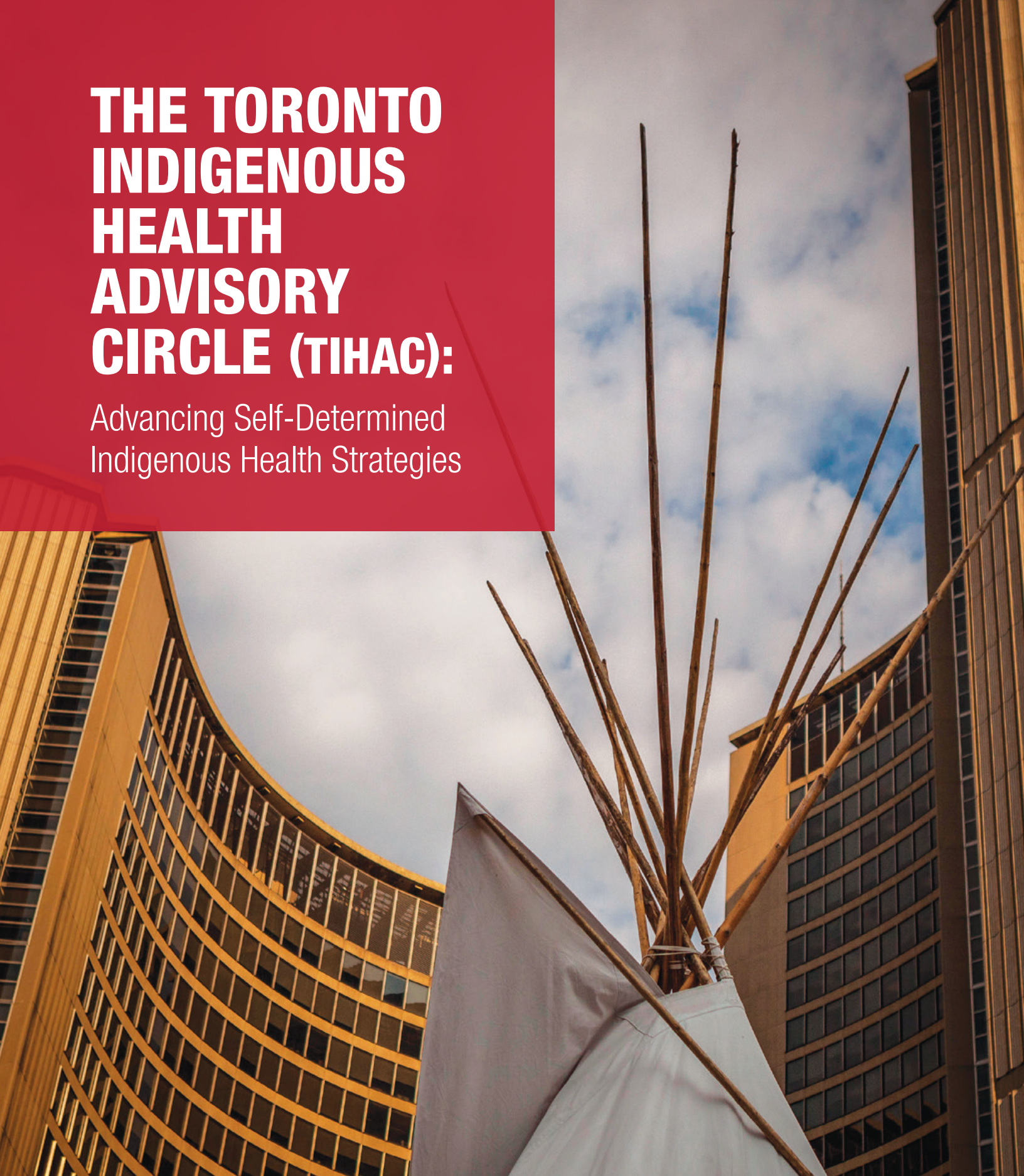


THE TORONTO INDIGENOUS HEALTH ADVISORY CIRCLE (TIHAC):

Advancing Self-Determined
Indigenous Health Strategies



Toronto Indigenous
Health Advisory Circle



National Collaborating Centre
for Determinants of Health
Centre de collaboration nationale
des déterminants de la santé



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THE TORONTO INDIGENOUS HEALTH ADVISORY CIRCLE (TIHAC):

Advancing Self-Determined Indigenous Health Strategies

Acknowledgements

This case story was co-authored by Rebeka Tabobondung, MUSKRAT Media, and Karen Fish, National Collaborating Centre for Determinants of Health (NCCDH), with guidance from Michelle Sault (Minokaw Consulting) and Connie Clement (NCCDH). Interviews were undertaken by Erica Commanda (MUSKRAT Media) and Karen Fish (NCCDH). Additional editing, research assistance and preparation were provided by Danielle McDonald (NCCDH), Jaime Stief (NCCDH) and Zainab Amadahy. The Toronto Indigenous Health Advisory Circle (TIHAC) participants who are quoted provided a review of a draft.

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See Appendix A for introductions to the three collaborating organizations.

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Thirty or 40 years ago, these conversations would not be happening. When my grandpa was my age, he wasn't allowed off the reserve. When he was my sister's age, he was in a residential school. For us to be in this time when we can work to decolonize the systems around us, I feel very privileged.

Sam Kloetstra, personal interview, October 23, 2017



Photo credit: Spirithands Photography

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LESSONS LEARNED: KEY MECHANISMS TO ADVANCE SELF-DETERMINED INDIGENOUS HEALTH

The Toronto Indigenous Health Advisory Circle (TIHAC) story reveals mechanisms that contributed to the success of TIHAC's formation, work and resulting strategy. These may be applicable to other organizations and jurisdictions seeking to create self-determining Indigenous health advisory bodies working in partnership with organizations that are non-Indigenous specific, as well as government health bureaucracies.

(For discussion of each of the mechanisms, see Section 5.)





LAND ACKNOWLEDGEMENTS

To acknowledge the rich Indigenous history and the territories upon which TIHAC engages its work, we provide images of two wampum belts^a representing the land and treaty history of what is now the Greater Toronto Area.

Dish With One Spoon Wampum Belt

The land acknowledgement, developed by Ryerson University in consultation with local Indigenous communities, describes this belt's representation. It conveys a useful, culturally grounded path towards resetting relationships between Indigenous and non-Indigenous Peoples, based on history, equity and respect:

Toronto is in the 'Dish With One Spoon Territory'. The Dish With One Spoon is a treaty between the Anishinaabe, Mississaugas and Haudenosaunee that bound them to share the territory and protect the land. Subsequent Indigenous Nations and peoples, Europeans and all newcomers have been invited into this treaty in the spirit of peace, friendship and respect.¹

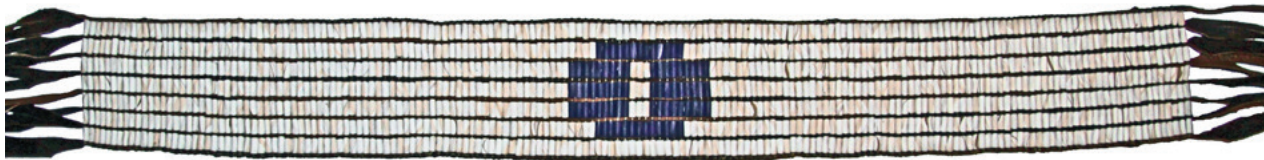


Photo credit: Richard D. Hamell

^a Wampum belts are beaded records used as a guide to narrate history, traditions and laws. A good description can be found at: <https://www.haudenosauneeconfederacy.com/wampum/>



Guswenta, Two Row Wampum Belt

The Guswenta, or Two Row Wampum Belt, represents the original treaties between Dutch settlers and the Haudenosaunee. The two purple lines represent respect for the ways that Indigenous and non-Indigenous Peoples travel on ‘the river of life.’ The ends of the belts are untied to signify that the treaty agreement is without end. This belt represents “our roles as Indigenous nations and Canadians mutually supporting one another, but not interfering or seeking to change one another.”^{2(p17)} TIHAC recognizes the Guswenta to represent its “harmonized governance process that includes Indigenous and non-Indigenous leadership.”^{2(p35)}



Photo credit: Richard D. Hamell

A NOTE ABOUT TERMINOLOGY

Being able to define one’s community on one’s own terms is central to self-determination. With this in mind, TIHAC and the authors of this case story have been intentional and careful about our choice of terminology. The TIHAC Strategy, *A Reclamation of Well Being: Visioning a Thriving and Healthy Urban Indigenous Community*,² and this case story use the word “Indigenous” as a broad, inclusive term to describe a multiplicity of individuals and tribal affiliations within Canada, including First Nations, Inuit and Métis Peoples. (See Appendix B for more information about our terminology considerations and decisions.)



PREFACE: CREATING THIS CASE STORY

An Overview of TIHAC

This is the story of the Toronto Indigenous Health Advisory Circle (TIHAC), which came together formally for the first time in January 2015. Over a period of 15 months, the result was mended relationships, a burgeoning youth network and Toronto's first Indigenous Health Strategy.^b TIHAC is a Circle of eight Indigenous leaders — all non-voting representatives of Toronto's two largest health-focused organizations — who recommend ways to improve health outcomes for Indigenous Peoples in Toronto. This includes offering broader policy and advocacy direction to improve the social determinants of Indigenous Health.²

TIHAC was created to address the ongoing legacy of colonialism that negatively impacts Indigenous health, and the Circle was developed in a culturally informed manner. Over a 15-month period, TIHAC investigated and deliberated about the gaps between Indigenous and non-Indigenous health opportunities and outcomes in Toronto, and founded the city's first self-determined, Indigenous health strategy: *A Reclamation of Well Being: Visioning a Thriving and Healthy Urban*



*Indigenous Community.*² Following the release of the Strategy in 2016, TIHAC continues to advise Toronto Public Health (TPH) and the Toronto Central Local Health Integration Network (TC LHIN) on the Strategy's implementation.

TIHAC models an Indigenized approach to health. Such an approach refers to and requires processes that create equitable relationships among mainstream organizations and communities and First Nations, Inuit and Métis organizations. These functional and innovative partnerships value Indigenous knowledge systems alongside western knowledge, and the formation of creative spaces where partners can work

^b The development of the Strategy represented the culmination of eight years of work needed to turn TIHAC into a formalized advisory body.



for a common goal. In this approach, health funders and policy-makers respect the self-determination of First Nations, Inuit and Métis Peoples in developing and delivering programs and services, and designing policies and standards based on Indigenous knowledge that comes from Indigenous people.

The Circle brought together partners from a fragmented health system, strengthening communications and building relationships both within the Indigenous community and with the TC LHIN and TPH. The Strategy that evolved from TIHAC deliberations, *A Reclamation of Well Being*, is propelling meaningful knowledge exchange, with the potential to challenge and shift historically ineffective approaches to how Indigenous health in Canada is addressed. Youth engagement was core to TIHAC's work, and TIHAC continues to support a burgeoning Youth Council.

How This Case Story Came About

In the early days of TIHAC's planning, the Advisors set an intention to share their story. TIHAC Advisors wanted to share their insights into the tensions that exist for Indigenous Peoples seeking to change health systems that too often disregard them. After the Strategy had been published, the NCCDH — one of six Canadian public health knowledge centres — approached TIHAC anticipating that its experience would help the public health sector respond to the Truth and Reconciliation Commission's 94 Calls to Action.³ The NCCDH wanted to share TIHAC's story because it demonstrates a fundamental shift in ways to approach Indigenous health, and offers a framework for Canada's mainstream public health sector to glean wise practices for improving Indigenous health opportunities and outcomes.



This case story focuses on TIHAC's work up to the release of the Strategy. It demonstrates and contextualizes the time and dedication needed to build viable relationships between healthcare funders and Indigenous communities, and to reinvent decision-making structures to create space for Indigenous Peoples. This story also reveals the time, resources and effort needed to address structural barriers that reinforce Indigenous health inequities.

In agreeing to publish this story together, TIHAC Advisors requested that the NCCDH co-write the story with Indigenous writers, which led to a partnership with MUSKRAT Media. TIHAC, the NCCDH and MUSKRAT Media are delighted to have partnered in its creation. We hope it will help shift the dominant health system culture that seeks to 'treat everyone the same,' thereby reinforcing inequities in health and social opportunities. We hope the story will inform health bureaucracy leaders looking for Indigenous-determined approaches to strengthen and 'Indigenize' health systems, as well as Indigenous community leaders striving to influence and partner with health system institutions.

To create the story, MUSKRAT Media and NCCDH staff attended a TIHAC reflection and visioning discussion in October 2017 about the knowledge gained from TIHAC's formation and functioning. Following the gathering, Karen Fish and Erica Commanda interviewed some of the foundational and succeeding contributors of TIHAC to collect insights into why and how TIHAC was formed, and to identify mechanisms leading to its success. Ten participants were interviewed to provide a cross section of perspectives about the formation of TIHAC: an Elder, a Knowledge Keeper, a Youth Advisor, three TPH participants and four TC LHIN participants. (See TIHAC participants and interviewees in Appendix C.) All interviewees reviewed a draft version of this document. MUSKRAT Media and NCCDH staff worked closely with Michelle Sault, TIHAC facilitator, to engage TIHAC Advisors and participants and to write and edit the case story.

The long-term intention of this collaboration is to improve health opportunities and outcomes for First Nations, Inuit and Métis Peoples living in Toronto and across Canada and Turtle Island. It is hoped that TIHAC's experience will serve as a template to improve mechanisms for:

- Indigenous and non-Indigenous co-learning and partnership;
- Design and delivery of Indigenous self-determined public and acute health structures, policies, services and practices that contribute to Indigenous Peoples' health; and
- Policy development to improve the conditions of Indigenous Peoples' daily lives.

The case story will be useful to:

- People working within health systems, including public health practitioners and stakeholders in other parts of the health system (e.g., regional health authorities; community health centres; provincial, territorial and federal ministries), from front-line through to senior decision-makers;
- First Nations, Inuit and Métis organizations, communities and service providers concerned with health, well being and self-determination in an urban context;
- Individuals and organizations, both Indigenous and non-Indigenous, concerned with health and health equity.





THE CONTEXT OF TIHAC'S ESTABLISHMENT

Taking a Determinants of Health Approach

To understand TIHAC's mandate and work, it's helpful for readers to have a grasp of why, on average, Indigenous Peoples experience a greater burden of illness and constrained opportunities for good health than other Canadians. TIHAC approaches its analysis using a determinants of health lens. Social determinants of health are the "interrelated social, political and economic factors that create the conditions in which people live, learn, work and play."⁴ A number of Canadian Indigenous scholars have brought Indigenous perspectives to how the determinants of health are conceptualized, deepening understanding of factors such as the impact of historical colonization and continuing colonialism, racism, holistic perspectives, relationship to the land, self-determination and intergenerational trauma.⁵

In *First Peoples, Second Class Treatment*, Allen and Smylie argue that the process of colonization has:

resulted in ongoing and entrenched racism against Indigenous Peoples. Racist ideologies continue to significantly affect the health and well being of Indigenous Peoples ... impacting access to education, housing, food security and employment, and permeating societal systems and institutions including the healthcare, child welfare and criminal justice systems.^{6(p2)}

At the level of access to healthcare, research into Indigenous Peoples' experience found racism was so prevalent "that people strategize around anticipated racism before visiting the emergency department or, in some cases, avoid care altogether."^{6(p2),7} Available data indicate that Indigenous Peoples suffer the worst health outcomes compared to any other population group in Canada.^{6,8(p1)} More specifically, according to *Our Health Counts Toronto*, a four-year study of 1,200 Indigenous adults and 600 Indigenous children living in Toronto,⁹ over 25% of adult respondents reported that health professionals had treated them unfairly due to their Indigenous identities.¹⁰ Of those adults who reported experiences of racism from healthcare professionals, 71% said it hindered their willingness to seek further help from health services.¹⁰

These outcomes are related to the impacts of racism in our social and justice systems. For example:

- Today 30% of Ontario's foster children are Indigenous, even though they are only 7.7% of the population.¹¹ Mary Ballantyne, Chief Executive Officer (CEO) of the Ontario Association of Children's Aid Societies, stated that, "Historical and current child welfare practices have resulted in an over-representation of Indigenous children in child welfare. Those practices have also led to cultural genocide for the Indigenous people of Ontario."¹²
- In 2014-15, the proportion of Indigenous incarcerated adults was about eight times higher for Indigenous men and 12 times higher for Indigenous women than the non-Indigenous population.¹³
- In 2014-15, the proportion of Indigenous youth in provincial/territorial custody was about five times higher than their representation in the youth population.¹³ Indigenous overrepresentation in the criminal justice system persists despite the fact that overall incarceration rates in Canada have decreased.¹⁴ These are signs of ongoing systemic racism and colonialism that include the overpolicing and underresourcing of Indigenous communities, and these disparities most certainly impact the health and wellness of Indigenous people.

Under these circumstances it is nothing less than remarkable that Indigenous Peoples have survived and are increasingly assuming self-determination over the well being of their families and communities.



COLONIZATION AND RACISM

Racism and colonization are interconnected, and together impact the health and well being of Indigenous Peoples in Canada.¹⁵ In *Understanding Racism*,¹⁶ Reading synthesizes research showing the persistence of race as a social category, even after it has been dismissed as a biological category. The social categorization of race creates and supports “the inequitable structuring of privilege for some groups and disadvantage for others.”^{16(p3)} The social construction of race links superficial difference in how people look with “artificially constructed differences in intellectual capacity and moral character between people racialized as ‘White’ and people racialized as non-white, including those racialized as Aboriginal.”^{16(p3)}

Greenwood et al. argue that racism — through the promulgation of negative stereotypes in the media and elsewhere — undermines identity, limits choices and creates stress, all of which impact health negatively.

Racism ... is evidence of advanced colonization, and has become entrenched in society. Taken together, these realities can be considered Aboriginal-specific determinants of health in that they result in a disproportionate experience with socioeconomic inequities that are rooted in a particular socio-historical context.^{17(pp382-3)}

The Doctrine of Discovery is foundational to colonialism in Canada (as well as many other parts of the world colonized by Europeans), and underlies historic and current laws, policies and disputes about land and self-determination.¹⁸ It derives from a series of Papal Bulls (formal statements from the Pope) issued in the 1400s that allege racial superiority of Europeans and claim that no one owned the colonized lands prior to European arrival. The doctrine provided “legal and moral justification”¹⁸ for treating Indigenous Peoples as less than human.¹⁹

The beliefs entrenched in those doctrines validated European settlers’ displacement of Indigenous Peoples, breaking and burying their cultures that were created from sustained and deep relationships with the land. The reservation system restricted Indigenous Peoples to lands with the least value and fewest resources, while simultaneously limiting travel and access to traditional lands and gatherings, which all played a central role in undermining “culture, oral histories, family, ancestry, identity, and resources”²⁰ and health.

These proclamations and entrenched beliefs continue to disrupt cohesion, wellness and health of Indigenous families and communities, and are of particular concern to TIHAC.¹⁸ The United Nations Permanent Forum on Indigenous Issues recognized the doctrines’ effects regarding “health; psychological and social well-being; conceptual and behavioural forms of violence against Indigenous women; youth suicide; and the hopelessness that many Indigenous Peoples experience, in particular Indigenous youth.”²¹

The Indigenous Population of Toronto

Toronto is located within the traditional territories of the Anishinaabek Nation and Haudenosaunee Confederacy. Today the Greater Toronto Area remains a cultural hub and is home to one of the most diverse ranges of Indigenous cultures in North America.²² Toronto has the largest and most diverse urban Indigenous population in Ontario.²³ *Our Health Counts Toronto*,²⁴ a study by The Well Living House at St. Michael's Hospital, states that between 34,000 and 69,000 Indigenous people live in Toronto today.

Statistical highlights from the TIHAC Strategy, taken from *Our Health Counts Toronto*, include:

- Income: While the number of higher-income Indigenous people is growing, 90% of Toronto's Indigenous population still live under the low-income cut-off of \$24,000^{2(p6)};
- Family status: 84% of Indigenous single parents are women^{2(p7)};
- Education: 25% of the Indigenous population over the age of 15 in Toronto does not have a certificate or diploma (compared to 17.5% in the general population)^{2(p6)}; and
- Homelessness: 16% of Toronto's homeless population identify as Indigenous.^{2(p6)}

These data have significant health implications. Low household income is a significant indicator of poor self-rated health. Indigenous people with low income, less than high school education or who were unemployed had higher percentages of being diagnosed with chronic conditions. Of Indigenous hospitalized mental health patients, 14% reported being homeless (compared

to 8% of mental health patients from the general population). It is of note that two-thirds of Indigenous people in Toronto report being affected by residential schools, either personally or through a family member.²

Truth and Reconciliation Commission Calls to Action

In 2015, the Truth and Reconciliation Commission (TRC) of Canada released its final report and 94 Calls to Action to redress the legacy of residential schools and to advance the process of reconciliation in Canada. The Calls to Action included the following appeals that are specific to the healthcare system³:

- "Recognize and implement the health-care rights of Aboriginal people."^{3(p2)}
- "Recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples."^{3(p2)}
- "Recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders when requested by Aboriginal patients."^{3(p3)}
- Consult with Aboriginal peoples to "establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends."^{3(p3)}

Additional calls recommend increasing the number of Indigenous professionals working in the healthcare field and requiring all students in healthcare programs to take a course on Indigenous health issues. Many additional calls relate to the health determinants, such as the call for a joint strategy to eliminate educational and employment gaps between Indigenous and non-Indigenous Canadians.



Health Services and Jurisdictional Issues

Many Canadians face challenges navigating their healthcare system. However, for First Nations and Inuit patients this challenge is compounded by having to access a mix of provincially and federally provided services.²⁵ This arrangement results in fragmented health service delivery and lack of clarity about how to access services. Federal and provincial authorities often dispute which system should pay for which services. These jurisdictional ambiguities have led to serious gaps in health service delivery for Indigenous Peoples.

Today, more than 80% of First Nations (on-reserve) and Inuit communities manage their community-based health services.²⁵ Evidence shows that these communities have better health outcomes.²⁵ However, on-reserve health services are often underfunded compared to mainstream health funding.²⁶ Many Indigenous Peoples live in remote communities where there are very few healthcare services or facilities and transportation is difficult. Language and cultural barriers also make it difficult for Indigenous people to access the services they need.²⁵

Within the urban context, there is a large need for culturally grounded health services. Self-determined health services must be translated to urban Indigenous communities, as more than half of Indigenous Peoples in Canada live in urban centres.²⁷ Lavoie²⁵ argues that future federal-provincial-territorial health accords must make explicit commitments to Indigenous Canadians, including benefits for urban Indigenous Peoples.

Key Indigenous and Non-Indigenous Health and Service Delivery Organizations in Toronto

Over the years, a number of Indigenous and mainstream health organizations in Toronto have developed services for Indigenous Peoples. The West Neighbourhood (St. Christopher's) House and the Centre for Addiction and Mental Health received project funding from Ontario and from federal sources. Organizations such as Anishnawbe Health Toronto, 2 Spirited People of the 1st Nations, Seventh Generation Midwives of Toronto, Well Living House, the Ontario Aboriginal HIV/AIDS Strategy, the Toronto Aboriginal Support Services Council and others have pushed for the expansion of Indigenous-led, culturally safe health services.

Anishnawbe Health Toronto (AHT)

AHT was a member of the steering committee that led to TIHAC, and is one of TIHAC's sponsors (alongside Toronto Public Health [TPH] and the Toronto Central Local Health Integration Network [TC LHIN]). AHT was a vision of the late Elder Joe Sylvester. Initial efforts began with a diabetes research project, which pointed to the need for more a comprehensive approach to healthcare for and by the Indigenous community. In response, AHT was incorporated in 1984. One of its stated objectives is "to recover, record and promote Traditional Aboriginal practices where possible and appropriate."²⁸ In 1989, having successfully secured resources from the Ministry of Health, AHT became recognized and funded as a community health centre — the first and only Indigenous-focused, accredited community health centre in the city.

Today AHT offers access to practitioners from many disciplines, including traditional healers, Elders and medicine people. Additionally, cultural ceremonies and traditions intrinsic to Indigenous healthcare are available. AHT places traditional Indigenous practices at the core of its programs and services.²⁸ However, AHT does not have the reach or the resources to meet the health needs of Toronto's large Indigenous population.

Toronto Central Local Health Integration Network (TC LHIN)

TC LHIN is a TIHAC Sponsor and part of the Ontario healthcare system's 14 not-for-profit crown corporations. The LHINs were established in early 2006 and oversee nearly two-thirds of the provincial healthcare budget. Community engagement is a core function of the LHINs; independent "integration networks" work with multiple organizations to plan, integrate and fund healthcare services delivered through hospitals, community care access and community health centres. The TC LHIN, which covers health services in the City core (including parts of Scarborough, North York and Etobicoke), serves over 1.15 million people. Thousands more people come into the catchment area to work, visit and receive specialized healthcare services.²⁹

Toronto Public Health (TPH)

TPH is a TIHAC Sponsor. Reporting to the City of Toronto's Board of Health, and also a department within the municipality of the City of Toronto, TPH is responsible for population health initiatives for 2.8 million Torontonians. TPH's mandate is to:

- Engage the public in, and respond to, the identification of population-level health service needs;
- Improve the equitable distribution of good health;
- Work with communities and local government to develop healthy public policy; and
- Protect the public from emerging health threats.³⁰

In TPH's 2015-19 Strategic Plan, the organization committed to implementing "an Aboriginal Health Strategy based on collaborative, community-led assessment of needs of the urban Aboriginal population."²⁹

Collaboration Efforts Leading Up to the Formation of TIHAC

In 2008, staff at TPH and the TC LHIN began to formally collaborate in their engagement with Indigenous communities. That same year, community-based Indigenous and non-Indigenous health and social service organizations serving Toronto held the First Roundtable on Urban Aboriginal Health. Four Roundtables on Urban Aboriginal Health in Toronto were held between 2008 and 2010.

COMPANION READING

We encourage readers of this case story to also read the Toronto Indigenous Health Strategy, *A Reclamation of Well Being*. The Strategy includes excellent information beyond the core Strategy itself. In writing this case story, we've tried to focus on the relationships, conditions and decisions that led to the creation of a strong strategy for Toronto, and not to duplicate information in the Strategy itself.

Also note that *A Reclamation of Well Being* and this case story focus on the health story. The Strategy contains an Indigenous Health timeline on page 15.

In early 2009, the TC LHIN hired Vanessa Ambtman-Smith, a Nehiyaw/Métis woman with expertise in community engagement and health equity, as its Health Equity Lead. Ambtman-Smith was initially hired with a short-term, one-time grant from the Aboriginal Health Transition Fund. When her work was formalized into a full-time position, only 25% of her mandate was focused on Indigenous health services; the other 75% focused on other “hard-to-reach” populations. Ambtman-Smith accepted the challenge with the understanding that the TC LHIN would work to expand its engagement with Indigenous Peoples.

Ambtman-Smith discovered a highly fragmented system:

The LHIN and the healthcare system as a whole had not prioritized Indigenous health sufficiently to fund a long-term planning structure, so we started with an ad hoc process. At the same time, I argued that if you are going to meaningfully engage with the Indigenous community, the relationship is not a date; it's a marriage. It requires long-term commitment. (Vanessa Ambtman-Smith, personal interview, October 20, 2017)

Indigenous healthcare services offered through Indigenous organizations were not connected with the city's hospital, mental health and social services, Ambtman-Smith explained:

The landscape in Toronto at that time was very fragmented. A lot of the services we would classify as Indigenous healthcare services were on the periphery.... The environment was what I would call colonization at the grassroots. It was divide and conquer. Both Indigenous and non-Indigenous organizations were in competition with each other over resources that were simply not enough to meet the needs of the community. (Vanessa Ambtman-Smith, personal interview, October 20, 2017)

Ambtman-Smith started to collaborate with Leila Monib, TPH's Health Equity Specialist and a settler-Canadian woman of diverse ancestry that includes

African, Middle Eastern and European descent. They were part of the City's first Interim Advisory Circle, formed in 2011 with members from the community, universities, the public health sector and the TC LHIN. This group worked collaboratively on health-related issues from a social determinants of health perspective, including youth mental health and addictions. During the course of this work, Circle members realized they were not successfully engaging Indigenous residents; few Indigenous community representatives came to the consultations. Ambtman-Smith talked about this and other limitations of the Interim Advisory Circle^c:

We didn't have the type of structure needed to influence change at a higher level. The Circle wasn't connected to the senior leadership or governance structure of the LHIN... For many decades, the health service system had been unable to follow through with the most fundamental requests from the Indigenous community. I was in a constant battle: How were we going to meet the expectations of both the community and the system? Especially when the system was such a complex and transitional environment at the time. Indigenous leaders were not privileged to be part of the inner circle of that system. Most of us still aren't. At some level, we are still in token positions just to show that work is being done. (Vanessa Ambtman-Smith, personal interview, October 20, 2017)

c See “Timeline of Indigenous Health Planning in Toronto” in *A Reclamation of Well Being: Visioning a Thriving and Healthy Urban Indigenous Community*.

In December 2013, AHT presented the alarming results of their study, *Premature and Preventable Death among Members of Toronto's Indigenous Community: Walking in Their Shoes*, to Toronto's Board of Health. The study pointed to unacceptable morbidity and high early mortality rates for Indigenous people who were dying of avoidable causes.

Nicole Welch, TPH's Director of Healthy Communities, responded to the report by asking,

How can we justify not giving more to those who are dying in their 40s at a population level? It's shocking to see how we can justify such inequity. (Nicole Welch, personal interview, October 23, 2017)

In response to the study, TPH and the TC LHIN saw an opportunity to develop a comprehensive strategy framed around determinants of health. Ambtman-Smith said,

Reducing health inequities experienced by Toronto's Indigenous community requires a coordinated and holistic approach — one that harmonizes traditional and mainstream health programs and services. (Vanessa Ambtman-Smith, personal interview, October 20, 2017)

In 2014, AHT, TPH and the TC LHIN formed a steering committee to recommend processes and governance approaches best suited for a permanent advisory body that would develop an impactful health strategy. Working with the Native Canadian Centre of Toronto, consultation began with Toronto-based Indigenous organizations, provincial/territorial organizations and Ontario ministries. Governance structures of similar initiatives were reviewed, and additional scanning and data analysis were undertaken.

The findings confirmed that Indigenous Peoples in Toronto face a disproportionate burden of challenges across the determinants of health, and in accessing health services.

At the same time, partners recognized that Toronto's Indigenous communities hold incredible assets, resilience and strengths. TPH and the TC LHIN recognized that the path forward required a new partnership with Toronto's Indigenous communities and leaders. Drawing upon Indigenous knowledge, culture and spirituality would generate processes and policies to transform the health and well being of Indigenous Torontonians, families, groups and the city's health and communities programs, services and policies.





THE FORMATION OF TIHAC

Passionate Leadership

TIHAC's development benefited from highly knowledgeable and skilled staff with strong community networks,^d combined with visionary, committed senior leaders who trusted and supported these staff.

Senior Leadership

TIHAC had the participation and backing of the most senior leader from each participating mainstream health institution: Dr. David McKeown, TPH's top Medical Officer of Health (MOH), and Camille Orridge, CEO of the TC LHIN. Both recognized their accountability for health inequities. As top decision-makers, they recognized that their organizations had to change, as did their siloed operational approach.

Upon joining the TC LHIN, one of Orridge's first challenges was to lobby the provincial government on behalf of AHT for better health service funding. Orridge recognized that her experience as a woman of colour, and as an immigrant with lived experience of poverty and systemic racism, gave her a starting place from which to build an understanding of systemic oppression of Indigenous Peoples.

When I came to the LHIN I knew I wanted to focus on the community perspective... I felt that most of the LHIN's energy had been directed to hospitals, and that community services had been neglected.

(Camille Orridge, personal interview, November 10, 2017).

Orridge went on to explain that

We felt the guilt of not having cared enough, or of being part of systems that didn't care enough... We knew we had to be respectful of Indigenous ways ... and we had to find a balance.

(Camille Orridge, personal interview, November 10, 2017).

McKeown was an advocate of a social determinants approach to health, which he said was infiltrating public health culture at the time. Under his leadership, public health had published studies and hosted public talks on the racialization of health, immigrant settlement issues and poverty. TPH had been working on an Indigenous health and services inventory, data that was useful during the TIHAC start-up. While McKeown knew much more needed to be done, he had to lobby for Indigenous health to be prioritized within his organization.

I wanted to see us doing more. However, unlike in the city of Regina where Indigenous people are the central health equity issue, in Toronto we had competing priority populations. (Dr. David McKeown, personal interview, November 9, 2017)

^d The TC LHIN later provided funds for operating and out of pocket expenses, as well as honorariums for Circle Advisors who were not employed by an organization, such as Elders and youth, and the consulting fees to hire an independent Indigenous facilitator.

In 2010, the City of Toronto issued a *Statement of Commitment to Aboriginal Communities*, and by 2014, TPH's strategic plan included the creation of an Indigenous health strategy. McKeown explained that although TPH staff could have tried to create such a strategy themselves, he and others recognized that it wouldn't have had similar or sufficient credibility or authenticity.

Other interviewees spoke of a 'mind meld' between Orridge and McKeown. These two leaders respected each other, understood the importance of listening, and believed that the Indigenous community could and should develop its own health strategy. They both knew that a focus on the determinants of health — rather than just health services — was needed, and that it was important to provide staff with autonomy to engage the Indigenous community in a meaningful way in order to determine what to do next as allies and supporters. Orridge explained that they knew their former

colonial ways of taking charge ... wouldn't work and hadn't worked either. (Camille Orridge, personal interview, November 10, 2017)

Later, after TIHAC was formed, McKeown and Orridge continued to demonstrate senior management commitment to a self-determined process by attending all TIHAC meetings as non-voting Sponsors. Monib noted that having the most senior institutional leaders at "every single meeting" was huge.

Before David, not a single Medical Officer of Health had met formally with leadership from the Indigenous community. (Leila Monib, personal interview, October 23, 2017)

Operations-Level Leadership

In April 2014, the TC LHIN's Ambtman-Smith moved to the Southwest LHIN in London, Ontario, as Aboriginal Lead. She noted that it had taken five years of patient progress to build the foundations for TIHAC's work. When she left, she felt they had succeeded in bringing Indigenous organizations together in a new way, one that would result in long-lasting, collaborative relationships focused on health. She was replaced by Ellen Blais, an Aboriginal midwife with 20 years' experience working in community development in Toronto, and in particular with the Indigenous community. She knew the leadership on the ground, across the determinants of health. The TC LHIN's CEO, Camille Orridge, focused the position to full-time Indigenous Health Consultant and Communications Lead. In 2014, Blais and TPH's Monib initiated intensive planning to design and form TIHAC, informed by the consultations described above. This round of consultations included face-to-face meetings with recognized leaders, and a request for interest in sitting in the Circle. The trust and alignment between Monib and Blais was a powerful success factor. Blais said:

I had never worked with anybody like Leila [Monib] before... We had this knowledge synergy: mine came from working in Indigenous communities; hers was about health inequities and marginalized populations. I think there was an alignment of the stars and the ancestors of the people on the ground. (Ellen Blais, personal interview, October 20, 2017)



Committing to Self-Determination

Monib described the change in TPH's perspective on self-determination as a fundamental shift from serving Indigenous people as part of a multicultural mosaic to recognizing a need to build a nation-to-nation relationship^e:

When I came to the Access and Equity Team at Toronto Public Health in 2007, people were talking about anti-black racism, disability rights and Aboriginal health ... [within] the whole construct of multiculturalism, with Indigenous folks being one petal of a diversity flower. It is not an adequate metaphor for what is actually going on. Newcomers ... are on Indigenous land. It took a long time for that kind of thinking to embed itself. (Leila Monib, personal interview, October 23, 2017)

Monib described the shift as moving towards organizational humility. In this process they

started to ask, what does [Indigenous] self-determination mean for public health work? What does the Circle mean working within colonial structures that have legislative and fiduciary responsibilities? (Leila Monib, personal interview, October 23, 2017)

Elders' Guidance in Creating an Indigenous Governance Framework

Monib and Blais approached Kahontakwas Diane Longboat (Diane Longboat), a respected ceremonial leader and traditional teacher who had established First Nations House at The University of Toronto, to share knowledge about ways to use Indigenous frameworks in creating an Advisory Circle. Longboat advocated for self-determined leadership. She wanted group members to be able to

question the policies of our government rather than blame Indigenous people themselves for their state of ill health. (Diane Longboat, personal interview, November 1, 2017)

Longboat advocated for non-colonial decision-making processes:

If we are going to revitalize our People, we have to revitalize our processes. We have to clear away colonial ways of doing things. (Diane Longboat, personal interview, November 1, 2017)



^e More information about nation-to-nation relationships can be found at: <http://www.metisnation.ca/wp-content/uploads/2017/03/March-18-2017-GA-defining-nation-to-nation-relationship.pdf>

In 2014, Longboat led a ceremony-based, participatory visioning process with representatives of over 15 Toronto-based Indigenous organizations. Through ceremony, participants sought spiritual guidance from the Ancestors on finding a new way of organizing, one that would honour the need for a spiritual foundation for the work, and that would allow all members to function in an equitable and respectful way.

Longboat used the results of the visioning process to develop a governance framework based on the components of the Medicine Bundle. Blais described the approach:

We wanted to disentangle from the usual colonial game, especially when money gets involved. We could have spent lots of time choosing criteria, but again we felt that was too Western. I felt that an organic process based on Indigenous ways of thinking was arising out of this work. (Ellen Blais, personal interview, October 20, 2017)

The Medicine Bundle represents teachings and their meaning; it honours spirit, holds the Circle accountable and encourages participants to contribute equally. The Medicine Bundle contains sacred items, each attached to spiritual meanings and teachings. In using this framework, the most significant shift for participants was to move away from representing their organizations, and toward representing a symbolic element and cardinal direction embodied in the Medicine Bundle. Longboat envisioned that each TIHAC Advisor could be held responsible for the teachings of one sacred item in the bundle²: an eagle feather representing love and care for the children, or the sacred fire representing youth as leaders in the next generation. The eight elements of the Medicine Bundle coincide with the 8-pointed star selected as the TIHAC logo, and the choice to have eight Advisors.

TIHAC's Mandate

Ultimately, TIHAC was created as an advisory group “guided by the concept of harmonized governance,” or “the blending of traditional Indigenous ways of being with western systems.”^{2(p14)} TIHAC would determine its own framework and strategy and strive to hold the Boards and governments accountable for fulfilling its recommendations.

TIHAC does not have a final say. The TC LHIN Board of Directors, Toronto Board of Health and associated governments ultimately decide how funds are dispersed and which policies are implemented.

Governments will not let us tell them how to spend their money. . . . We had to accept that system even though that Health Board had not served Indigenous people well in the past. (Camille Orridge, personal interview, November 10, 2017)

Selecting TIHAC Advisors

Through the process of consultations, local Indigenous leaders were invited to be TIHAC Advisors. The goal was to find TIHAC Advisors, or core members, who represented a range of Indigenous Peoples and issues in Toronto. Advisors had to be willing to work across the social services with the goal of strengthening the broader community. They had to commit to serve a cardinal direction and a Medicine Bundle element rather than their organization, and they had to commit to the time required to co-develop and advance an Indigenous health strategy.

The ‘ask’ for high-level, Indigenous leadership came in an environment of distrust — not only between Indigenous and mainstream health leaders, but also within and among Indigenous organizations. Early Circle Advisors said the commitment by TPH and the TC LHIN senior leaders to attend all Circle gatherings broke through some of the distrust. Through this process, six committed, high-level Indigenous leaders identified themselves. (See Appendix C.)



Longboat sparked the idea of finding two more Advisors for a total of eight.

[Longboat] was working with the vision of the eight-pointed star we had chosen as our symbol, and when we told her we had six committed Advisors, she said, 'okay, now we need an Elder and a youth — eight people for eight points.' It worked out very beautifully.

(Ellen Blais, personal interview, October 20, 2017)

Sam Kloetstra, an Anishinaabe youth who had recently arrived in Toronto from Mattagami First Nation in northern Ontario and youth employee at the Native Canadian Centre of Toronto, was asked to represent the Youth Council. The Elders' Council was represented by Kahontakwas (Diane) Longboat and Kawennanoron (Cindy) White, an Elder originally from the Mohawk Territory of Akwesasne near Cornwall, working with Aboriginal Services at Toronto's Centre for Addiction and Mental Health.

As noted above, each Advisor committed to the eight-pointed star and Medicine Bundle governance framework. For example, Sarah Midanik, Executive Director of Native Women's Resource Centre, was one of two Advisors representing the East, signifying birth and rebirth. Her element from the bundle was the basket, representing language, culture and knowledge systems. Joe Hester, Executive Director of AHT, was one of two Advisors representing the West, signifying knowledge. Hester's bundle responsibility, as someone who had led ceremonial work for many years, was the pipe, representing sacred guidance from the spirit, traditional knowledge systems and sacred ceremony.

As explained by Ellen Blais, after careful consideration, it was decided that each Advisor would have a limited term of TIHAC membership — two to three years. This term length was introduced to both encourage a sustained commitment to TIHAC while also ensuring that that members would eventually cycle out of the Circle and allow for new membership and fresh ideas to come to the group.

Hiring an Independent Indigenous Facilitator

TIHAC planners recognized the need for a gifted communicator and collaborator, well-versed in Indigenous processes, cultural protocols and who was respected in the community. Michelle Sault, a member of the Mississaugas of the Credit First Nation of Anishinawbe ancestry, met all these criteria and more. The TC LHIN agreed to pay Sault to guide the group through its work. Circle participants saw the TC LHIN's investment in a facilitator as a commitment to the Circle's success. Interviewees commented on how helpful Michelle's presence was, particularly in the early days when establishing trust was important. With TIHAC Advisors' support, Sault focused the first few meetings on the group's terms of reference, and how they would work together.^f Sault supported dialogue for Advisors to agree on a collaborative process as their first step, as this would prevent conflict later on. The Advisors decided that if a conflict of interest arose for any of them, they would declare it and excuse themselves. Orridge described the importance of Sault's facilitation skills:

People were committed to talking through the terms of reference and the psychological and spiritual aspects of this work. . . . Talking that through really made a difference. . . . Over the course of a couple of meetings, [Sault] showed us how we would make decisions. . . . She engaged a process known as Gradients of Agreement Scale^g that is one of the best decision-making processes I've seen. (Camille Orridge, personal interview, November 10, 2017)

^f The City of Toronto's *Developing the Toronto Indigenous Health Strategy* staff report provides insight on TIHAC's Terms of Reference (<https://www.toronto.ca/legdocs/mmis/2015/hl/bgrd/backgroundfile-85829.pdf>)

^g <http://tools.sparkpolicy.com/wp-content/uploads/2015/04/Gradients-of-Agreement.pdf>



The Role of the Youth

During the pre-TIHAC consultations, participants recommended that a Youth Council be created to ensure a strong youth voice. The original vision for the Youth Council was eight youth, between the ages of 16 and 29, who could advocate for youth well being. Monib and Blais worked with Kloetstra to hold a general election to select seven other Youth Council members. The coordinator and one other youth member would participate in TIHAC as Circle Advisors. Kloetstra was the original youth representative, and has since been replaced by two young women youth leaders. According to Kloetstra, the Youth Council has had a strong voice in Circle deliberations:

I've never been in a position where people are so trusting in youth, which is sad because we are entirely capable. (Sam Kloetstra, personal interview, October 23, 2017)

The Youth Council continues to work alongside TIHAC on other projects. The group's mandate addresses the members' ambition to someday serve as leaders in both community and government, and their hope that the council will promote grassroots action. As Kloetstra commented,

You can have the best policy in the world, but if nothing good comes out of it, the policy is useless. (Sam Kloetstra, personal interview, October 23, 2017)

The Youth Council created a computer application (app) that links Indigenous youth in the city with health, social and cultural services. The app includes a map and an online forum. The Council also hosted a successful, city-wide youth conference called Love and Leadership.

The Role of Elders and Knowledge Keepers

Longboat invited Knowledge Keeper Cindy White to join the Circle, carry the Medicine Bundle and guide Advisors on the meaning of their roles within the Medicine Bundle framework. White explained that

having the Elders there with the bundle keeps everyone on track with the meeting's goals. (Cindy White, personal interview, November 3, 2017)

As long as White was tasked with carrying the bundle, she was the only person who could bring it to the table. If she was absent, so too was the bundle. TIHAC members said they noticed a difference in the quality of the Circle meeting when Cindy and the bundle were absent.

Before each meeting, the Knowledge Keeper prepares the room by smudging, a purification ceremony that includes burning one of the four sacred medicines (cedar, sage, sweetgrass or tobacco). The sacred medicines are laid out on the table to further ground the meeting. When Circle members enter, they walk past the medicines to take their seats at the table. If there are disagreements, or if someone becomes unyielding, the Elder will take the person aside to see if there are deeper issues. The role of the Elder is also to share the peace-making processes of TIHAC's Ethical Code (see page). In these ways, the Elder sets the tone for the meeting and ensures that everyone has equal voice.

TIHAC Advisors said that one of the most unique facets of the Circle is its maintenance of cultural honesty and integrity. Advisors shared that the presence of the Elders and ceremony had a calming effect:

[The Elders] “kept” us on our best behavior”, “opened my mind to infinite possibilities”, “helped me see we were being led by our ancestors to help our people. (On card distributed during the October 2017 TIHAC reflection)

Circle Advisors, the facilitator and the Elders Council created an Ethical Code, based on Haudenosaunee and Anishnawbe teachings, to guide Advisors’ behaviour in the Circle. The code offered traditional ways to work with tensions and conflict and is an important document for TIHAC.

Once the ethical and cultural governance structures for the TIHAC Circle had been developed and established, the foundational work of the Elders Council was complete. Longboat and White continued to attend Circle meetings and to support the use of the Ethical Code and cultural protocols, but the initial visioning and structuring work led by Elders, and Knowledge Keepers subsided.

The Role of TPH and the TC LHIN

TPH and the TC LHIN contributed significantly to the development of TIHAC and the Health Strategy. Each organization assigned staff, especially Blais and Monib, who provided expertise, commitment and their time. TPH commissioned the Well Living House to conduct a community scan of Indigenous services in Toronto and elsewhere — including gaps. Well Living House also

conducted a literature review to identify issues related to the social determinants of Indigenous health, as well as identifying the governing structures of similar councils across Canada. Well Living House went on to create a series of knowledge products (listed in the Toronto Indigenous Health Strategy) that TIHAC reviewed as it set priorities for its work.

In addition to this work with Well Living House, TPH also worked with the Native Canadian Centre of Toronto (NCCT) to host community engagement sessions that included various segments of Toronto’s Indigenous population, such as youth, Elders, trans and two-spirit members of the community. They also contracted Indigenous governance expert Dr. Bernice Downey, a nurse, anthropologist and Indigenous health specialist of Oji/Cree and Celtic heritage, to develop a guidance framework for TIHAC’s work.

The TC LHIN hired Sault as TIHAC’s dedicated facilitator and provided funds to cover honorariums for Advisors not employed by an organization. These payments were for attending the Strategy retreat and Circle meetings, for the public launch, the report design and printing. It also commissioned Well Living House, an Indigenous action research centre with experience creating and using Indigenous frameworks within western health institutions, to produce strategic planning tools to assist TIHAC in its work.

Early on it was agreed that TPH and TC LHIN staff would not be voting participants of the Circle. As Sponsors, their role would be to attend, listen, build relationships, provide information and context, share information within their organizations, and report back on their organizational follow-through. Blais, Monib and staff acted as the Circle Secretariat.

Vision

We envision a thriving and healthy Indigenous community in Toronto through the respectful harmonizing of practices, policies and resource allocation.

Mission

To lead transformation in health programs and services toward well-being for Indigenous people in Toronto.

Operating Principles

1. Health plans are developed with Indigenous Peoples as full partners.
2. Wherever Indigenous Peoples go to access programs and services, they receive culturally appropriate, safe and proficient care, and all barriers to optimal care have been removed.
3. Care is planned to be responsive to community needs and is appropriate, efficient, effective and high quality at both systems and interpersonal levels.
4. Dedicated resources and funding for Indigenous Health programs and services will support a coordinated and collaborative system.
5. Leverage and build the capacity of Indigenous leadership and Indigenous communities to care for themselves.

Launching TIHAC

TIHAC was launched with a community feast on a new moon, as the Elders counselled. On January 23, 2015, TIHAC held a public, full-day launch at the NCCT, with morning and evening ceremonies and festivities. More than two hundred community members and stakeholders attended. (Blais noted that this date was exactly nine months after she'd started with the TC LHIN, "and I'm a midwife!") The launch provided a

superb opportunity to share the vision, mission and operating principles created to guide TIHAC.

TIHAC began meeting in January 2015 and met once a month for three hours. Through Sault's facilitation, Advisors agreed to begin each meeting with an Elder-led ceremony including a smudge and a candle burning throughout the entire meeting representing the sacred fire, to bring all minds together, followed by a Circle check-in to ensure all voices were heard.





TIHAC DEVELOPS AN INDIGENOUS HEALTH STRATEGY

Framing the Strategy and Setting Priorities

Once the foundational group processes and community launch were completed, TIHAC dove into the work of developing the Strategy. In October, the Circle met at a conference centre north of Toronto for a day and a half. The conference centre is known for supporting Indigenous people doing work in ceremony and has spaces for a sacred fire and smudging.

A Fire Keeper maintained a sacred fire, which TIHAC Advisors and participants visited throughout the retreat, offering traditional tobacco as part of the visioning process. A candle on the central table burned continuously, representing sacred fire and sacred direction. Drumming was part of the ceremony.

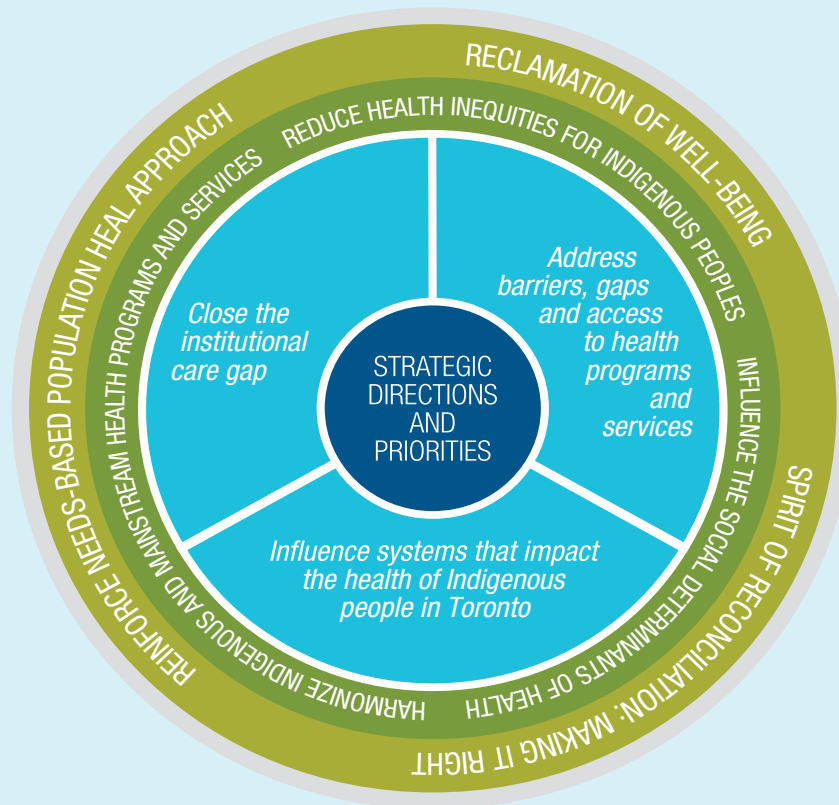
Information from earlier consultations, the environmental scan and a literature review were compiled by TPH into an *Options for Prioritization* document, and shared with Circle Advisors who together identified common themes.

Dr. Bernice Downey was instrumental in developing the Indigenous planning tools for Well Living House. Retreat participants, guided by Sault, adapted a framework developed by Downey to guide their work under three overarching themes:

1. Reclamation of well being: The Strategy reclaims Indigenous-centric governance and improved access to Indigenous healing knowledge and practice;
2. Spirit of reconciliation. Making it right: The Strategy is based on TRC Calls to Action for governments and the health system to redress the legacy of colonization and residential schools;
3. Reinforce a population health approach: The Strategy aims to reduce inequities in Indigenous health to ensure well being across the population.

Downey's framework was described as "the thread that wove everything together." It referenced the international context of the UN Declaration of the Rights of Indigenous Peoples, the TRC, the three main areas for reclamation, and Indigenous health equity. The framework guided the Advisors as they used a layered process to map priority issues and determine, by consensus, what needed to be included in the Strategy. The overarching themes formed the basis of the Toronto Indigenous Health Strategy.

INDIGENOUS HEALTH STRATEGY FRAMEWORK



Strategy Writing, Review, Design and Publication

Between October 2015 and March 2016, TIHAC Advisors met monthly to review and refine strategy elements. Monib did a lot of the initial writing, sending rounds of drafts to Blais and then to the Advisors for review. An Indigenous graphic designer and photographers were contracted, and they started to work with the writers in the early draft stages.

In March 2016, 14 months after the first Circle gathering, the Strategy, *A Reclamation of Well Being: Visioning a Thriving and Healthy Urban Indigenous Community*,² was published. In this first Indigenous

Health Strategy for Toronto, TIHAC recommended actions and deliverables, identifying who would take responsibility under three strategic directions: 1) reduce health inequities for Indigenous Peoples; 2) influence the social determinants of Indigenous health; and 3) harmonize Indigenous and mainstream health programs and services. (Strategy highlights are summarized on page 26.)

The Strategy recognizes that improving the health of Indigenous people in Toronto requires a coordinated effort between diverse Indigenous leadership and all levels of government in the fields of education, housing, justice, child welfare, food security, human rights, family violence and early childhood development.

HIGHLIGHTS FROM *A RECLAMATION OF WELL BEING*

The Strategy identified three overarching strategic directions for 2016-2021. Each strategic direction is supported by a goal, strategies that described how actions will be undertaken, deliverables that describe success factors, and partners and stakeholders for each strategy. (See the [Strategy](#) for details.)

- **STRATEGIC DIRECTION #1** Reduce Health Inequities for Indigenous Peoples
Goal: To address barriers, gaps and access to health programs and services for Indigenous people in Toronto
- **STRATEGIC DIRECTION #2** Influence the Social Determinants of Indigenous Health
Goal: To influence systems that impact the health of Indigenous people in Toronto.
The strategies in this direction address housing, food, education, justice, human rights, violence, early childhood
- **STRATEGIC DIRECTION #3** Harmonize Indigenous and Mainstream Health Programs and Services
Goal: To close the institutional care gap through harmonized healing spaces and frontline services

TIHAC decided that its youth representative, Sam Kloetstra, should take the lead in presenting the Strategy to the Ministry of Health and Long-Term Care and the Ministry of Indigenous Affairs. Kloetstra had the skills and passion to articulate the recommendations and their context, and he represented the growing population of Indigenous youth in the City. He was accompanied by Blais and Monib and other TIHAC

Advisors. Both the TC LHIN Board of Directors and the Toronto Board of Health accepted the Strategy in spring 2016, and staff at both organizations were assigned to begin implementing the components.

The TC LHIN requested that Sault stay on as facilitator through the initial implementation phase. Her contract is administered through AHT.



WHAT TIHAC LEARNED: KEY MECHANISMS OF SUCCESS

The following mechanisms contributed to the success of TIHAC's formation and strategy development work. These mechanisms are based on interviews and a reflection session held on October 20, 2017, during which TIHAC Advisors and Sponsors reflected on the Circle's processes and impacts.

A. Make Indigenous Self-Determination the Foundation of the Work

Toronto's First Indigenous Health Strategy, *A Reclamation of Well Being: Visioning a Thriving Healthy Urban Indigenous Community* affirmed that self-determination is at the core of building a strong, healthy and resilient Indigenous community.

KEY MECHANISMS

- Incorporate the United Nations Declaration on the Rights of Indigenous Peoples;
- Respond to the health and related Calls to Action outlined by the TRC;
- Recognize that Indigenous health solutions will come from within Indigenous communities;
- Understand local needs and contexts and build substantive relations with local communities.

TIHAC REFLECTIONS

People looked to Public Health as a group that could work with the Indigenous community in ways others had not been able to. But the thing is, it really wasn't us doing it. That's the whole point. The point is, we learned to let go of control — of deciding timelines, who got to speak, the importance of some people over others.

(Leila Monib, personal interview, October 23, 2017)

B. Embrace Indigenous Understandings of Health and Well Being

TIHAC takes an Indigenous perspective on health, which sees health as holistic and interconnected. In the early days, TC LHIN staff and Elders created a vision wheel, based on Medicine Wheel teachings, to guide the work.

KEY MECHANISMS

- Engage the Medicine Wheel teachings that speak to the spiritual, mental, physical and emotional aspects of self;
- Apply a social determinants of health lens that includes colonization;
- Apply a population health approach to identifying and finding solutions.

TIHAC REFLECTIONS

In line with their commitment to a holistic approach, Circle Advisors and Sponsors decided that when issues arose outside the health mandate (e.g., youth education) they would at least try to influence government policy in the area.

This recognition that we couldn't say, "That's not my job" came out of the vision wheel that reminded us that all these things are connected. We are more fragmented in the western way of thinking. In the west, we use accountability as a divisive thing, not as a knitting thing. (Camille Orridge, personal interview, November 10, 2017)

C. Use Indigenous Values to Frame Governance Structures

Advisors and Sponsors observed that the vision wheel, cultural protocols and Ethical Code helped them to work together, focus on the needs of the community and contribute to meaningful relationship building. Taking their roles from the Medicine Bundle provided a culturally grounded, relational process with clear accountability and transparency. The Medicine Bundle frame replaced the status quo organizational affiliations with an Indigenous governance structure that encouraged participants to contribute equally. For example, Kenn Richard, brought 40 years of experience working with governments and Indigenous people in Toronto as the founder and director of Native Family and Child Services of Toronto. Within the Medicine Bundle frame, Richard sat in the South beside the eagle feather, responsible for caring for the children with prayer and faith. A central challenge for Advisors was to drop their organizational affiliations and see themselves instead as representatives of the larger community.

KEY MECHANISMS

- Learn about Indigenous frameworks and approaches by reaching out to local Knowledge Keepers for guidance;
- Gather in Circle;
- Replace organizational affiliations with overarching responsibilities represented by the four directions and Medicine Bundle elements;
- Use a consensus decision-making model like the Gradients of Agreement Scale.

TIHAC REFLECTIONS

Kloetstra expressed surprise at the Circle's egalitarian structure. Youth were not used to sitting at the same table as Indigenous leaders, and being listened to:

I think the physical Circle setting reset everybody's idea of what this table was: I'm not here because of my title, I'm here because these are the issues that need to be acknowledged and here's what we're going to do about them. (Sam Kloetstra, personal interview, October 23, 2017)

At the reflection Circle, Advisors wrote on cards, anonymously, about the Medicine Bundle frame for Advisor participation:

Helps us stay focused on community as a whole, rather than community of our individual organizations. It keeps us focused, and helps us understand, respect and appreciate other people's role. (On card distributed during the October 2017 TIHAC reflection)

Being assigned to a direction sets your mind on the direction you will take; every member has a place in the wheel. Decision makers have a place to talk about needs and priorities of community, which released responsibility from having to speak for an agency and allowed people to speak from their experience and role. (On card distributed during the October 2017 TIHAC reflection)

We've identified more gaps when we can speak from our perspective as citizens. (On card distributed during the October 2017 TIHAC reflection)

Orridge described how having Advisors take Medicine Bundle responsibilities shifted the conversation:

People had to talk about services in general, not who would deliver them. They had to call each other out for putting on their agency hat. They had to focus on culturally appropriate services, no matter where people got them. (Camille Orridge, personal interview, November 10, 2017)

Sponsor Tess Romain, Vice-President of Health System Strategy, Integration and Planning, TC LHIN, explained:

This rule gave us an opportunity to really know each other. We could see the evolution in each other's thinking. We got to see how we are becoming allies for each other. (Tess Romain, personal, interview, October 20, 2017)

Sponsor Nicole Welch, TPH's Director of Healthy Communities, said TPH learned a lot from being part of the TIHAC process, particularly about listening and learning. She has found herself using her senior management position to model the behaviours and decisions she thinks her organization needs to adopt. Welch works to hold TIHAC's operating principles in mind, and to involve the Indigenous community early on through meaningful engagement.



D. Engage Indigenous Protocols and Cultural Values

A primary mechanism of TIHAC's success was calling on Elders to shape the governance approach and bring ceremony to the proceedings. From the beginning and throughout the entire journey TIHAC engaged Indigenous protocols, which included Spirit. Elder Advisors acted as guides and Knowledge Keepers for the Circle, providing knowledge about culture, ceremony and process in relation to Indigenous health and community trust-building.

During monthly meetings, spiritual guidance reinforced the consciousness building required for collaboration, mutual respect, patience and kindness, and heightened the awareness needed to break new ground in building the Strategy.

KEY MECHANISMS

- Elder presence ensured respect, connected Advisors and Sponsors with Spirit, and created an atmosphere of calmness, safety and togetherness;
- Indigenous ways of knowledge-sharing, such as storytelling, increased understanding between participants;
- Cultural and ceremonial processes and the presence of an Ethical Code encouraged the honouring of individual gifts and community needs,

created space for everyone, helped bring people back when they got off track and protected the integrity and intention of the work;

- Smudging and opening prayer led by an Elder set the meeting purpose and intention, which encouraged dialogue on positive, supportive terms, mindful of the future, past and present in an inclusive manner;
- At meetings, a candle was lit that represents the Creator reminding Advisors to vision and open their minds to infinite possibilities and purpose;
- Each Advisor was responsible for honouring the protocols and Ethical Code, which strengthened the commitment to Spirit in the Circle.
- The community launch provided a forum, grounded in culture and spirit, for community witnessing and participating in TIHAC's work;
- Youth and Elders had an equal voice.

TIHAC REFLECTIONS

The constant presence of and reminder of the Medicine Bundle is critical to the success of this group. (On card distributed during the October 2017 TIHAC reflection)

Some Youth Council members wished more ceremony had been integrated within the Council, as well as at the Circle.



Photo credit: Spirithands Photography

E. Identify Advisors and Sponsors Who Have Influence and a Self-Examined Understanding of Racism

The people who helped create TIHAC looked for senior Indigenous leaders who represented a diversity of services. In addition, whether by chance or design, a large percentage of TPH and TC LHIN staff and Sponsors assigned to this work are women of colour. Longboat said the people who became Advisors and Sponsors

absolutely made a difference. They are able to trust. They are invested in the whole process. Some see parallels with their own racialized communities. (Diane Longboat, personal interview November 1, 2017)

KEY MECHANISMS

- Identify both visionaries and implementers for group membership, seeking a balance of perspectives;
- Invite representatives who are well connected to local communities;
- Include Indigenous leaders with lived experience of the health and suffering of their communities;
- Call upon senior public health and mainstream health sector leaders who are open to engaging in new ways of doing things;
- Identify mainstream health sector leaders of colour who share experiences of racialization with Indigenous communities.

TIHAC REFLECTIONS

Romain remarked:

As a woman of colour, I feel the passion to participate in this, more than another person might. I want to see us make change. (Tess Romain, personal interview, October 20, 2017)

Romain, who regularly experiences being the only person of colour at meetings related to her TC LHIN work, valued having other women of colour as Sponsors on TIHAC:

The people at meetings I go to are not representative of the highest users of the healthcare system. I think for an Indigenous person at the table you probably feel you have to become Westernized — or at least exhibit that — to participate in making change. As a VP, I have an opportunity to bring a voice to people who don't have a voice ... an opportunity I'm not going to waste. (Tess Romain, personal interview, October 20, 2017)

Monib described the organizational shift that McKeown's leadership with TPH created:

It was powerful to have a man in his position — a white, heteronormative male at the helm of a 2,000-person organization, the largest public health unit in the country — say we had to find a new way of doing things. (Leila Monib, personal interview, October 23, 2017)

F. Give Youth a Strong Voice and Resources to Act Autonomously

Youth Council members contribute integrally to the overall leadership described above in Section E. But the impact of TIHAC's Youth Council spilled so much beyond this role that the powerful role of youth warrants its own mechanism. Many Advisors hold the view that one of TIHAC's greatest accomplishments is the creation and development of its Youth Council. Romain said that, through the Youth Council, TIHAC heard voices they'd never heard before, including from two-spirited and street-involved youth. The Youth Council continues to send representatives to each meeting, as well as working more broadly to amplify the voices of Indigenous youth living in Toronto.

The Youth Council has a part-time coordinator who helps service Mino Map, the mobile app that members conceived of, sought and received money for, and developed. The app brings together information to help Indigenous youth access social, cultural and health-related resources in Toronto, and it offers a culturally safe space for discussions about the community and health.

KEY MECHANISMS

- Provide dedicated financial resources to consult with and engage youth;
- Ensure that youth have a strong voice, through protocols and governance mechanisms;
- Provide mentorship from older, more experienced leaders;
- Adequately resource an autonomous Youth Council, through which youth can initiate projects in parallel with the Circle.

TIHAC REFLECTIONS

Orridge feels the Circle has had a profound influence on Indigenous youth in the city:

The way TIHAC integrates youth and strengthens the opportunity for mentorship is really profound. It's an opportunity for these young people to become familiar with their culture, speak their language and practice their traditional ceremonies. This younger generation will be even more entrenched in understanding Indigenous culture. (Camille Orridge, personal interview, November 10, 2017)

Monib and Kloetstra both commented on how much they learned from each other. Monib said:

Learning from youth is a form of humility. Wisdom does not necessarily correlate with your years on the planet. (Leila Monib, personal interview, October 23, 2017)

Kloetstra commented on the knowledge Orridge brought to the Circle and the Youth Council:

She taught us how to navigate systems, how to work tables in government, how to get past bureaucracy. She showed us how to assume leadership through example. We got that strong energy from her, then we talked amongst ourselves. (Sam Kloetstra, personal interview, October 23, 2017)

G. Foster an Inclusive, Reflective Learning Environment that Includes Role, Process and Evidence

Non-Indigenous Sponsors commented on how difficult it was to listen to disturbing inequities and immediate tragedies occurring in the community. They were inspired by how Advisors showed up at every meeting, despite the decades of meetings they had attended in efforts to bring these inequities to the attention of City leaders. At the same time, a number of these non-Indigenous Sponsors had personal experiences of racism and poverty, in addition to an understanding that self-determination is key to making changes that make a difference.

KEY MECHANISMS

- Pay ongoing attention to relationship-building;
- Involve non-Indigenous members in ceremonies and protocols;
- Acknowledge and support a Two-Eyed Seeing approach³¹ to evidence, one that recognizes that knowledge is produced by the body, mind, heart and spirit;^h
- Encourage non-Indigenous participants to relax, listen and learn, and receive difficult feedback without getting defensive, and with an eye to finding solutions;
- Promote the understanding that everyone can learn from each other, everyone has something to contribute and no culture is superior to another (cultural humility).

TIHAC REFLECTIONS

Orridge explained that in the early days of this work, she educated herself by visiting community organizations and attending Pow Wows. She looked to Ambtman-Smith for guidance:

I asked Vanessa what I should be doing, and she said: “You’re going to sit; you’re going to chill; you are not going to move things along.” Vanessa got me to the point that I could function comfortably in the Circle. (Camille Orridge, personal interview, November 10, 2017)

Both Romain and Welch commented on how welcomed they felt in the Circle, even though they were non-Indigenous and Sponsors:

I think that’s a real key to success.... The Circle embraced us like we are part of their family. They’ve allowed us to feel part of the Indigenous community. (Nicole Welch, personal interview, October 20, 2017)

When Romain came to the Circle, she quickly understood that the core work was about relationship, an approach that can be challenging for non-Indigenous bureaucrats:

TC LHIN staff have to manage between the two worlds ... between managers who say this is how we do things and Circle Advisors who want to reflect on how things affect their community. It’s a bit of a culture clash. Even the idea of putting traditional healing in the report was a challenge for some people. I saw my role with TIHAC as someone who could help translate to my organization. (Tess Romain, personal interview, October 20, 2017)

^h More information about Two-Eyed Seeing can be found at: <http://www.integrativescience.ca/Principles/TwoEyedSeeing>

A participant in the October 2017 reflection circle wrote:

It takes time to build relationships before you can expect great outputs. Listen, learn and respect others' views. It is okay to make mistakes. (On card distributed during the October 2017 TIHAC reflection)

Welch reflected:

We don't often get a chance to teach ourselves to listen and learn.... I've learned a lot about work, life and what I can do to create allyship with others. It's been a profound experience. The hope and resilience of the community is amazing. We all have lots to learn. (Nicole Welch, personal interview, October 23, 2017)

Romain described

how siloed TPH and the TC LHIN were in the same city. TPH does more upstream health [and] TC LHIN is more about service provision, but we touch many of the same providers. (Tess Romain, personal interview, October 20, 2017)

Through the Circle work, the two organizations developed a stronger relationship. For example, the TC LHIN now draws on community facilitators at TPH to strengthen their community engagement work.

Romain says her participation in the Circle has made her better prepared, and more likely, to pose the question "Have we thought of the Indigenous community?" She said she

now use[s] TIHAC as an example of what we can accomplish if we work together. (Tess Romain, personal interview, October 20, 2017)

H. Secure Sufficient Funding and Resources

TPH and the TC LHIN, two of Canada's largest mainstream health system providers, supported the work of TIHAC. The TC LHIN provided the bulk of the money and TPH provided strong in-kind support. The TC LHIN continues to financially support monthly meetings and the work of the facilitator, and both organizations have assigned staff to the ongoing project.

KEY MECHANISMS

- Budget sustained funding for:
 - » All stages of the Circle's work, from early planning through advising on Strategy implementation;
 - » Integration of Indigenous expertise in all facets of the work (e.g., facilitation, governance, assessment and scanning, evaluation);
 - » Face-to-face meetings, including intensive events such as TIHAC's strategy retreat;
 - » Operating and out-of-pocket expenses, and honorariums for Elders and youth whose expenses are not covered by an employer;
 - » Communications (e.g., public launch and report design, printing, short video).
- Assign staff expertise and time from within health system institutions to:
 - » Participate in Circle meetings;
 - » Support the Circle's administration;
 - » Collaborate effectively and contribute to Indigenous-led research and evaluation work.



TIHAC REFLECTIONS

Kloetstra indicated that engagement on the part of youth was possible because youth members were paid honorariums. In addition, the Youth Council was resourced to gather a group of young people to talk about the recommendations and issues. Kloetstra commented that this funding did not allow them to do much more than their large core responsibility of maintaining consultations with Indigenous youth (Sam Kloetstra, personal interview, October 23, 2017). Another Youth Council member noted that their responsibilities did not allow them sufficient time to grieve a death by overdose in the Youth Council, to regenerate and bring in new people.

I. Engage an Indigenous Facilitator Who Is Grounded in Indigenous Ways of Governing

Michelle Sault was the heartbeat of TIHAC. She carried the vision through all the planning, execution and storytelling phases.

KEY MECHANISMS

- Hire a skilled Indigenous facilitator with expertise in cultural protocols

TIHAC REFLECTIONS

Blais commented on Sault's ability to identify tensions running beneath people's words:

Michelle stops the meeting as soon as she feels the emotions in the room getting unbalanced, or if somebody is asserting domination and control and not respecting the Circle's approach ... she'll stop and say, "We need to regroup here. What's going on?" (Ellen Blais, personal interview, October 23, 2017)

Kloetstra said Sault allotted for chatting before the Circle gathered formally. This unstructured time allowed

innovation to happen among the leaders; they are able to have conversations in this space that they wouldn't normally be able to have. We're all taking knowledge from these conversations and using it in other places. (Sam Kloetstra, personal interview, October 23, 2017)

Kloetstra said Sault helped them see “function within dysfunction”:

Michelle keeps the conversation on track; after each conversation, she reviews what was said so people can compare her understanding with their own. She gets people to write down what they are thinking, what choices they think we should make, before we discuss them. (Sam Kloetstra, personal interview, October 23, 2017)

J. Ensure Community Accountability, Witnessing and Celebration

TIHAC centred community needs, including community witnessing and celebration, in all aspects of its work.

KEY MECHANISMS

- Consult with communities, using culturally grounded approaches, throughout all phases of the work;
- Use Indigenous frameworks that center community values and needs;
- Work towards diverse community representation;
- Hold events where community members can engage with Circle members (e.g., TIHAC's public launch);
- Make cultural protocols publicly visible (ceremony, feasting, witnessing, celebrating);
- Publish, circulate and widely promote the health strategy.



STRATEGY IMPLEMENTATION

Actions to Implement the Strategy

The Toronto Indigenous Health Strategy is ambitious; in addition to recommending changes within the health sector, it calls for visible policy changes to improve the social determinants of Indigenous health. Having created a strong, Toronto-specific Strategy, TIHAC wants to see its recommendations moved into action. Yet, TIHAC's role is advisory. Its roles are to influence and encourage the organizations with authority to implement changes.

Is the function of the Circle to assign tasks to different organizations and hold them accountable? It seems to be where we're at right now, but it's a little tricky. (Camille Orridge, personal interview, November 10, 2017)

Romain and Orridge believe Toronto needs TIHAC to help bring together otherwise siloed actors in the health system, to educate and advise those actors and to hold them accountable for implementation of the recommendations. Orridge would like TIHAC to have a formal financial and advisory connection with dedicated staff within the Ontario Government, preferably through Health Quality Ontario:

There should be 14 TIHACs across the province holding the LHINs accountable and responsible. (Camille Orridge, personal interview, November 10, 2017)

McKeown agreed that the Ontario Government is best placed to fund

this integrated look at Indigenous health and the social determinants.

(Dr. David McKeown, personal interview, November 9, 2017)

Early on, TIHAC called for funding for its ongoing advisory and advocacy work. Advisors viewed the Circle's work as vulnerable because it did not have dedicated staff. Following the Strategy launch, Blais prepared a proposal for a substantive amount of money to enable the TC LHIN to move forward on recommendations in the Strategy. Blais worked for over a year to gain support for this work, and felt that she bumped into naysayers and bureaucratic hoops along the way:

At one point I was almost defeated. My mentors told me healthcare moves slowly; systems move slowly. We may not see the results of what we're doing now for half a century. So, the stars are aligned for the existence of TIHAC, but the stars haven't aligned to get this implemented. (Ellen Blais, personal interview, October 20, 2017)

In 2018, the TC LHIN provided money for a staff person to work across organizations, advocate for implementation of the Strategy, assist the work of the youth and Elders and help monitor the evaluation. This money is no longer available and TIHAC is supported only by the contracted hours of a facilitator.

With the advocacy and support of TIHAC, the Youth Council received funds to hire a part-time coordinator. This has allowed the group to create the Mino Map mobile app that connects Indigenous youth in Toronto with social, cultural and health-related services and resources.

The transition from strategy-building to implementation coincided with a significant turnover of Circle Advisors and Sponsors. The founding Advisors, who had initially signed up for two- or three-year terms, were replaced, creating a mix of new and experienced members. Orridge and McKeown retired in 2015 and 2016, respectively. In the summer of 2017, both Blais and Monib left their positions to work in other areas of Indigenous health promotion. The TC LHIN hired Todd Ross, a Métis with a significant history of engagement with the Indigenous community, as Indigenous Health Lead and Eric Ng replaced Monib as Health Equity Specialist with TPH. The Circle Advisors — Steve Teekens from the Native Men's Residence (Na-Me-Res) and Tera Beaulieu from the Métis Nation of Ontario — filled representational gaps that Circle members had identified. Monib explained that

there's a natural process and effect, where you have an inaugural group that envisions something, and then you have the next group that takes it further.

(Leila Monib, personal interview, October 23, 2017)

An orientation was designed to bring new participants up to speed on all aspects of the work: the social determinants of Indigenous health, the impacts of colonization, the TRC Calls to Action, the Declaration on the Rights of Indigenous Peoples, TIHAC's story to date and its protocols and frameworks.

What Has Changed?

The Elders believe that TIHAC's work is an unfolding of Indigenous prophecies that predict that Indigenous nations will rise again. For example, the Anishnawbe oral prophecy — the Seven Fires Prophecy — envisions the union of all of Earth's people in a future time of peace and prosperity. The Seven Fires Prophecy says there will come a time when the “light-skinned race” will be given a choice of two roads: destruction or spirituality. If they choose the spiritual road, then the Seventh Fire will light the Eighth and final fire, an eternal fire of peace, love, brotherhood and sisterhood. If they choose destruction, all life forms will die and the Earth will cleanse itself. Longboat said,

If we are going to work with the prophecies, then we need to get into the flow of doing things in a different way that is really going to serve humanity in the larger perspective.

(Diane Longboat, personal interview, November 1, 2017)

In the case story interviews and discussion circle held in October 2017, TIHAC Advisors and other participants reflected upon the early successes of TIHAC as it shifted from setting strategy to encouraging and monitoring implementation. They identified the following changes in the landscape of Indigenous health in Toronto:

- We have a strategic plan; we created a map that can inform service delivery in multiple areas;
- Through being unified, we have created a more comprehensive and coordinated direction for solutions;
- We've reclaimed Indigenous understandings and interpretations of engaging cultural knowledge;
- The TC LHIN and TPH have a better understanding of Indigenous priorities and are more willing to find solutions;
- We are working together more now;
- There is change in the nature of program and service planning at TPH;
- TIHAC is increasingly being viewed as an urban model for First Nations, Inuit and Métis urban health;
- The TIHAC planning process has been a catalyst for implementing an Indigenous health strategy at various levels of government, including at the Ministry level;
- It has strengthened the influence and voice of Indigenous people in Toronto;
- There are augmented and increased spaces for youth voices, creating a positive ripple effect into the community.

The ultimate marker of success will be an improvement in the health outcomes of Toronto's Indigenous residents. TIHAC is looking to identify evidence of change, or note where there is no change.

TIHAC has set a new standard for Indigenous health assessment, planning and guidance that is held in Indigenous hands. TIHAC members hope their experience will inspire others to make self-determination the preferred framework for improving the well being of Indigenous Peoples throughout Canada. Advisors and Sponsors offered the following advice:

- Ambtman-Smith explained that she has seen a shift away from patronization of Indigenous people: "We are no longer disrupting the system; the structure has already been uprooted. It's been quite an energizing time for us" (Vanessa Ambtman-Smith, personal interview, October 20, 2017);
- McKeown explained, "This work will benefit more communities than only the Indigenous community. Maybe we can form a template for other communities" (Dr. David McKeown, personal interview, November 9, 2017);
- Kloetstra noted that an Indigenous health advisory circle will look different in every location, with each reflecting the diversity of nations, languages and local social determinants of health (Sam Kloetstra, personal interview, October 23, 2017).



APPENDIX A

Partners

The partners in creating this case story are the Toronto Indigenous Health Advisory Circle, MUSKRAT Media and the National Collaborating Centre for the Determinants of Health.

Toronto Indigenous Health Advisory Circle (TIHAC)

TIHAC was established in “recognition of the importance of [putting leadership for] ‘Indigenous health in Indigenous hands.’”³² The Circle was created with a mission to “lead transformation in health programs and services toward well-being for Indigenous people in Toronto.”^{2(p23)} Comprising Torontonians Indigenous leaders, including Elders and youth, the Circle was supported by Toronto Public Health and the Toronto Central Local Health Integration Network, with a co-founding role by Anishnawbe Health Toronto.

MUSKRAT Media

MUSKRAT Media is an award-winning Indigenous whole communications company, based in downtown Toronto and Wasauksing First Nation, facilitating storytelling that honours community traditions. MUSKRAT Magazine is the primary project of MUSKRAT Media.

The National Collaborating Centre for Determinants of Health (NCCDH)

The NCCDH is one of six national public health knowledge translations centres. The NCCDH supports public health organizations and practitioners apply knowledge to decision-making and capacity improvement to address determinants of health and advance health equity. The Centre translates emerging research into practical information, interprets complex concepts, supports exchange of promising practices and helps bring people together.

The NCCDH's office is located at St. Francis Xavier University in Antigonish, N.S., in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the “Treaties of Peace and Friendship,” which Mi'kmaq and Wolastoqiyik (Maliseet) Peoples first signed with the British Crown in 1725. The treaties did not deal with surrender of lands and resources but, in fact, recognized Mi'kmaq and Wolastoqiyik (Maliseet) title and established the rules for what was to be an ongoing relationship between nations. We acknowledge this land in thanks to the Mi'kmaq people who have held relationship with this land for generations and to recognize the historical and ongoing reality of colonialism.

APPENDIX B

Terminology

An Indigenized approach to health refers to the process of developing equitable relationships among mainstream organizations; service providers; communities; and First Nations, Inuit and Métis organizations. These functional and innovative partnerships involve valuing western knowledge alongside Indigenous knowledge systems and finding creative spaces where both can work together for a common goal. In this approach, health funders and policy-makers respect the self-determination of First Nations, Inuit and Métis Peoples in developing and delivering programs and services that meet community needs, with the application of policies and standards based on Indigenous knowledge that comes from Indigenous people.

Being able to define one's community on one's own terms is a central part of self-determination.

Indigenous Peoples. The Assembly of First Nations and the National Congress of American Indians jointly acknowledge there is a rich diversity of Indigenous Peoples in what is now known as Canada and Turtle Island. "While our Indigenous Peoples and Nations have distinct identities, cultures, languages and traditions,

we have also been guided by many common purposes and beliefs, which have been shaped by many common experiences... We have all retained the inherent right to self-determination."³³

TIHAC decided, as part of respecting that diversity, to use the word *Indigenous* as a broad, inclusive term to describe a multiplicity of individuals and tribal affiliations within Canada. TIHAC's work specifically relates to First Nations, Inuit and Métis Peoples in Ontario and, more broadly, Canada. Indigenous Peoples in Canada also refer to themselves by their specific First Nation, as well as tribal and political affiliations, such as Mi'kmaq, Cree, Innu, Ojibwa or Anishinabek and Haudenosaunee.⁶ There are over 600 recognized First Nations across Canada.³⁴

According to the Government of Canada,

"Indigenous Peoples" is a collective name for the original peoples of North America and their descendants. The Canadian Constitution recognizes three distinct groups of Indigenous (Aboriginal) peoples: Indians (referred to as First Nations), Métis and Inuit. Increasingly, and in keeping with international agreements, "Indigenous Peoples" is being used instead of "Aboriginal Peoples."³⁴



*First Peoples, Second Class Treatment*⁶ points out that *Aboriginal* is a government-imposed, legally defined, federal term within the Canadian Constitution Act of 1982 that determines who is Indigenous. It relies on definitions imposed by the Indian Act, that is, those registered under that Act. First Nations/Indian people who are not registered under the Act are often referred to as non-status Indians. However, both status and non-status Indians can also be registered by those First Nations Governments holding their own membership codes and under self-government agreements. TIHAC's considerations do not exclude First Nations—, Métis— or Inuit-descended individuals (or in some cases communities) that do not qualify for status under the Indian Act.

TIHAC also acknowledges the United Nations Declaration on the Rights of Indigenous Peoples. Within an international context, the UN describes Indigenous Peoples as “inheritors and practitioners of unique cultures and ways of relating to people and the environment. They have retained social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they live.”³⁵

Definitions of “Indigenous” — the term used by TIHAC — may change over time and are not static. Within the following case story, exceptions to our use of the term *Indigenous* have been made of necessity when we are discussing distinct Indigenous nations, groups and individuals or when citing specific statistics or organizational titles that use other terms for description and data collection. For example, Statistics Canada uses the term *Aboriginal* in its data collections, drawing on the 1982 Constitution Act definition.³⁶

APPENDIX C

TIHAC Participants

TIHAC ADVISORS, ELDERS, YOUTH, SUPPORT AND SECRETARIAT	
See <i>A Reclamation of Well Being: Visioning a Thriving and Healthy Urban Indigenous Community – Toronto’s First Indigenous Health Strategy, 2016-2021</i> , page 17, for a table that indicates the roles played by each member.	
2015	2017
<i>Elders Council</i> <ul style="list-style-type: none"> • Diane Longboat (Presiding Elder) • Cindy White (Elders Council Rep) • Amy Desjarlais (Elders Council Rep) 	
<i>Youth Council</i> <ul style="list-style-type: none"> • Cedar Landon (Youth Council Rep) • Myles Jacko (Youth Council Rep) 	<i>Youth Council</i> <ul style="list-style-type: none"> • Sam Mukwa Kloetstra
<i>Advisors</i> <ul style="list-style-type: none"> • Kenn Richard • Dr. Janet Smylie • Joe Hester • Larry Frost • Sara Wolfe 	<i>Advisors</i> <ul style="list-style-type: none"> • Steve Teekens, Native Men’s Residence (replacing Hester) • Tera Beaulieu, Métis Nation of Ontario (replacing Smylie)
<i>TIHAC Support</i> <ul style="list-style-type: none"> • Dr. David McKeown, MOH TPH • Camille Orridge, CEO, TC LHIN • Dr. Bernice Downey, Indigenous Health Governance Consultant Principal 	<i>TIHAC Support</i> <ul style="list-style-type: none"> • Dr Eileen de Villa, MOH TPH (replacing McKeown) • Nicole Welch, Director of Healthy Communities, TPH • Susan Fitzpatrick, CEO, TC LHIN (replacing Orridge) • Tess Romain, VP of Health System Strategy, Integration and Planning, TC LHIN
<i>Secretariat</i> <ul style="list-style-type: none"> • Ellen Blais, Indigenous Health Consultant and Communications Lead, TC LHIN • Leila Monib, Health Equity Specialist, TPH 	<i>Secretariat</i> <ul style="list-style-type: none"> • Todd Ross, TC LHIN (replacing Blais) • Eric Ng, Health Equity Specialist, TPH (replacing Monib)

All interviews conducted in November 2017



TIHAC Interviewees

All interviews were conducted in November 2017 by Karen Fish, NCCDH, and Erica Commando, MUSKRAT Media.

Vanessa Ambtman-Smith was the Community Engagement Consultant and Aboriginal Lead with the TC LHIN (2009-14) when TIHAC was being formed. At the time of writing she is an Indigenous health scholar and PhD student at Western University.

Ellen Blais was an Indigenous Health Consultant and Communications Lead with the TC LHIN from 2014 to 2017. At the time of writing she is Director, Indigenous Midwifery, with the Association of Ontario Midwives in Toronto.

Kahontakwas Diane Longboat is Elder to TIHAC, a Traditional Healer, Senior Project Manager of Guiding Directions Implementation at the Centre for Addiction and Mental Health, and the Leader of Soul of the Mother.

Sam Kloetstra was the former TIHAC Youth Council Representative and youth employee at the Native Canadian Centre of Toronto (NCCT). He is currently a student in Public Administration and Governance at Ryerson University.

Dr. David McKeown, former Medical Officer of Health, Toronto Public Health.

Leila Monib was TPH's Health Equity Specialist in the early days of TIHAC's work. She is currently Provincial Practice Lead at the Ontario Indigenous Cultural Safety Program.

Camille Orridge is a Senior Fellow at the Wellesley Institute. Previously, she was the CEO of the TC LHIN.

Tess Romain, Vice President of Health System Strategy, Integration and Planning with the TC LHIN

Nicole Welch, Toronto Public Health, Director of Healthy Communities

Cindy White, Knowledge Keeper and TIHAC Medicine Bundle Keeper; Elder with Aboriginal Services at Toronto's Centre for Addiction and Mental Health



TIHAC Community Launch Poster^{2(p34)}

This poster promoting the TIHAC Community Launch represents a collaboration between its developer, Elder Diane Longboat, and Indigenous artists Joseph Sagaj and Holly Fisher. Designed to reflect spiritual, emotional, mental and physical healing, it includes a number of colourful symbols — the moon and stars, a woman standing on a cliff and two purple wavy lines, among others. The poster's focal point is the eight-pointed star blanket logo, a reflection of the Seven Sacred Laws combined with the guidance and wisdom of the Ancestors.^{2(p34-35)} Each of the eight TIHAC advisors is represented in a point on the star, with the contrasting directions a reference to each Advisor's unique gifts and contributions. The red circle that connects each point represents each Advisor's connection with one another and with the broader community as well. To learn more about the symbolism within the Community Launch Poster, please see the Toronto Indigenous Health Strategy.

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