the truth, and addressing/dismantling the status quo are seen as critical next steps.¹² With a mandate to maintain and improve the health of populations that is based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health,¹³ public health is uniquely positioned to work with First Nations, Inuit and Métis communities to advance Indigenous health and reconciliation.

DISCUSSION

Recommendation 1 - Receive, for information, this update on Ottawa Public Health's Reconcili-ACTION Plan

Overview of OPH progress

Recent conversations with local Indigenous Elders and community partners suggest that OPH continues to make progress on our quest to become a culturally safe and humble organization. Evidence of Reconcili-ACTION was explicitly identified in the context of pandemic planning, the COVID vaccination rollout, COVID resources that included Indigenous languages, and efforts to address racism. Maintaining regular contact with First Nations, Inuit and Métis partners and being available for time-sensitive consultations and support were highlighted. One partner described this as “gold star treatment.”

Partners appreciate OPH's recognition of First Nations, Inuit and Métis peoples as distinct from each other and other populations, and the unique relationship with Canada (e.g.

[settler colonialism](#), [UNDRIP](#)), as well as our understanding that Indigenous communities are best positioned to identify their health priorities and deliver health care services. Similarly, OPH has demonstrated flexibility and a willingness to collaboratively address the distinct health and wellness needs of Indigenous communities and to share wise practices with other health partners. In general, OPH is perceived as an “ally” and “true partner,” with designated employees seen as a “good fit” to work with Indigenous communities.

Grounded in principles of reconciliation - *respect, relationship, reciprocity and reflection* – and connected to the health-related [TRC Calls to Action](#), *A Snapshot of Reconciling ACTION at OPH* provides a more detailed overview of public health activities that have taken place since the last Board of Health report in June 2020 (Document 2).

What else we heard from partners

Like many communities, the lack of opportunities to connect with each other during the pandemic has been hard on mental health and wellbeing for First Nations, Inuit and Métis peoples across the lifespan. The increased number of requests for supportive mental health services, and gaps related to timely access to services (e.g. after-care crisis management), have been challenging for some organizations. Concerns about escalating mental health needs was by far the most frequently identified issue during meetings with Indigenous partners. Additional discussions will be planned in the fall to explore the ways in which OPH can support actions proposed by First Nations, Inuit and Métis communities (e.g. Indigenous-specific Assertive Community Treatment [ACT] teams; Indigenous harm reduction initiatives; establishing an OPH process to facilitate referrals to Indigenous services; equitable funding).

First Nations, Inuit and Métis Elders and partners emphasized the critical importance of respecting [Indigenous rights](#) and self-determination when working with Indigenous communities, as well as adopting strengths-based¹⁴, [decolonizing](#) approaches in public health policies, programs and services that are informed by communities. Recognizing and integrating protective determinants of health such as language, land-based activities and traditional healing practices, when possible to do so, were also mentioned. Being present in and connected to community was reinforced, especially in the context of core services (e.g. Healthy Growth and Development; Dental; Harm Reduction; Sexual Health). Some partners expressed an interest in collaborating on community-driven health promotion initiatives, and to work with OPH to describe the health and wellbeing of First Nations, Inuit and Métis peoples in Ottawa in order to identify more effective and efficient ways to address inequities (e.g. advance socio-demographic data collection; establish

data sovereignty agreements; implement community-identified measures and health indicators). While acknowledging the importance for public health to work upstream with other sectors, there was also an emphasis on addressing more immediate health concerns (e.g. mental health and substance use; violence against women and girls). Finding opportunities to engage and work with Indigenous Elders and youth is seen as a priority.

Recommendations to strengthen Reconcili-ACTION included: finding ways to integrate Indigenous ways of knowing and being into OPH programs, practices and resources; hiring more Indigenous employees and advisors (e.g. Knowledge Keepers, cultural advisors); collaboratively developing a referral process with Indigenous agencies; and ensuring a more timely and systematic process to share Reconcili-ACTION updates directly with First Nations, Inuit and Métis community members (e.g. actions taken to address racism).

Successes, Challenges, Lessons Learned

While some of the key Reconcili-ACTION activities have been captured in Document 2, more details related to the associated successes, challenges and lessons learned are provided below.

Collaborative COVID-19 Vaccine Clinics

Process

First Nations, Inuit and Métis adults were identified as a priority population in phase one of Ontario's COVID-19 Vaccine Rollout. Following guidance laid out by the [Indigenous Primary Health Care Council](#),¹⁵ in December 2020, a dedicated OPH liaison initiated planning discussions with the *Wabano Centre for Aboriginal Health* (Wabano) and *Akausivik Inuit Family Health Team* (Akausivik) to ensure access to culturally safe COVID-19 vaccination services for Indigenous communities in Ottawa. Representatives from Wabano and Akausivik were also invited to participate on Ottawa's Vaccination Sequencing Task Force.

With varying levels of OPH support, Indigenous-specific COVID-19 vaccine clinics opened their doors to older adults at Akausivik and Wabano in mid-February. These clinics were designed to serve First Nations, Inuit and Métis peoples, their household members, as well as employees of Indigenous agencies. With increasing demand and a need for greater capacity, OPH and Wabano co-offered vaccination services at community-based clinics – first at the St Laurent Complex and then at Rideau High School. As requested,

Wabano and OPH also partnered with Tungasuvvingat Inuit (TI) on a COVID-19 vaccine pop-up clinic for Indigenous community members in the west end of Ottawa.

Efforts to develop a culturally safe space for First Nations, Inuit and Métis community members included: creating a warm, friendly clinic atmosphere for Indigenous community members (e.g. Artist-in-Residence; Indigenous artifacts and program resources; photo booth; providing services in spaces familiar to the communities); co-offering services with Akausivik, Wabano and TI employees; and providing Indigenous cultural safety training for OPH Immunization Program employees (see Document 2 for details).

Regular check-in meetings with partners enabled ongoing communication and collaborative decision-making with respect to changes to the Province's vaccine distribution strategy. Pre-existing relationships with the Ottawa Aboriginal Coalition (OAC) and other Indigenous partners were essential to maximize community outreach and to provide timely updates about vaccine eligibility and/or dose intervals. Other communication strategies to promote the clinics included: keeping OPH and partner website information up to date; regular social media posts (e.g. Facebook, Twitter); and more traditional methods such as media interviews, news releases, radio PSAs, bus ads, posters and video messages.

Having ongoing liaison support to coordinate activities and facilitate internal and external partner communication was invaluable.

Uptake

There is consensus that partnerships between Indigenous service providers and OPH contributed to a significant number of First Nations, Inuit and Métis peoples receiving COVID-19 vaccinations. According to OPH data, as of the writing of this report, over 33,000 doses of COVID vaccine have been administered through Indigenous-specific clinics in Ottawa – 16,785 first doses and 16,337 second doses. Indigenous leaders have advised OPH that this would not have happened were it not for these partnerships.

Partners also noted that they witnessed less vaccine hesitancy than expected given the historical mistrust and contemporary issues that some First Nations, Inuit and Métis peoples experience when accessing health services (e.g. racism and discrimination). Some of these issues are outlined in a webinar that was developed and delivered by Dr. Sarah Funnell, Associate Medical Officer of Health with OPH, for the National Collaborating Centre for Infectious Diseases, [Vaccine Hesitancy for First Nations, Inuit and Metis Populations: Potential Implications During COVID-19](#). This webinar was one of the training requirements for new OPH employees providing immunization services.

Akausivik's proactive outreach efforts and trust with the community increased access and uptake of vaccinations for Inuit, where many people otherwise might have been unlikely to seek vaccination. Akausivik took advantage of vaccination appointments as an opportunity to check-in with clients, and to provide primary care follow-up when needed.

Overall, First Nations, Inuit and Métis partners indicated that they are pleased with the COVID-19 vaccine rollout and uptake within local Indigenous communities. In a meeting on June 28, 2021, Allison Fisher, Wabano's Executive Director, described the partnership with OPH as empowering for the organization, a meaningful partnership based on a foundation of trust and collaboration. OPH engaged the team in weekly planning discussions, facilitated Wabano's decision-making in all aspects of vaccination planning, and provided support as needed. From her perspective, "We were amazed at OPH's ability to run the vaccination clinics so efficiently, and respond quickly to address unforeseen situations that arose. We are very proud of our work with OPH and that together we were able to provide a total of 24,000 vaccinations for the Indigenous community. When given solid support, a solid relationship and an openness to change, you will have a strong foundation to make things happen."¹⁶

Finally, it is understood that Indigenous self-determination, leadership and knowledge have been successful in protecting Indigenous communities during the COVID-19 pandemic. Indigenous Elders, leaders, health professionals and academics remind us that these principles should be at the forefront when planning public health approaches with Indigenous Peoples.¹⁷

OPH Anti-Racism, Anti-Oppression (AR/AO) Workplace Policy

In June 2020, the Board of Health passed a motion that recognized racism as a significant public health issue. With an emphasis on anti-Indigenous and anti-Black racism, OPH's Mental Health Team initiated the development of the OPH AR/AO Workplace Policy.

The purpose of the AR/AO policy is to establish direct actions at the organizational level to identify and address systemic racism in order to prevent racially inequitable outcomes and power imbalances. Guided by Ontario Health's [Equity, Inclusion, Diversity and Anti-Racism Framework](#), this policy aligns with requirements in the Ontario Public Health Standards (OPHS) [Health Equity Guideline](#), OPH's Reconcili-ACTION Plan and initiatives by the City's Anti-Racism Secretariat.

Working in collaboration with the Community Operations Service Area, a practicum proposal was developed for two (2) Master's students to complete the policy and to draft the associated action and evaluation plans. As living documents, they have incorporated

feedback received from OPH employees, various city departments, as well as Indigenous, African, Caribbean, Black, and racialized community partners.

Indigenous engagement

As part of the ongoing development process, preliminary discussions were initiated with 13 representatives from local Indigenous service agencies. There was consensus that this was a much needed initiative and validation that the most appropriate first step to engage First Nations, Inuit and Métis community members is through trusted Indigenous organizations – e.g. Akausivik and [OAC members](#) have considerable knowledge, experience and ability to reach a broad range of community members. Providing opportunity for multiple, in-person discussions was the preferred approach (when safe to do so), but online surveys could also be implemented to gather more inclusive Indigenous perspectives. It is deemed important to ensure the voices of Elders, youth and frontline service providers are heard. OPH was advised to develop engagement materials that are visual and practical, being sure to highlight *how* the policy and related actions will be implemented, monitored and communicated to those most impacted by racism – “this should not be a ‘checkbox’ activity.”

Based on this initial feedback, more community and partner engagement activities are being planned this fall. Additional details about the process, timeline, Ontario Health framework and planned Indigenous engagement can be seen in the *OPH Anti-Racism, Anti-Oppression Workplace Policy* infographic (Document 3, attached).

Indigenous-led research initiatives

There is consensus among local Indigenous leaders that it is crucial to capture an accurate and fulsome account of the physical and social impacts of the COVID-19 pandemic on urban Indigenous peoples and organizations in Ottawa, including the ways in which First Nations, Inuit and Métis community members navigated the health system. The findings of this research will help service providers to: more effectively predict and address the identified challenges and service/funding gaps with an Indigenous lens; facilitate Indigenous-informed decision-making as an integral part of ongoing and future pandemic responses; and identify the strengths and protective factors of urban Indigenous peoples and service organizations in Ottawa.

Supported in part by funding from OPH, the Ottawa Aboriginal Coalition (OAC) Research Committee initiated three streams of research to explore: (1) the experience of Indigenous community members who were tested for COVID-19; (2) the experience of urban Indigenous organizations in Ottawa; and (3) the impact of the pandemic on the mental

health and wellbeing of First Nations, Inuit and Métis community members. To date, the OAC has received 1,800 community responses to the Stream 1 survey, has completed Stream 2 interviews with leaders at local Indigenous organizations, and has initiated analysis and interpretation for all three research initiatives. A preliminary report is expected later this year.

According to an ethics review proposal¹⁸, the OAC-led research framework resulted from many thoughtful discussions with local urban Indigenous service providers. Grounded in the 5Rs of Indigenous research - *relationships, respect, responsibility, relevance, reciprocity*¹⁹ - this study was conceptualized through a holistic and relational Indigenous lens that is guided by a strengths-based, resiliency-focused, gender, culture, trauma-informed, healing approach. The research team and its collaborators honour Indigenous identity and recognize the diversity within and among First Nations, Inuit and Métis peoples, including histories, worldviews, knowledge, cultural practices and traditions. This includes a respect for Indigenous self-determination, leadership and local knowledge, as well as the understanding that many Indigenous peoples have a responsibility to care for family and community, today and for generations to come. Research activities are informed by the [OCAP](#)© principles of ownership, control, access and possession, and Inuit-specific guiding principles or societal values known as [Inuit Qaujimajatuqangit](#). A story-based methodology is incorporated as a powerful way to humanize real-life experiences and as a recognized way of knowing that is consistent with Indigenous traditions and perspectives.²⁰

As members of the OAC Research Committee, OPH employees met regularly with representatives from the OAC research team, Inuuqatigiit, Odawa, Tewegan, TI, Wabano, the Royal Ottawa and the University of Ottawa. OPH reviewed research proposals, served as liaisons with OPH teams (e.g. Epidemiology, Case Management), and supported the development of ethics review documentation and a data sharing agreement between OPH and the OAC. Having the opportunity to support this research provided invaluable opportunities to strengthen relationships; to listen, learn and critically reflect about system changes that will help to improve the health and wellbeing of First Nations, Inuit and Métis community members. It also resulted in a better understanding of Indigenous worldviews, ways of knowing and doing, and highlighted the need for more education and support related to decolonizing approaches to the research ethics process for non-Indigenous organizations working with Indigenous researchers.

Members of the OAC research team are planning a debriefing session with Committee members to identify and address the inherent challenges that exist within the ethics review process, which will then be shared with non-Indigenous organizations as part of

planned knowledge exchange activities. The OAC is also working with other academic institutions to ensure that the ethics review process is consistent with community values and Indigenous ways of understanding accountability and ethics.

According to the OAC, 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.”²¹

Similarly, preliminary results from Stream 2 of the COVID-19 research indicate that local Indigenous service organizations consistently recognize OPH as a key partner who immediately supported the Indigenous service organizations as the pandemic reached Ottawa – “the redesign of workplaces, programs and services to community was done with guidance from OPH who have been proactive in their approach throughout the pandemic.”²²

OPH is also represented on the advisory group for Wabano’s *Share Your Story* research project, a study that was initiated to identify and address racism in the health system in Ottawa. The launch of the report, including recommendations and a powerful video, were delayed due to the pandemic, but are expected to be released later this year.

Recommendations from this research will also inform OPH’s AR/AO Workplace Policy action and evaluation plans.

Additional opportunities for OPH to support Indigenous research initiatives are currently being explored. OPH has also been invited to participate in talking circles that are planned with the University of Ottawa’s newly established Centre for Indigenous Health Research and Education (CIHRE) to inform its vision and strategic direction. This initiative is being led by Dr. Sarah Funnell as its founding director. The [CIHRE](#) will support First Nations, Inuit and Métis communities to study what matters to them and rely on the rich history, traditions and ceremonies of Indigenous Peoples.

Recommendation 2 - Approve proposed revisions and recommended priority actions relating to the Reconcili-ACTION Plan, as outlined in this report and detailed in Document 1.

Created as a living document, there are several factors that led to the revision of the OPH Reconcili-ACTION Plan (Document 1). These include, but are not limited to: 2020 as the 5th anniversary of the [TRC Calls to Action](#); OPH’s renewed commitment to reconciliation

in [2019-2022 Strategic Plan](#); the release of the [Reclaiming Power and Place](#) report on Missing and Murdered Indigenous Women and Girls; and ongoing feedback from First Nations, Inuit and Métis partners (e.g. [OPH's Commitment to Reconcili-ACTION](#)). Local, national and global events have further reinforced the need to strengthen reconciliation efforts to address issues of systemic racism and the health and social inequities that have been amplified for Indigenous peoples during the pandemic.^{23,24}

The Plan was revised based on conversations with members of the OPH Reconcili-ACTION Network. While most of the proposed modifications are minor, more significant changes include a greater emphasis on anti-Indigenous racism, and new sections that address the [Missing and Murdered Indigenous Women and Girls Calls for Justice](#) and OPH's annual performance measures and targets. Amendments to the Plan are highlighted in the attached Document 1 with bold text and underlining.

In addition, it is expected that future synergies between the Reconcili-ACTION Network and other OPH and City-led initiatives will enhance organizational capacity and impact (e.g. OPH Anti-Racism Steering Committee; OPH's Wellness@Work; City's Anti-Racism Secretariat and the Gender Equity, Indigenous Relations, Diversity & Inclusion Branch; Aboriginal Working Committee; First Nations, Inuit and Métis Affinity Group). Strengthening OPH's relationship with the Algonquin Anishinaabeg Nation is also made explicit within the revised Plan.

Regular meetings with First Nations, Inuit and Métis Elders and community partners will continue to inform OPH's Reconcili-ACTION Plan.

NEXT STEPS

Going forward, OPH will continue to:

- **Strengthen Indigenous engagement** - For example: arrange opportunities for Indigenous partners and community members to share ideas and perspective related to OPH's *Anti-Racism, Anti-Oppression Workplace Policy, Action and Evaluation Plan*; establish a First Nations, Inuit and Métis advisory group for OPH to ensure that Indigenous ways of knowing and being are systematically integrated into post-pandemic planning of public health programs and services;
- **Refine the OPH Reconcili-ACTION Plan evaluation framework** to reflect process outcome and impact indicators (e.g. collaborate with internal and external partners; initiate the gradual implementation of annual performance measures, starting with a baseline survey in fall 2021; create internal and public-facing OPH Reconcili-

ACTION webpages and social media messaging to provide regular updates on activities, raise community awareness and share related resources);

- **Intensify and diversify Indigenous cultural safety (ICS) learning opportunities -** Identify training targets for 2022 in consultation with OPH teams; ensure content is offered related to anti-Indigenous racism and trauma and violence-informed care; develop and implement a systematic approach to the promotion of ICS learning opportunities, including tailored, intact training for teams when possible; and integrate ICS training measures into annual employee performance review discussions;
- **Enhance and support coordinated advocacy efforts to influence system changes** that are needed to effectively address the health related TRC Calls to Action and MMIWG Calls for Justice. For example: ongoing support for Indigenous-led research and other efforts to describe the health of First Nations, Inuit and Métis peoples in Ottawa; actions to help end gender-based violence and anti-Indigenous racism in health care; actions that support/leverage Indigenous-led lobbying efforts for equitable and sustainable funding for improved access to primary care and distinctions-based mental health services; actions that will support Indigenous employment and student success; and actions that promote the inclusion of Indigenous knowledges and languages and the reconnection to land and culture.

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](#); [Inuuqatigiit 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 approving the proposed revisions and priority actions outlined 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 2019-2022 Strategy, OPH works in partnership with First Nations, Inuit, and Métis peoples and communities to advance Indigenous health equity as part of our ongoing commitment to reconciliation.

SUPPORTING DOCUMENTATION

Document 1 – OPH Reconcili-ACTION Plan (Revised version, amendments highlighted with bold text and underlining)

Document 2 - A Snapshot of Reconcili-ACTION at OPH (2020-2021)

Document 3 – OPH Anti-Racism, Anti-Oppression Workplace Policy (Infographic)

DISPOSITION

Ottawa Public Health will implement the recommendations set out in this report to support its commitment to Reconcili-ACTION.

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