Truth - Debwewin
Truth is to know all of these things
Relationship
Honesty - Gwekwaadziwin
Honesty in facing a situation is to be brave
Partnership
Accountability
Bravery - Aakwa'ode'ewin
To face life with courage is to know bravery
Outreach & Networking
Métis, Inuit & Indigenous Peoples Health Advisory Debwewin
(Truth)
Humility - Dbaadendiziwin
Humility is to know your self as a sacred part of Creation
Transportation
Access
Love - Zaagidwin
To know love is to know peace
Health Promotion & Primary Care
Respect - Mnaadendimowin
To honour all of Creation is to have respect
Chronic Disease, Home and Community Care & Palliative Care
Wisdom-Nbwaakaawin
To cherish knowledge is to know wisdom
Mental Health & Addictions

Central East LHIN Métis, Inuit, Indigenous Peoples Health Advisory Circle Members:

Nicole Blackman (Co-Chair) – Durham Region Health Department

Debbie Ellis (Co-Chair) – YMCA GTA

Nancy Stevens– Community Member

Connie Spencer – Durham Mental Health Associations

Neno Ochrym – TAIBU Community Health Centre

Lori Flynn - Nogojiwanong Friendship Centre

Kim Lamothe – Nogojiwanong Friendship Centre

Rebecca Watts – Lovesick Lake Native Women's Association

Julie Pigeon – Durham College

Mary George – Bawaajigewin Aboriginal Community Circle

Autumn Watson – Indigenous Diabetes Health Circle

Andre Bossé –Métis Nation of Canada

Brenda Bossé – Community Representative

Kathy MacLeod-Beaver – Durham Regional Cancer Centre

Jennifer Bouma – Carea Community Health Centre

Krista Morgan – Peterborough Regional Health Centre – Renal Program

Métis, Inuit and Indigenous Peoples Health Advisory Debwewin Preamble:

The Métis, Inuit and Indigenous Peoples Health Advisory have joined in the spirit of promoting health and wellness for Indigenous people, families and communities throughout the Central East Local Health Integration Network region. The Indigenous Peoples Health Advisory acknowledge the legacy of historical trauma and its harmful impacts on Indigenous children, youth, women, men, elders and the current realities which continue to impact Indigenous peoples health. Recognizing the life-long health and healing occurring within Indigenous families and communities, the Indigenous Peoples Health Advisory will operate from a seven generation planning perspective, seeking long term outcomes for health and wellness that will support multiple generations of family and community.

Métis, Inuit and Indigenous Peoples Health Advisory Circle Principles:

- ***Recognition****: The Indigenous Health Advisory Circle members recognize the inherent right and responsibility for Indigenous peoples regarding the health and wellbeing of their community members, therefore, they must have a central role in the decision making regarding the provision of health services.*
- ***Respect****: The members will work in a mutually respectful manner.*
- ***Inclusivity****: The members will collaborate on health care initiatives and priorities in the interests of all Indigenous peoples within the identified communities in the region.*
- ***Cultural Sensitivity****: The members agree to identify and integrate culturally appropriate processes into health services, health care initiatives, research and evaluation processes.*

Truth and Reconciliation Commission Report Call to Action:

Call to Action #23: *We call upon all levels of government to:*

i. Increase the number of Aboriginal professionals working in the health-care field.
ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
iii. Provide cultural competency training for all health-care professionals.

Call to Action #24: *We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.*

MÉTIS, INUIT AND INDIGENOUS PEOPLES HEALTH ADVISORY PRIORITIES				
DIRECTION	**ACTIONS**	**LEAD/ TIMELINE**	**OUTCOMES**	**Potential Measures**
1) TRUTH - DEBWEWIN **RELATIONSHIP** ***We will build a relationship as the CELHIN and the Métis, Inuit & Indigenous Peoples Health Advisory based on reconciliation, transparency, community building and future health planning for the Indigenous peoples within our region.***	1) The Central East Local Health Integration Network will build relationships with the Indigenous Peoples Health Advisory communities and health service providers	Short term (1yr) to mid term (1-3yr)	✓ Follow Truth & Reconciliation Commission Calls to Action ✓ Central East Local Health Integration Network Accountability is reported to the Advisory	# of communications # of reports # of community visits
	2) Local priority setting, planning and evaluation will be done with Indigenous Peoples Health Advisory	Short term (1yr) to mid term (1-3yr)	✓ Improved system capacity and long-term sustainability	# of priorities identified and implemented # of program evaluations
	3) Identify opportunities to work together on health care delivery with First Nations and agencies	Short term (1yr) to mid term (1-3yr)	✓ Community involvement in off reserve member care	# of coordination improvements # of increased services
	4) Mandatory Cultural competency training and awareness	Quarterly	✓ Reduction of cultural barriers ✓ Cultural protocol recognition ✓ Central East Local Health Integration Network Cultural competency reported to Indigenous Peoples Health Advisory	# of HSP reported trainings # of cultural referrals # of accessed services # of language and cultural recognition references in CELHIN mission, operations, materials
	5) Create Cultural space within health service provider facilities	Quarterly	✓ Increase of designated cultural space signage within health service provider facilities ✓ Cultural protocols utilized ✓ Community involvement in off reserve member care	# of HSP's with cultural space and signage # of HSP’s with Indigenous language signage, print materials, web & social media

2) HONESTY - GWEKWAADZIWIN **LHIN PARTNERSHIP ACCOUNTABILITY** ***The CELHIN and the Métis, Inuit & Indigenous Peoples Health Advisory will act in the collective interest of our Indigenous population, knowing we are accountable to them.***	6) Increase in funding and accountability agreements	Quarterly	✓ Increase Indigenous specific funding agreements ✓ Improve accountability agreements and reporting mechanisms	# of funding increases # of improved reporting mechanisms
	7) Integrate Indigenous health needs into all aspects of local and regional CELHIN planning	Short term (1yr) to mid term (1-3yr)	✓ Advance notice of upcoming changes ✓ Direct input into operation of CELHIN Indigenous programs and services ✓ Increased input from Indigenous advisory	# of opportunities to provide input # of accessed Indigenous health data to inform planning # of implemented recommendations
	8) Indigenous representation on LHIN Board, governance advisories	Short term (1yr) to mid term (1-3yr)	✓ Recruitment of First Nation, Inuit, Métis board members and advisors	# of Indigenous board members & advisors
	9) Increased Indigenous hiring, recruitment & retention strategies	Short term (1yr) to mid term (1-3yr)	✓ Hiring/recruitment of First Nation, Inuit, Métis workers ✓ Adoption of Indigenous recruitment, hiring & retention strategies	# of Indigenous employees hired # of Indigenous HR strategies implemented
	10) Utilize Indigenous assessment tools	Quarterly	✓ More Indigenous Population Health reporting including environmental scanning exercise for knowledge Exchange, tool building ✓ Culturally- appropriate adaptation of Ontario Common Assessment of Need tool development	Conduct an environmental scan for Indigenous health assessment tools Collaborate with First Nation Circle to identify First Nation Assessment Tools # of knowledge exchange opportunities # of Indigenous tools developed & implemented

3) BRAVERY - AAKWA'ODE'EWIN **OUTREACH AND NETWORKING** **The CELHIN and the Métis, Inuit & Indigenous Peoples Health Advisory are committed to enhancing care for individuals, families and communities living throughout the region and will build relationships with partnering agencies and services.**	11) Reach greater Indigenous populations throughout region	Mid term (1-3yr)	✓ Increase communication between agencies ✓ Increase coordination between agencies ✓ Build confidence in public health care	# of new clients in region # of agency referrals increased through region # of regional communications # of advertisements & promotional campaigns
	12) Improve outreach to marginalized, isolated Indigenous peoples in urban and rural areas	Short term (1yr) to mid term (1-3yr)	✓ Introduce creative ways to engage isolated members of the community i.e. social media, newsletters, local radio, flyer distribution, pop ups, info booths	# of new communications # of community visits # of advertisements
	13) Increase in service and coordination for Scarborough catchment	Short term (1yr) to mid term (1-3yr)	✓ Increased coordination of services in Scarborough ✓ New programs and services in Scarborough for Indigenous clients	# of new Scarborough referrals # of new Scarborough programs & services
	14) Enhance local responsiveness and accountability	Short term (1yr)	✓ Full day info session for Circle Partners on all services/programs offered ✓ Communications (directory, promotional campaign)	# of HSP & Indigenous participants in info session # of collaborative service agreements # of collective communications campaigns

4) HUMILITY - DBAADENDIZIWIN **ACCESS & TRANSPORTATION** **The CELHIN and the Métis, Inuit & Indigenous Peoples Health Advisory recognize our role in advocating and ensuring our services and programs are accessible for our clients.**	15) Address transportation barriers with new strategies	Mid term (1-3yr)	✓ Lower transportation fees ✓ Funding for medical ride-sharing programs ✓ Improved transportation services	# of improved Indigenous transportation services # of new funding programs for medical travel # of new transportation programs
	16) Increase Disability Travel Supports	Mid term (1-3yr)	✓ Increase supports for clients on Ontario Disability Support Program ✓ Increase in accessible vehicle services	# of ODSP clients using transportation services # of new accessible vehicles in operation
	17) Increase Living Support Programs & Services	Short term (1yr) to mid term (1-3yr)	✓ Additional funding for homeless beds ✓ Rent subsidies for Indigenous clients	# of Increased homeless MHA beds # of rent subsidies for Indigenous MHA clients # of accessible and rental units increased for Indigenous MHA clients

5) WISDOM-NBWAAKAAWIN **MENTAL HEALTH AND ADDICTIONS** ***The CELHIN and the Métis, Inuit & Indigenous Peoples Health Advisory will promote health and wellness through Indigenous knowledge, culture and language in addressing mental health and additions issues amongst Indigenous children, youth, women, men and elder populations within our region.***	18) Designate culturally safe space at health service provider emergency service facilities	Short term (1yr)	✓ Improve access to Traditional Healing practices ✓ Culturally-appropriate adaptation of Ontario Common Assessment of Need tool development ✓ Improve access to Cultural services ✓ Improve translation services ✓ Access to Indigenous navigator	# of Cultural services recognized and utilized # of funding agreements to provide cultural services # of adequate assessment tools utilized # of translation services utilized # of Indigenous navigator client visits
	19) Increase professional Services offered to First Nation clients	Mid term (1yr) to long term (1-3yr)	✓ Increased psychiatric services ✓ Increased MHA navigators ✓ Medications return program ✓ Improved adult specific services	# of psychiatrists assigned to work with Indigenous peoples full time in region # of Indigenous MHA navigators # of medication return programs
	20) Improve discharge planning for mental health patients with Indigenous health care professionals	Short term (1yr)	✓ Recognition of Indigenous health care services ✓ MOU's with Indigenous referral agencies and HSP's ✓ Increase in Indigenous health care professionals in region	# of Indigenous health care referrals # of MOU's between HSP and Indigenous agencies # of Indigenous health care professionals hired
	21) Increase youth mental health support services	Short term (1yr) to mid term (1-3yr)	✓ Additional Youth Supports for youth Resiliency ✓ Increased family caregiver supports	# of new youth MH services # of MHA caregiver programs

6) LOVE - ZAAGIDWIN **HEALTH PROMOTION & PRIMARY CARE** ***The CELHIN and the Métis, Inuit & Indigenous Peoples Health Advisory will promote Indigenous health and wellness through the promotion of healthy behaviours including healthy eating, physical activity and smoking cessation. The advisory will ensure the Indigenous people we serve will receive equal treatment, respect and dignity in all care offered through the CELHIN.***	22) Adopt an Indigenous informed roadmap for LHIN primary care	Short (1yr) to Mid term (1-3yr)	✓ Family doctor allocated to Métis, Inuit, Indigenous Peoples ✓ Circle of care planning for clients amongst Indigenous advisory ✓ Weekend/after-hours services ✓ Link with separate task forces/ strategies in the region	# of family doctors serving Métis, Inuit, Indigenous population directly # weekend services # of after-hours services # of partner links
	23) Improve Indigenous voice at Health Links	Short term (1yr) to mid term (1-3yr)	✓ Improve Health links connection to Indigenous communities ✓ Develop Circle of Care to connect services amongst partners and joint circle	# of referrals # of Indigenous advocates at Health Links Table # of service information shared with Health Links
	24) Increase Indigenous diabetes prevention, care & treatment services	Short term (1yr) to mid term (1-3yr)	✓ Healthy eating on a budget, family weight management supports ✓ Increase access to traditional medicine & foods via traditional nutritional health programs	# of new diabetes programs and services # of traditional medicine programs developed # of traditional food programs and services
	25) Increase Indigenous Juvenile health and nutrition supports	Mid term (1-3yr) to long term (3+ yr)	✓ Increased FAS support services ✓ Youth led meetings and sessions to support juvenile health services	# of new FAS support services # of youth led health and nutritional programs

7) RESPECT - MNAADENDIMOWIN **CHRONIC DISEASE, HOME AND COMMUNITY CARE, PALLIATIVE CARE** ***We will build a network of partners and agencies supported by the CELHIN to support Indigenous peoples living with chronic disease or nearing their end of life journey. We will incorporate traditional knowledge and cultural practice into CELHIN services and will ensure that all will be treated with respect.***	26) Develop Caregiver Programs	Mid term (1-3yr)	✓ Better communication of Community Care Access Centre services to Indigenous communities ✓ Increased family caregiver training ✓ Increased respite services	# of trainings # of respite services used # of respite programs created # of CCAC referrals
	27) Increased chronic disease, palliative home care services	Short term (1yr) to mid term (1-3yr)	✓ Increase in friendly visits, respite, security and wellness checks by registered nurses, registered practical nurses, personal support workers	# of increased home care services
	28) Improve access to traditional Elders in the region	Mid term (1-3yr)	✓ Increase in traditional medicine use, ceremony and practices when utilizing health care services ✓ Resources allocated for the purpose of hospital visits	# of traditional health care practitioner programs developed # of traditional health care practitioner services used # of hospital visit programs developed # of hospital visits utilized
	29) Increased promotion of Cancer Care services throughout region	Short term (1yr) to mid term (1-3yr)	✓ Increased surveillance ✓ Monitoring progress of regional cancer care workplan and under screened, never screened	# of Cancer Care aggregate data reports to Indigenous advisory # of Cancer Care communications
	30) Increased support for brain injuries and dementia	Mid term (1-3yr) to long term (3+yr)	✓ Increase in brain injury and dementia programs and services	# of brain injury services offered # of dementia services offered