Appendix A to Report No. 052-18

Taking Action for Reconciliation:

An Organizational Plan for

Middlesex-London Health Unit

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MIDDLESEX-LONDON

**HEALTH
UNIT**

June 2018

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Acknowledgement

We acknowledge that the Middlesex-London Health Unit, in which we operate, is on Indigenous land that has been inhabited by Indigenous peoples since time immemorial.

As settlers, we're grateful for the opportunity to be here and we thank all the generations of people who have taken care of this land - for thousands of years.

Long before today, there have been the first peoples of Turtle Island who have been the stewards of this place. In particular, we acknowledge the traditional territory of the Anishinaabeg, Haudenosaunee, Attawandaron (Neutral), and Wendat peoples. This area was originally governed by the Three Fires Confederacy consisting of the Odawa, Pottawatomi, and Ojibway. We recognize and deeply appreciate their historic connection to this place. This territory is covered by the Upper Canada Treaties.

It later became home to other nations who now call this place home. Considering this, we also recognize the contributions of Métis, Inuit, and other Indigenous peoples have made, both in shaping and strengthening this community in particular, and our province and country as a whole. As settlers, this recognition of the contributions and historic importance of Indigenous peoples must also be clearly and overtly connected to our collective commitment to make the promise and the challenge of Truth and Reconciliation real in our communities.

   (adapted from Traditional Territory Acknowledgements in Ontario, Ontario Federation of Labour, 2017)

With respect and appreciation, we extend thanks to the following individuals who shared their expertise and perspective to support the development of this organizational plan for reconciliation.

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Kimberly Fisher, Health Director, Chippewas of the Thames First Nation

Shauna Kechego-Nichols, Urban resident, Member of Chippewas of the Thames First Nation

Diane Smylie, Provincial Director, Ontario Indigenous Cultural Safety Program

Executive Summary

The Truth and Reconciliation Commission of Canada provides 94 "calls to action" that lay the groundwork for how all sectors, including health, in what is now known as Canada can move forward in addressing systemic inequities and work towards reconciliation with Indigenous Peoples. In response to these calls to action, an organizational plan for Middlesex-London Health Unit (MLHU) for reconciliation requires a focus not only on health and public health issues, but an understanding and appreciation of the long-term impacts of colonization and racism that continue to exist today. As both an individual and collective process, reconciliation for public health necessitates a plan that looks beyond to the much larger societal context.

Within the current context, all MLHU staff are expected to be able to engage and work with Indigenous populations. Learning about Indigenous history, including colonialism and racism, is a necessary step to understand the current situation related to Indigenous health issues. Given that staff are almost exclusively settlers, topics of ongoing colonization, racism, power and privilege can be expected to be uncomfortable, and may result in resistance. Beyond learning, public health practitioners need a supportive internal environment to process, reflect, and increase their depth of understanding, so that they can move past resistance. As a result, the recommendations in this plan emphasize actions for awareness, reflection, education, and a supportive environment as precursors and an underlying base for further reconciliation actions.

Recommendations within this plan have been compiled from the literature, including a range of best practices and wise practices. Local context and perspective, from conversations and dialogue with representatives of local Indigenous-led organizations and individuals, was significant in the resulting recommendations for MLHU. It is essential that a fulsome collaborative approach with Indigenous organizations and neighbouring First Nations communities continues in order to build and strengthen existing relationships before implementation of actions. As such, the recommendations contained in this plan are to be considered preliminary and evolving.

The recommendations are on a continuum of simple to complex, and from those already in process to those that may be considered aspirational. They have been clustered into themes of:

- o Awareness and Education
- o Supportive Environments
- o Relationships
- o Research
- o Workforce Development
- o Governance
- o Equitable Access and Service Delivery

Context

> "Achieving genuine reconciliation between Aboriginal and non-Aboriginal peoples in Canada is a responsibility we all share."
>
> *Jean-Paul Restoule, Associate Professor of Aboriginal Education at OISE/University of Toronto and a member of the Dokis First Nation (Anishinaabe)*

The *Two Row Wampum Belt* is representative of two distinct nations, Indigenous and European, who ventured by way of a Ship and a Canoe. These boats are journeying down the waterways alongside each other. It is an agreement that reminds all of us that we would peacefully share the land and respect each other's space, never infringing upon the others' way of life. Over time, the respect of traditions and formal agreements were breached. Now, the Wampum Belt reminds us that we are on a path to reconciliation and it is up to Indigenous and non-Indigenous allies to uphold these values and prior agreements to get to a place of active reconciliation.

In April 2016, a Two-Row Wampum Belt was given as a gift from The Chippewas of the Thames First Nation in the presence of the Oneida Nation of the Thames to the City of London Council. "It is on display in the Mayor's Office as a reminder of the deep and abiding friendship and of the mutual duty to respect the lasting principles of the pledge made long ago." (Pathways to Reconciliation, 2016). As such, we are all treaty people with rights, roles, and responsibilities regarding reconciliation.

An organizational plan for reconciliation with Indigenous Peoples for Middlesex-London Health Unit requires a focus not only on health and public health issues, but an understanding and appreciation of the long-term impacts of colonization and racism that continue to exist today. Reconciliation is an individual and collective process that is ongoing and will continue to be so for generations ahead. For those reasons, an organizational plan for reconciliation for a public health unit requires attention to the much larger context beyond health.

The need for reconciliation has been established for decades, but increased attention on the issue has resulted since the release of the United Nations Declaration on the Rights of Indigenous Peoples (2007), and in Canada, particularly since the establishment of the Truth and Reconciliation Commission of Canada (TRC) (2008) and the release of its "Calls to Action" (2015).

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) provides internationally recognized principles for the treatment of Indigenous peoples around the world. It is based on the principles of self-determination and participation, and respect for the rights and roles of Indigenous peoples within society. Canada supported UNDRIP in 2010 but without full endorsement and described it as an "aspirational" document. It is important to note that Canada did not become a full supporter without qualification until May 2016. This brings into sharp focus the political aspects and nuances related to reconciliation at the national level.

The Truth and Reconciliation Commission of Canada's Calls to Action outlines actions for reconciliation that are pertinent to all sectors within society. They aim to address the root causes of Indigenous health and social inequities, including societal attitudes and systemic racism. Many of the calls are directed at federal, provincial, territorial and Aboriginal governments, but the calls go beyond those governments to all sectors and individuals. Calls to Action #18-#24 are specific to health. Because the work of public health includes multi-sector collaboration along with the goal of achieving health equity for all, consideration of the calls beyond those that are health-specific is essential.

The provincial government is strongly committed to reconciliation with Indigenous Peoples, as evidenced by their report, *The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples* (2016). This report restates the government's "…commitment to continue the journey of reconciliation, through specific initiatives designed to bring meaningful change to the lives of Indigenous people and communities. We will continue to walk hand-in-hand with Indigenous partners, and build trusting, respectful and mutually beneficial relationships."

The Ontario Public Health Standards (2017) within the program outcomes and requirements of the Health Equity Standard explicitly state that "relationships between boards of health and Indigenous communities and organizations need to come from a place of trust, mutual respect, understanding, and reciprocity" (p. 21). This requires the establishment and building of meaningful relationships, engagement, and collaborative partnerships.

A support document for the Health Equity Standard, *Relationship with Indigenous Communities Guideline, 2018,* "…provides boards of health with the fundamentals to begin forming meaningful relationships with Indigenous communities…" (p. 3) and further emphasizes the importance of concepts outlined in the Health Equity standard. In addition to Ontario-specific information related to governing bodies, urban Indigenous organizations, and Aboriginal Health Access Centres, the guideline outlines principles that will underpin engagement approaches when applying the Standards to work with Indigenous populations.

The Middlesex-London Health Unit Strategic Plan 2015-2020 with its vision, mission and values provides an overarching framework to achieve improved health outcomes for all community members, including those of neighbouring First Nations and Indigenous individuals living in urban settings.
- Vision: People Reaching Their Potential
- Mission: To promote and protect the health of our community
- Values: collaboration, integrity, empowerment, striving for excellence, health equity

Additionally, the Health Unit has developed a plan for health equity staff capacity building (2017-2020) which includes the domain of "Indigenous Public Health Practice". A Health Unit organizational plan for reconciliation will further demonstrate commitment to the ongoing process.

Ultimately the goal of public health is about the health of the community which includes recognition that Indigenous Peoples and Nations have the right to self-determination, including the right to the enjoyment of the highest attainable standard of wholistic health based on distinct political, social and cultural structures.

For that reason, it is imperative to recognize that colonialism is the over-riding determinant of health for Indigenous Peoples. The National Collaborating Centre for Aboriginal Health (NCCAH) "recognizes that colonization and colonialism cross-cut and influence all other social determinants of health of First Nations, Inuit and Métis individuals, families and communities. We also know that the health disparities and inequities experienced by Aboriginal peoples are rooted in racism and marginalization, dislocation, and social exclusion." (NCCAH, n.d.). For public health to decrease existing health inequities, an understanding of the full context of Indigenous experiences of trauma and oppression over generations is needed.

Purpose

An organizational plan for reconciliation can support several purposes by outlining mechanisms that:

- demonstrate commitment to addressing the Truth and Reconciliation Commission of Canada's Calls to Action, particularly those related to health
- provide a supportive environment for reflection, increased knowledge and skill building
- serve to disrupt ongoing colonial practices related to health that are part of the organization
- enhance organizational capacity to address racially-based health inequities
- enhance ability to build relationships and meaningful engagement with Indigenous communities and organizations

Reconciliation is an "...ongoing process of establishing and maintaining respectful relationships" (Truth and Reconciliation Commission of Canada, 2015). It is also recognized that reconciliation can have different meanings for people and that it is important to respect these different understandings. Respecting different ways of understanding and living is a core tenet of reconciliation (Smylie, 2015).

Additionally, reconciliation has elements of truth, justice, forgiveness, healing, reparation, and love, but as a process, the end point of "reconciliation" cannot be guaranteed (Reconciliation Australia, 2017).

> "The river is the river and the sea is the sea. Salt water and fresh, two separate domains. Each has its own complex patterns, origins, stories. Even though they come together they will always exist in their own right. Our hope for Reconciliation is like that."
> *Patrick Dodson (Indigenous Australian Parliamentarian)*

One of the TRC's guiding principles is that reconciliation requires "...constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts...". Embedding respect into relationships and actions in all that we do is extremely complex and that complexity should not be underestimated (Smylie, 2015).

Reconciliation cannot be addressed without acknowledging colonization and racism. Experiences of colonization and racism are closely intertwined. Colonial history includes actions of forced relocation of peoples from their traditional territories, the imposition of the Indian Act, Residential School System, Indian Hospitals, and the Sixties Scoop. The impacts of these experiences continue today as evidenced by health outcomes and intergenerational

trauma (Health Council of Canada, 2012). The "Millennium Scoop" can be interpreted as evidence that colonialism is an ongoing process; it refers to the fact that there are more First Nations children in care now than at the height of the residential school system (Canadian Press, 2011). Specifically, Aboriginal children account for 41%-56% of foster children, depending on the age group, yet they only represent about 7% of all children in each of the age groups (Statistics Canada, 2016). Despite such evidence, a common narrative about Indigenous people is that colonization is in the past and so 'they just need to move on'.

Within the current Health Unit context, all staff are expected to be able to engage and work with Indigenous populations. Given that staff are almost exclusively settlers, topics of ongoing colonization, racism, power and privilege can be expected to be uncomfortable. Not only will open and honest dialogue be uncomfortable, it may cause defensiveness, resistance, and even denial. Learning about Indigenous history, including colonialism and racism, is a necessary step to understand the current situation related to Indigenous health issues. Beyond learning, public health practitioners need a supportive internal environment to process, reflect, and increase their depth of understanding, so that they can move past denial and resistance. As a result, the recommendations in this plan emphasize actions for awareness, reflection, education, and creating a supportive environment as precursors and an underlying foundation for further reconciliation actions.

"Reconciliation is almost like a philosophy. In the indigenous worldview, it would be focused on building a relationship between people that doesn't have any differences attached to it. People would have a common vision of the world that they would want to live in. The first thing that we share as people is that we have a responsibility to make Creation a healthy, livable place. Then we would realize that we all have a responsibility for Creation. …Secondly, reconciliation is a human process. There are elements to that process of building relationship that reflects reconciliation such as the mutual acknowledgement that we are working together for the good of future generations. …Reconciliation is a human movement that is action oriented. Reconciliation is good for all people and for the country. It fulfills a worldview where all of us, regardless of our colour, our race or creed, can make a difference that affects the future. Our country would be a better place. Our world would be a better place."

Malcolm Saulis, Elder and university professor,
quoted in The Ottawa Citizen, July 1, 2017,
http://ottawacitizen.com/news/local-news/the-meaning-of-reconciliation

Recommendations

The following recommendations for inclusion within an organizational plan for reconciliation have been compiled from the literature, including a range of best practices and wise practices, and from perspective-sharing by representatives of local Indigenous-led organizations and individuals.

Health professionals are not expected to be cultural experts for all Indigenous Peoples. It is not possible for individuals to fully understand all the multi-faceted cultural components and nuances of multiple First Nations, Inuit and Metis communities. Rather it is important that professionals operate from the underlying principle of cultural humility which is a life-long learning journey that includes comfort with not knowing, openness to learning, and self-reflection.

Additionally, it is important to note that while the work and voice of health professionals (whether non-Indigenous or Indigenous) have value, it cannot be assumed that this perspective fully represents Indigenous people, families, and communities.

It needs to be emphasized that there is no homogenous Indigenous "community", but rather there are multiple unique Nations and communities (i.e., each with its own ancestral heritage, processes, protocols, culture, and language). During local conversations, that diversity was reflected in the perspectives and experiences that were shared.

An implementable action plan requires activities with timelines, outcomes and indicators. After review and approval of this initial plan, a sequence for implementation based on a logic model that includes timelines, outcomes and indicators can be developed.

Awareness and Education

The awareness and education activities are intended to develop individual skills for engagement and work with Indigenous populations, and also to support individual and organizational capacity building. In and of itself, participation in education does not lead to full competency for Indigenous-related public health practice, rather there is a need to understand and appreciate that knowledge as a precursor to any engagement activities. This requires ongoing education, reflection, and skill-building as part of a comprehensive plan, not one-time events. The basis of knowledge is truth, and the majority of Canadians have not been educated about the truth of colonial systems and structures, including the extensive impacts on Indigenous Peoples.

Activity
Ensure that staff development activities are based on the "wise practices" for Indigenous-specific cultural safety training. e.g. Practice #3: "Focus on power, privilege, & equity. Ground it in decolonizing & anti-racist pedagogy. Use principles of transformative education theory." (Churchill, et.al., 2017).
Provide learning opportunities for all levels of staff, including senior leadership, related to cultural competency, human rights, and anti-racism (TRC Calls to Action #23.iii. and #57). Additionally, offer education to members of the Board of Health.
Continue staff capacity building activities for Indigenous Public Health Practice as outlined in the approved Health Equity Staff Capacity Building Plan 2017-2020 (with ongoing adaptation as needed).
Provide learning opportunities for staff that extend beyond basic foundational learning, for example, the See Me Exhibit (an art installation related to Murdered and Missing Indigenous Women and Girls).
Include the principles of trauma and violence-informed care within learning opportunities.
Promote the use of culturally appropriate language and terminology (see Appendix A).
Promote public acknowledgement of traditional territories in a range of venues, e.g. at all HU-wide events, as part of email signatures, with a sign in Health Unit lobbies, on the home page of the MLHU website.
Encourage individual action to learn about Indigenous history broadly (e.g. reading of the TRC's Calls to Action) and locally (e.g. Mount Elgin Residential School, the three neighbouring First Nations). An example of individual action would be reading Indigenous authors as one way to expand perspective. A sample reading list is in Appendix B.

Promote ongoing reflection on Indigenous concepts of well-being and worldview, as well as self-reflection to further develop cultural humility as an approach to incorporate into practice.

Develop reciprocal training, orientation, and/or knowledge sharing activities with Indigenous organizations and/or neighbouring First Nations, as relevant.

Supportive Environments

Cultural safety training programs cannot work in isolation; system level support is required for accountability and organizational transformation (Churchill, et.al., 2017). To that end, leadership plays a key role in the development of supportive environments so that staff can work towards the reduction of health inequities within Indigenous populations. In addition, a supportive environment includes the provision of a welcoming atmosphere to all people entering the Health Unit buildings. This is primarily achieved through the development of skills and capacity in Health Unit staff (see above); one recommendation (as an example) related to creating a physical space which is "welcoming" is provided here.

Activity
Develop a MLHU vision that is specific to reconciliation.
Develop a framework and/or guiding principles as a basis for developing and practicing respect and understanding; acknowledge that each First Nation may have its own process and protocol for engaging and working with HU staff.
Develop explicit and intentional plans based on the above vision, framework and principles to guide staff in relationship-building and engagement activities. Include Indigenous worldview and knowledge through the support of local Elders, Healers, Knowledge Keepers, and Cultural Teachers. Identify key supporters for specific actions contained within the recommendations.
Develop an internal inventory to increase awareness and understanding of existing work with Indigenous populations and to promote connections between teams and divisions (see Appendix C).
Support the development of internal partnerships (when/as appropriate) to address identified prioritized issues and to improve program and service delivery.
Develop and maintain a repository of resources for posting on the HUB (see Appendix D as a sample).
Encourage and support attendance and/or participation at local Indigenous-led events (e.g. National Indigenous Peoples Day-June 21, Orange Shirt Day-September 30, Missing and Murdered Indigenous Women and Girls Memorial-February 14).
Ensure that opportunities for reflective practice related to Indigenous Public Health Practice are incorporated into regular supervision meetings and team meetings.
Develop and maintain a community of practice, such as a "white settler" community of practice. This would promote enhanced sharing and reflection related to racism, colonialism, power and privilege in a safe space.

Develop a "reconcili-ACTION" group, as referenced by the TRC. Such a group could act as a working group with a core function of building and maintaining momentum for reconciliation over time.
Continue to promote and provide client-centred care, which is inclusive of the principles of trauma and violence-informed care.
Continue to provide adequate funding and resources for the development and maintenance of activities to support cultural safety and cultural humility.
Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.
Build cultural safety and cultural humility principles into all communications messages. This includes the use of culturally respectful, audience-identified terminology.
Include artwork/posters, produced by local Indigenous artists and photographers, within the lobbies and hallways of Health Unit sites.

Relationships

Establishing effective and respectful relationships is fundamental to reconciliation efforts and to improve health-related outcomes. Relationships are built on connections and the development of trust within First Nations communities and with Indigenous-led organizations working with individuals and communities. The importance of taking time, not rushing, and not jumping to premature action is frequently mentioned, both in the literature and by local community members.

Understanding Indigenous cultural protocols so that they can be put into action is a key principle of respectful relationships (Social Compass, 2016).

Activity
Work towards having an honest and authentic presence in a First Nation and/or Indigenous-led organization(s). This includes being upfront about intentions and getting to know a community or organization on a deeper level, moving past the barrier of "professionalism" that may impede relationship building.
Ensure that communication includes: an open and respectful style, time for listening and meaningful discussion, face-to-face dialogue, community visits, cultural protocol for meetings.
Incorporate strategies and recommendations from the *Relationship with Indigenous Communities Guideline, 2018* (Population and Public Health Division, Ministry of Health & Long-Term Care), as appropriate to MLHU context.
Develop guiding principles for ongoing and future engagement beyond what is contained in the *Relationship with Indigenous Communities Guideline, 2018* document to be specific to MLHU context, with direction from local Indigenous representatives.
When collaborating with and/or seeking direction from Indigenous communities or organizations, incorporate flexible timeframes with the recognition that there may be competing priorities and limited resources, and that consultations and approvals contained within internal processes may take time.
Develop and maintain a contact list of people, communities and organizations that are willing to collaborate with the Health Unit in the reconciliation process; this should be reciprocally- based and may require the strengthening and/or expansion of relationships.
Recognize and acknowledge resiliency and existing strengths within Indigenous communities.
Provide dedicated funding to respect and honour Indigenous protocols and traditions (e.g. Elder honoraria, gifts, traditional tobacco).

Use validation processes to ensure a more holistic view from multiple and diverse perspectives.

Strengthen and further develop relationships with the Local Health Integration Network, Indigenous Health Lead, to explore and/or deepen connections between public health and the LHIN and to avoid duplication (e.g. Indigenous roadmap for renewal and reconciliation, Indigenous Health Committee).

Explore the development of a community advisory board (e.g. Indigenous Health Advisory Circle (Toronto) which is a permanent, community-led health advisory circle). As the LHIN already has an Indigenous Health Committee, this requires further information in relation to purpose, potential overlap, and other factors.

Establish connections with the Indigenous Health Policy and Stakeholder Relations Lead (a position within the Indigenous Primary Health Care Council, a new Indigenous-governed, culture-based, and Indigenous-informed organization).

Consider the development of a Middlesex-London Indigenous Health Strategy. This would require participation with municipalities, First Nations, and other community partners. Multiple factors need to be considered including purpose, benefits, and whether the Health Unit should be positioned as a participant or lead.

Research

Indigenous Peoples have a history of being subjected to traumatizing and dehumanizing research practices throughout the colonization process. Existing Indigenous methodologies, knowledge, and protocols have not been considered "legitimate" based on the predominant Western perspective. The focus on Western-based research means that significant evidence has been and can be overlooked.

These recommendations are intended to change the focus of any Health Unit data collection and/or research to recognize the primacy of self-determination for Indigenous populations.

Activity
Respect principles of OCAP® (ownership, control, access, possession) regarding "how First Nations data should be collected, protected, used, or shared. They are the *de facto* standard for how to conduct research with First Nations." (First Nations Information Governance Centre).
Review the 15 recommendations from the Provincial "Three Ribbon" Expert Consensus Panel for consideration into MLHU evaluation activities.
Establish and monitor health indicators as identified by TRC Calls to Action #19 and #55iv, in order to determine progress in closing the gap between Indigenous and non-Indigenous communities (i.e., infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, availability of appropriate health services) as appropriate to public health and population health.
Respect Indigenous approaches to knowledge and learning. Identify potential opportunities for MLHU to participate in building on the existing evidence base, and ensure MLHU uses and supports approaches that work for improving health outcomes for Indigenous Peoples.
Develop communication protocols, based on direction from involved Indigenous partners, for ways of reporting to communities. Include how the community can access any Indigenous health data that the Health Unit may be holding.
Use and incorporate findings of the "Our Health Counts" project (specific to London site) as it becomes available.
Use a collaborative, rather than consultative, approach if/when decisions are made to conduct research; include acknowledgement of previous adverse research experiences, including history of "being done onto rather than done with".
Develop measures to assess cultural safety and humility across the Health Unit, as part of quality improvement. This can be an inclusive process that includes mixed method approaches to evaluation. A potential tool for further exploration is the Waawiyeyaa Evaluation Tool.

Workforce Development

Recommendations for workforce development relate to two aspects, those related to existing staff, and those that are focused on increasing the diversity of staff to a more proportionate representation of Indigenous populations.

Activity
Develop initiatives and establish policies to support the recruitment and retention of employees that identify as Indigenous at all levels, including administrative and senior levels within the organization (related to TRC Calls to Action #23i). For example, recruitment can make use of the "recruiting pipeline" through universities and colleges.
Include mandatory education as part of the orientation process for all new hires.
Incorporate completion of education components into performance management. Include cultural safety and humility indicators within performance appraisals.
Offer mentorship opportunities by Indigenous people with non-Indigenous staff to support culturally safe practices.
Consider having a dedicated position to advance the approved recommendations and activities of the organizational reconciliation plan. This would include consideration of the best placement of the role within the organizational structure, and the need for supporting infrastructure for the role.
When developing and reviewing internal policies, seek out Indigenous perspectives.
Develop an anti-racism and discrimination policy. Consider an accompanying "whistle-blower" policy. A "whistle-blower" policy can support those who are in the position of observing discriminatory and/or racist actions, but are not comfortable interrupting the situation. Such discomfort may be related to power differentials and the policy would serve a protective function.

Governance

The Government of Ontario and the Chiefs of Ontario signed a Political Accord in 2015 that affirms that First Nations have an inherent right to self-government. Related to health, the Minister of Health in February 2018 stated that the "…ultimate goal is a health-care system where these decisions are no longer made by the provincial government" and that this is expected to happen within a matter of years. The goal of self-determination and sovereignty may be defined differently by individual First Nations and Indigenous-led organizations. Formal models of working together, such as Memos of Understanding and Section 50 agreements, are possibilities for further exploration.

The recommendations provide options to support self-determination as much as possible while this shift is occurring.

Activity
Follow any formal protocols existing within First Nations and Indigenous-led organizations (e.g. when building relationship, when working in partnership).
Identify informal opportunities to support the principle of self-determination (i.e. partnerships to be beneficial to Indigenous organizations/communities and Indigenous-driven).
Develop mutual accountability agreements, as appropriate for any jointly planned and developed programs and services.
Develop a Health Unit position statement to publicly acknowledge support for the Truth Reconciliation Commission's Calls to Action, and the related resolutions by the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (alPHa).
Engage with Board of Health members to increase their understanding of the TRC's Calls to Action, including roles for public health (i.e. becoming allies).
Initiate process to explore interest in the development of Health Promotion and Protection Act Section 50 agreements.

Equitable Access and Service Delivery

There are multiple stories about experiences in the local health care system that illustrate negative assumptions, stereotyping, and racism directed towards Indigenous Peoples. Previous negative hospital experiences and historical trauma have contributed to mistrust of the health system. There is ongoing ambiguity around jurisdictional issues, and there can challenges related to jurisdiction between urban organizations and First Nations.

The funding structure for public health may not be clearly understood by local First Nations and Indigenous-led organizations, in that there can be perceived competition for money from the Indigenous "funding pot".

Activity
Develop Indigenous-specific programs and/or services, using a co-creation process, with Indigenous-led organizations and First Nations communities, if and when such programming is desired and deemed appropriate by these organizations and/or Nations.
Clarify all funding sources during the development process for collaborative Indigenous-related programs and/or services. Transparency about funding and operational expenses is important to the relationship-building process.
Take visible action, specifically the clear identification of an agency response through the use of policy, to engage and confront racism in demonstrable ways. Ensure that each instance of stereotyping, discrimination and racism within the organization receives an appropriate response.
Develop culturally-safe complaints processes.
Integrate processes related to complaints into quality improvement and accreditation processes.
Explore additional frameworks and approaches to address gaps in health disparities, e.g. "Indigenizing Psychology and Western Medicine", which uses working in a collaborative approach to provide services and resources for Indigenous people effectively and efficiently.

Community Conversations

Listening to the perspectives of local First Nations, Indigenous-led organizations, and individuals is an essential component to the development of any organizational plan for reconciliation. Throughout the course of unstructured one-to-one conversations with local individuals, extensive experiences and diverse thoughts were shared related to the Health Unit's intent to develop such a reconciliation plan.

Some larger contextual perspectives and questions which were shared included the following:
- a culture shift is needed first and it takes significant time to make such a shift
- there is a need to incorporate flexibility within timelines for both the overall plan development and any recommendations; "things" will emerge as the process develops and there needs to be the ability to respond and adjust the plan and recommendations to those changes
- there have been experiences of not being listened to during consultation processes; consultation should not be a "one-time thing"
- there is considerable value in the co-creation of an organizational plan, particularly in terms of any resulting actions to be developed
- using a collaborative model supports communities and organizations who expressed a need for allies, including those with institutional power
- how Indigenous health equity is framed is important. Step back and ask such questions as: "Why are we in such a position today with such great disparities in health between Indigenous and non-Indigenous peoples?" "Why has nothing changed given the amount of investment in resources?"
- continue to ask about unintended consequences when trying to change the system

Shared local perspectives were frequently aligned with the direction found within the TRC's Calls to Action, and findings in both research and grey literature. The above recommendations incorporate these shared perspectives. The diversity and depth of these local perspectives, as outlined below, expands further on the identified themes.

Awareness and Education
The acknowledgement of "truth" needs to come before anything else. Such truth includes education about what has happened and what continues to happen, not what has been taught in the provincial education system. Acknowledging truth requires a willingness to go deep into the reality of Canada and its founding. Education is foundational, and focusing on education first is considered an excellent approach so that individuals have a strong understanding as a basis for further learning. It was expressed that the on-line *Core Online Indigenous Cultural Safety Training* is considered to be an emerging best practice. Other modules and workshops from the Ontario Indigenous Cultural Safety Program, such as *Roots of Tolerance,* are available for consideration.

There were consistent comments that though on-line learning platforms are a positive starting point, learning by experiential learning and meaningful conversations is needed to deepen empathy, as well as understanding and appreciation of colonial structures and systems and their impact. It was noted that one-time education sessions are not enough, and since single sessions cannot be comprehensive, they may in fact contribute to resistance. Getting all of senior leadership and the Board of Health educated is a valuable first step to increase support and decrease any potential resistance at a staff level. Education is important before

approaching organizations and/or communities for engagement; otherwise the Indigenous person is put in the position of having to do that education before anything else can happen.

Even after individuals become more aware and educated, complacency can develop, so there is a need for ongoing work related to learning in order to achieve a true shift in support of reconciliation. Knowledge progression can occur from the completion of a core module (i.e., ICST) to then include local cultural knowledge and context. It was recommended to get to critical mass or a "tipping point" before moving beyond the core ICST module to other education interventions.

Throughout the conversations, specific suggestions were made as to what should be part of offered education, such as:
- extending the focus of understanding to beyond the impact of residential schools to include the resiliency and vibrancy that Indigenous communities offer
- providing content that leads to a full understanding of what happened at residential schools (e.g., nutrition experiments) and the ongoing impact of those experiences, including intergenerational pain and trauma
- including "real history" that is frank, open, and honest, and brings forward the underlying issues prior to the time of Confederation
- the understanding of protocols, such as protocols with elders and differing protocols of Nations
- deepening the understanding of the diversity between and within the several hundred First Nations that are part of what is now Canada. This is needed to move away from the stereotypical images and beliefs of the "pan-Canadian Indian".
- the value and importance of compassion, including that compassion may get lost due to Western teachings that emphasize professionalism
- the importance of "meeting a person's needs where they are at" when working with individuals and families
- the acknowledgement of the privilege that settlers have and have benefitted from
- how the colonial system, based on power and control, has created a system of dependency and co-dependency; change the focus to empowerment when working with individuals and consider "how are we going to empower?"
- the recognition that previous generations did not have a voice. Some Indigenous people have a voice now, but as a population, Indigenous Peoples continue to tend to be invisible.
- considering and including factors of why there is mistrust in the current health system
- include concepts about health, that health is mind, heart, spirit and body; food and ceremony are medicines. The Western system has strongly focused on the body and is resistant to the Indigenous health system.
- that disconnection from the earth, from themselves, and from each other all contribute to sickness, as does pain and trauma. Symptoms of disconnection are then passed along to the next generation.

Supportive Environments
The importance of visible leadership support at every level within the organization is necessary for the organization to make progress. Additionally, it must be recognized that the constraints of organizational structures can potentially impede the work of any staff who are practising and/or advancing culturally-safe practice; trying to work within the mainstream system to reverse colonial practices can present many challenges.

Identifying key supporters of specific activities and actions related to the recommendations can help to advance the process. The provision of time and removing barriers to completion of education and awareness-raising components in the plan is also key. Some concern was expressed that recommendations can end up "sitting on a shelf" with no resulting actions, and that it is important not to let this happen.

Relationships
Time is needed for relationship development and the process cannot be rushed; caution about moving too fast was expressed frequently. It is important to get to know the community first when wanting to approach it and its members (e.g., have current knowledge of who are the Chief and Council members). As part of getting to know the community, there should be the development of knowledge and understanding of existing working relationships between and among each other (First Nations and urban organizations).

Being open to talking, listening and learning from each other are all part of developing a comfort level and the building of trust. Colonial practice is normative so there can be assumptions that Indigenous Peoples don't know what they need. Whoever is involved with engagement activities needs to be well-versed (i.e., humble, respectful, a listener who is willing to spend time without pushing their own agenda). Rebuilding of relationship and taking action means taking responsibility for the systems and conditions that we create and perpetuate.

There needs to be a purpose for the relationship, not just because a relationship is mandated. True commitment to relationship-building requires an honest approach; the community knows who is real and who is without true and deep understanding. An approach without real commitment leads to loss of credibility at the time as well as going forward. A strong(er) relationship can be the by-product of a tangible meaningful project and/or proposal. Co-creation is an important element for the building of relationship.

Several examples of positive relationships and successful partnerships with the Health Unit were provided, such as the establishment of the dental clinic at the 50 King Street site; collaboration around the set-up of the Temporary Overdose Prevention Site (TOPS) and the proposed Supervised Consumption Facilities (SCF); responsiveness of the Health Unit when called upon related to communicable disease follow-up, Naloxone training, immunization, and presentations at health fairs. Interest was expressed in working together more, potentially in areas of chronic disease prevention; support for capacity-building around evaluation components; and support for knowledge and skills development, especially in relation to mental health. Sharing information about relevant in-services and resources available from the Health Unit can be supportive to relationship building and maintenance. There is openness to support from the Health Unit on the basis of "if and when" it is asked for.

Two resources of potential use for the reconciliation plan were suggested: i) the Chiefs of Ontario annual reports address work being done by them, including relationship with public health, and ii) a document currently in development about relationship and working with Aboriginal Access Health Centres for public health.

Three of the recommendations mention the South West Local Health Integration Network (SW LHIN) specifically. Conversation with the Indigenous Health Lead noted that the opportunities for collaboration are very strong. As the Indigenous Health Lead is in process of leaving the

SW LHIN, this requires further exploration when a new lead has been identified and established.

Research
Health and health care are strongly evidence-based. When the focus is on Western-based research, significant evidence can be missed, so it is important to consider "whose evidence is this?" Scholars are speaking now of Indigenous determinants of health, whereas what has previously been missing is the colonial context and the presence of anti-Indigenous racism in health care. There are almost no "best practices" from a Western perspective, but there are emerging practices.

The *Our Health Counts* project (London site) and the EQUIP study were mentioned as sources of data and evidence. It is anticipated that the *Our Health Counts* project will be releasing selected findings and data in the near future that will be helpful for planning and more accurate understanding of local populations.

Interest was expressed in mutual sharing (e.g., survey results) and learning from each other. The principles of OCAP (ownership, control, access, possession) are to be respected.

Workforce Development
Barriers to post-secondary education were noted as one area that impacts the potential number of Indigenous health professionals. For those who do pursue higher education in the health field, there can be resulting challenges related to maintaining Indigenous identity while working within the existing colonial teachings and structures of "health".

A practical strategy of using the "recruiting pipeline" within universities was suggested, as was the need for awareness and understanding of unconscious bias during the hiring process.

Overall workforce development needs to be addressed from a structural level. An organizational plan and resulting actions do not necessarily need to be solely Indigenous-led. The overarching goal is to deepen understanding and actions regardless of who is leading. A collaborative model for change recognizes an expressed need for allies, including those with institutional power.

As well as having the lead role appropriately placed within the organization structure, such a dedicated position requires supporting infrastructure. An example of a common mistake is the placement of an Indigenous person in a strategy lead role, but then placing that individual in a junior role without authority. That person can become caught between the community and organizational requirements and demands. Other staff may feel that they do not need to do anything themselves if actions are seen as the responsibility of the lead role. As well, staff may wait for the Indigenous person to always speak up first and to do most of the speaking. Even if this is coming from good intentions with a belief of being respectful, everyone has a responsibility to speak and act as an ally.   Planning is needed to prevent such a lead role from devolving into one person being responsible for "all things Indigenous". "Burnout" can more easily happen when the lead is in a junior role. There are better results if such a role is a senior position; if the opportunity for the position to be at that level currently does not exist, serious consideration should be given to capacity building to achieve that end.
Two frameworks related to workforce development were suggested for review: the NUKA framework from Alaska, and one from the Centre for Addiction and Mental Health (CAMH).

Governance

High level political aspects cannot be overlooked when developing a reconciliation plan. The goal of self-determination and sovereignty may be defined differently by different First Nations. The following points were shared to illustrate further contextual aspects in relation to governance and potential impacts on thinking about reconciliation.

- Think about true self-determination in relation to traditional forms of government. The current on-reserve governance structure of elected Chief and Council have been imposed by the Indian Act
- A Nation-to Nation relationship is direct between Canada and the various First Nations with co-governance as a goal
- First Nations governments' goal is to reach complete autonomy and are not interested in devolving that authority to anyone else. This involves the unravelling of the current constitutional framework
- The lengthy oppression of South Africa and resulting governmental changes is an example of reconciliation that could be examined
- There are negative perceptions (i.e., seen as too much talking and not enough action) for some grassroots Indigenous community members around the Chiefs of Ontario as a political entity
- Models of working with public health can include formal Memos of Understanding between the health unit and an individual First Nation, as well as Section 50 (Health Promotion and Protection Act) agreements. A question was raised as to how existing Section 50 agreements at other Health Units have been operationalized and how well they are functioning.

Equitable Access and Service Delivery

The impacts of historical trauma, stereotyping, current negative experiences and racism within the healthcare system are major contributors to existing health disparities and inequities. Transportation and language barriers to accessing services continue to exist. It was noted that there can be confusion in primary care settings about supports available through the non-insured health benefit program which in turn can result in inconsistency in working with First Nation clients and/or health centres. There can also be confusion related to geographic boundaries as First Nations territories are not necessarily aligned with administrative boundaries of public health units. Both of these examples reinforce the need for increased knowledge and clarity when public health services are being offered.

Within First Nation communities, the building of wrap-around services for individuals can be limited by funding and human resources. Ideally, community members have options in terms of what health approach is best for them, whether a Western approach, a traditional healer and/or turning to a natural leader in the community for support. This can pose a challenge in trying to achieve balance between Western approaches and traditional approaches within a First Nation community.

It was noted that there is some ongoing ambiguity around jurisdictional issues which may include challenges within First Nations administration, as well as between urban organizations and First Nations. It was commented that the exercising of jurisdiction is of great importance as there can be too much deferral to white organizational authority.

The development of a palliative care team (work of the LHIN Indigenous Health Committee) was shared as an example of successful shift in the system from a service being LHIN-led to Indigenous-led (SOAHAC) that is already having visible impact.

There are examples of organizations, including health care, that have used approaches of Indigenizing Psychology and Western Medicine to address gaps in health disparities and to take a proactive approach to improving supports for Indigenous people who engage in the health system.

Appendix A – Glossary of Indigenous-Related Terminology

Glossary of Indigenous-Related Terms
June 2018

Language is a powerful tool. Public health staff are in a position of power and the language that we use can, and does, impact our clients, whether at an individual or community level.

The correct use of terminology when referring to Indigenous peoples in Canada demonstrates efforts to go beyond the misrepresentations and stereotypes that have been taught over the years by mainstream institutions that have upheld oppressive systems and isolated communities. Through use of appropriate language, we begin to engage in a process of solidarity with Indigenous communities and we educate ourselves on the hundreds of nations that live and walk beside us. Many Indigenous people prefer to be called by their specific nation. For example, "I am Ojibwe from Chippewas of the Thames or Mohawk from Six Nations or Algonquian from Pikwakanagan."

When referring to nations by their proper name, we begin to breakdown generalizations, labels, and overarching terminology that further leads to the false homogeneity that has led to the "one size fits all" approach. Indigenous communities across Canada are very diverse consisting of hundreds of nations with their own distinct dialects, languages, culture, customs and spiritual practices.

As language is continually evolving, it is helpful to stop and check yourself periodically. Some phrases or words that were used to refer to or label people in the past are now considered out-dated, insensitive and offensive.

There are various glossaries available from academia, Indigenous organizations, training centres, and so on related to Indigenous-related terms. This list has terminology selected primarily from the following:

- o Indigenous Peoples: A Guide to Terminology. (2015). Indigenous Corporate Training
  https://www.ictinc.ca/aboriginal-peoples-a-guide-to-terminology

- o University of Alberta Native Studies Glossary. (2015).
  https://www.ualberta.ca/admissions-programs/online-courses/indigenous-canada/glossary

- o Terminology Guidelines. (June 2012). National Aboriginal Health Organization (NAHO)

- o City of Saskatoon Communications Guide (May 2017)
  https://www.saskatoon.ca/sites/default/files/documents/community-services/planning-development/ayisinowak_a_communications_guide_web.pdf

- o Relationship with Indigenous Communities Guideline. (2018). Ministry of Health and Long-Term Care

Each of these glossaries in their entirety are available via the provided links with the exception of NAHO. NAHO closed in 2012 related to funding, but as part of their closure the agreement was to keep the NAHO website in place for five years. NAHO materials are no longer available online as of December 2017.

This glossary will be reviewed and revised as needed. If you have terminology that you believe should be added, please contact the Indigenous Health Coordinator, Health Equity Core Team, Office of the Chief Nursing Officer.

Some general notes about terminology:

    i.   Whenever possible, try to use specific identities of Nations to more accurately capture the unique aspects of each Nation and their people.

    ii.   Indigenous Peoples are heterogeneous and there is not agreement by all Nations on all of the terms below. Differing options and rationale are included as much as possible within each term.

    iii.   Some of these terms are based within the legal and constitutional systems, such as the Indian Act of 1876.

    iv.   Use of the term "Indian". "The term Indian is considered outdated by many people, and there is much debate over whether to continue using this term. Use First Nation instead of Indian, except in the following cases:
- in direct quotations
- when citing titles of books, works of art, etc.
- in discussions of history where necessary for clarity and accuracy
- in discussions of some legal/constitutional matters requiring precision in terminology
- in discussions of rights and benefits provided on the basis of Indian status or
- in statistical information collected using these categories (e.g. the census)" *(Terminology Guidelines, NAHO)*
Local input has suggested an additional point to this list, which is that the use of "Indian" is also acceptable in discussions and research of treaty agreements.

    v.   If any of the sourced definitions included details about grammar, punctuation or usage, this info has been included with the definition.

    vi.   Multiple definitions are included with some terms so that you can see similarities and differences between them. You will also see some evolution of terminology over time. For example, in 2012, NAHO talks about "Aboriginal" as the preferred term and notes that Indigenous is not a term that is commonly used in Canada but is used more internationally. That has changed and Indigenous is the preferred term by many groups, including the federal government and the provincial government of Ontario.

    vii.   Regarding punctuation, the following perspective is from *Indigenous Peoples: A Guide to Terminology.* "Always capitalize Indigenous, Aboriginal, First Nation, Inuit, Métis as a sign of respect the same way that English, French and Spanish etc. are

capitalized. Avoid using possessive phrases like "Canada's Indigenous Peoples" or "our Indigenous Peoples" as that has connotations of ownership. Perhaps go with "Indigenous Peoples of Canada". We're not sure why, but the plural possessive for First Nations, Indigenous Peoples, Aboriginal Peoples does not generally use the apostrophe so you won't see, for example, "First Nations' land". Both Métis and Metis are in use. Go with what the people you are working with use. We harken back to our main terminology training tip here which is "always go with what people are calling themselves". It requires some research but it will be worth the effort."

viii.   No culture remains static, but continually evolves over time. As Indigenous Peoples continue to decolonize their lives, they are free to choose what they would like to be called to reflect that evolving state of being. As time goes on, Indigenous Peoples are acquiring more knowledge and reclaiming their identities. Within the shifting of names, they are reinstating their freedom to choose.

Terminology

Aboriginal Peoples: " 'Aboriginal Peoples' is a collective name for all of the original Peoples of Canada and their descendants. The Canadian Constitution Act of 1982 specifies that the Aboriginal Peoples in Canada consist of three groups: Indians (First Nations), Inuit and Metis. The term 'Indigenous' is increasingly preferred in Canada over the term 'Aboriginal'. Ontario's current practice is to use the term Indigenous when referring to First Nations, Metis and Inuit Peoples as a group, and to refer to specific communities whenever possible. *(Relationship with Indigenous Communities Guideline)*

"Aboriginal Peoples" is a collective name for all of the original peoples of Canada and their descendants. Section 35 of the Constitution Act of 1982 specifies that the Aboriginal Peoples in Canada consist of three groups - Indian (First Nations), Inuit and Metis. It should not be used to describe only one or two of the groups." *(Terminology Guidelines, NAHO)*

"The collective noun used in the Constitution Act 1982 and includes the Indian (or First Nations), Inuit and Metis Peoples so legally it will always have a place at the terminology table.
Can:
- Use interchangeably with First Peoples
- Use interchangeably with First Nations
- Use interchangeably with Indigenous Peoples
Caution: If using interchangeably with First Nations note that some First Nations prefer not to be called Aboriginal Peoples. If using this term, it should always be Aboriginal Peoples together as opposed to Aboriginal or Aboriginals." *(Indigenous Peoples: A Guide to Terminology)*

"The descendants of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Aboriginal Peoples: Indian, Metis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs." *(City of Saskatoon Communications Guide)*

Anishinaabe: "Anishinaabe (or the pluralized term Anishinaabeg) is the name of an Indigenous cultural group consisting of Odawa, Ojibway, Potawatomi, and Algonquin Indigenous peoples. Anishinaabeg peoples' traditional territories span the geographic area of the Northeast and sub-arctic regions of Canada and the United States." *(University of Alberta Native Studies)*
Please note that Algonquin is a language family.

Band: "A band is a community of Indians for whom lands have been set apart and for whom the Crown holds money. It is a body of Indians declared by the Governor-in-Council to be a band for the purposes of the Indian Act. Many bands today prefer to be called First Nations and have changed their name to incorporate First Nation…" *(Terminology Guidelines, NAHO)*
Locally, preferred terminology may include Settlement or First Nation.

"A group of First Nations peoples for whom lands have been set apart and money is held by the Crown…. the members of a band generally share common values, traditions and practices rooted in their ancestral heritage….many bands prefer to be known as First Nations." *(City of Saskatoon Communications Guide)*
Additional note: Language heritage can be considered as part of ancestral heritage or noted separately. Although the loss of language due to residential schools has been

significant, there are many initiatives and language revitalization efforts in place. Such revitalization needs to continue to be prioritized. The United Nations has deemed 2019 as the "Year of Indigenous Languages".

"The Indian Act defines 'Band', in part, as a body of Indians for whose use and benefit in common, lands have been set apart. Each Band has its own governing Band Council, usually consisting of a Chief and several councillors. The members of the Band usually share common values, traditions and practices rooted in their language and ancestral heritage. Today, many Bands prefer to be known as First Nations. Capitalize "Band" when it is part of a specific band, such as Osoyoos Indian Band, otherwise, use lowercase. *(Indigenous Peoples: A Guide to Terminology)*

Band Council: "This is the governing body for a band. It usually consists of a chief and councillors who are elected for two or three-year terms (under the Indian Act or band custom) to carry out band business, which may include education, health, water and sewer, fire services, community buildings, schools, roads, and other community businesses and services. Unless you are naming a specific band (e.g. the Bonaparte Indian Band), the word band should remain lowercase." *(Terminology Guidelines, NAHO)*

"The Band's governing body. Community members choose the Chief and councillors by election under section 74 of the Indian Act, or through traditional custom. The Band Council's powers vary with each band." *(Indigenous Peoples: A Guide to Terminology)*

Chief: "There are two classifications of Chief:
    Band Chief: A person elected by Band members to govern for a specified term. Under the specifications of the Indian Act, First Nations must have an election every two years.
    Hereditary Chief: A Hereditary Chief is a leader who has power passed down from one generation to the next along blood lines or other cultural protocols, similar to European royalty." *(Indigenous Peoples: A Guide to Terminology)*

Collective Rights: "Collective rights refers to the Constitutional recognition that Aboriginal peoples possess unique rights which are 'recognized and affirmed' under Section 35." *(University of Alberta Native Studies)*

Colonization: "The act or policy of colonizing; to bring settlers into a country; to make a country into a colony." *(City of Saskatoon Communications Guide)*

"Colonization is a process of establishing a colony in a foreign territory." *(University of Alberta Native Studies)*

Duties: "Aboriginal rights possess duties such as consultation, accommodations, honour of the crown, and fiduciary that help guide legal action." *(University of Alberta Native Studies)*

Elder: "Elders are recognized because they have earned the respect of their community through wisdom, harmony and balance of their actions in their teachings. Elders try to instill respect in their community members for the natural world and that the earth is their mother." *(Indigenous Peoples: A Guide to Terminology)*

"A person who has earned the right to be recognized as an Elder in his/her community and/or in other First Nations communities. Most have a variety of special gifts they have acquired and earned. These Elders have the ability to pass on traditional teachings and provide spiritual guidance." *(City of Saskatoon Communications Guide)*

Fiduciary obligation: "A legal duty described by the Supreme Court as the obligation of one party to look after the well-being of another. Canada has fiduciary obligations to Aboriginal people, meaning that Canada must consult and negotiate with Aboriginal people whenever their interests are concerned." *(Indigenous Peoples: A Guide to Terminology)*

First Nations: "This term generally applies to individuals both with or without Status under the federal Indian Act and therefore should be used carefully in order to avoid confusion. For example, when talking about a program that applies only to Status Indian youth, avoid using the term 'First Nation'. The term 'First Nation' should not be used as a synonym for Aboriginal or Indigenous people because it does not include Inuit or Metis. Some communities have adopted 'First Nation' to replace the term 'band'. Despite the widespread use, there is no legal definition for this term in Canada. There are 133 First Nation communities in Ontario, 127 of which are recognized by the federal Indian Act." *(Relationship with Indigenous Communities Guideline)*

"The term First Nations came into common usage in the early 1980s to replace band or Indian, which some people found offensive. Despite its widespread use, there is no legal definition for this term in Canada. Many people prefer to be called First Nations or First Nations People instead of Indians. The term should not be used as a synonym for Aboriginal Peoples because it doesn't include Inuit or Metis…" *(Terminology Guidelines, NAHO)*

"First Nation is a term used to identify Indigenous peoples of Canada who are neither Métis nor Inuit. This term came into common usage in the 1970s to replace the term "Indian" and "Indian band" which many find offensive. First Nations people includes both status and non-status Indians so there's a need to be careful with its usage, especially if in reference to programs that are specifically for status Indians. There is no legal definition for First Nation and it is acceptable as both a noun and a modifier.
Can:
- Use to refer to a single band or the plural First Nations for many bands
- Use "First Nation community" as a respectful alternative phrase
- Use instead of "Indian" when referring to an individual
Caution:
- If using interchangeably with Aboriginal Peoples as some First Nations people don't like the term Aboriginal Peoples.
- If using interchangeably with First Nations as some may have more preference for Indigenous Peoples, for example First Nation communities in Ontario have expressed publicly and politically that they prefer Indigenous Peoples" *(Indigenous Peoples: A Guide to Terminology)*

 "…Although the term 'First Nation' is widely used, no legal definition of it exists. Among its uses, the term 'First Nations peoples' refers to the descendants of the original inhabitants of Canada. The term 'First Nation' has also been adopted to replace the word 'band' in the name of communities." *(City of Saskatoon Communications Guide)*

Friendship Centres: "First established in 1951, Friendship Centres work to address the needs of urban and recently urbanized First Nations, Metis and Inuit. Friendship Centres acts as hubs of Indigenous culture and provide information on employment and housing opportunities, spaces for ceremony and organize community-building activities." *(University of Alberta Native Studies)*

"Friendship Centres are community hubs where Indigenous people living in towns, cities, and urban centres can access culturally-based and culturally-appropriate programs and services every day. Today, Friendship Centres are dynamic hubs of economic and social convergence that create space for Indigenous communities to thrive. Friendship Centres are idea incubators for young Indigenous people attaining their education and employment goals, they are sites of cultural resurgence for Indigenous families who want to raise their children to be proud of who they are, and they are safe havens for Indigenous community members requiring supports… programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research, and more. Friendship Centres receive their mandate from their communities, and they are inclusive of all Indigenous people – First Nation, Status/Non-Status, Métis, Inuit, and those who self-identify as Indigenous." *(Ontario Federation of Indigenous Friendship Centres,* http://www.ofifc.org/)

"The N'Amerind (London) Friendship Centre is a non-profit organization committed to the promotion of physical, intellectual, emotional and spiritual well-being of Native people and in particular, Urban Native People. The commitment is realized through the implementation of culturally relevant programs aimed at social, recreational and educational needs, at developing leadership, at increasing awareness levels of native heritage, establishing resources for community development, and in promoting the development of urban aboriginal self-governing institutions." *(N'Amerind Friendship Centre,* http://www.namerind.on.ca/) N'Amerind Friendship Centre is located at 260 Colborne Street, London.

Indian: "…Indian Peoples are First Nation Peoples recognized as Aboriginal in the Canadian Constitution Act of 1982. In addition, three categories apply to Indians in Canada: Status Indians, Non-Status Indians, and Treaty Indians. The term "Indian" refers to the legal identity of a First Nations person who is registered under the federal Indian Act. The term 'Indian' should be used only when referring to a First Nations person with status under the Indian Act, and only within its legal context. Aside from this specific legal context, the term 'Indian' in Canada is consider outdated and maybe considered offensive due to it complex and often idiosyncratic colonial use in governing identity through this legislation and a myriad of other distinctions (i.e., 'treaty' and 'non-treaty', etc.)" *(Relationship with Indigenous Communities Guideline)*

"A person who is registered as an Indian or is entitled to be registered as an Indian under the *Indian Act*. A term that describes all the Aboriginal People in Canada who are not Inuit or Metis. Indian peoples are one of three groups of people recognized as Aboriginal in the *Constitution Act,* 1982. There are three definitions that apply to Indians in Canada: Status Indians, Non-Status Indians and Treaty Indians. The use of the term "Indian" has declined since the 1970s, when the term "First Nation" came into common usage." *(City of Saskatoon Communications Guide)*

"The term Indian collectively describes all the Indigenous People in Canada who are not Inuit or Metis. Indian Peoples are one of three peoples recognized as Aboriginal in the Constitution Act of 1982 along with Inuit and Metis. In addition, three categories apply to Indians in

Canada: Status Indians, Non-Status Indians and Treaty Indians….” *(Terminology Guidelines, NAHO)*

“'Indian' is the legal identity of an Indigenous person who is registered under the Indian Act.
Can:
- Use in direct quotations
- Use when citing titles of books, works of art, etc.
- Use in discussions of history where necessary for clarity and accuracy
- Use in discussions of some legal/constitutional matters requiring precision in terminology
- Use in discussions of rights and benefits provided on the basis of “Indian” status
- Use in statistical information collected using these categories (e.g., the Census)”
Caution: If using in front of individuals some may deem it as derogatory and outdated and call you out on it.” *(Indigenous Peoples: A Guide to Terminology)*

Indian Act: “Canadian legislation first passed in 1876 and amended many times since then; defines an Indian in relation to federal obligation and sets out a series of regulations applying to Indians living on reserves.” *(City of Saskatoon Communications Guide)*

Indigenous: “Indigenous means 'native to the area'. It is the preferred collective name for the original people of Canada and their descendants. This includes First Nations (status and non-status), Metis and Inuit. It is important to remember that each Indigenous nation in the larger category of 'Indigenous' has its own unique name for its community (e.g., Cree, Ojibway, Inuit).” *(Relationship with Indigenous Communities Guideline)*

“Indigenous means 'native to the area'. In this sense, Aboriginal Peoples are indeed indigenous to North America. Its meaning is similar to Aboriginal Peoples, Native Peoples or First Peoples. …As a proper name for a people, the term is capitalized; otherwise it is lower case.” *(Terminology Guidelines, NAHO)*

Inuit: “Inuit homelands in Canada are found in the far north, including Nunavut, the Northwest Territories, the Yukon, northern Quebec and Labrador. There are no Inuit traditional territories in Ontario. Inuit live in the province in urban centres or other municipalities...and may be represented through distinct educational, social service and political organizations.” *(Relationship with Indigenous Communities Guideline)*

“Inuit are a circumpolar people, inhabiting regions in Russia, Alaska, Canada and Greenland, united by a common culture and language. There are approximately 55,000 Inuit living in Canada….the Indian Act does not cover Inuit. However, in 1939, the Supreme Court of Canada interpreted the federal government's power to make decisions affecting--Indians, and Lands reserved for the Indians—as extending to Inuit.” *(Terminology Guidelines, NAHO)*

“Indigenous people in northern Canada, living mainly in Nunavut, Northwest Territories, northern Quebec and Labrador. Ontario has a very small Inuit population. Inuit are not covered by the Indian Act.
Can:
- Use Inuk when referring to an individual Inuit person
- Use Inuuk when referring to two people; for three or more people, it is Inuit

- Inuit People - in the Inuktitut language the term Inuit translates to "the people".

Caution:
  - Eskimo as it is considered derogatory. Here's some more information on terminology related to Inuit Peoples of the World https://www.ictinc.ca/blog/inuit-people-of-the-world .
  - Inuit are not the same as Innu as Innu are an Indigenous group that primarily live in northeastern Quebec and southern Labrador." *(Indigenous Peoples: A Guide to Terminology)*

Ottawa has the largest population of Inuit living in the south. Estimates place the population at least 3700 and up to 6000. http://www.cbc.ca/news/canada/ottawa/woefully-inaccurate-inuit-population-ottawa-1.4391742

Knowledge Keeper: "Knowledge keepers hold traditional knowledge and information passed down through oral history, customs and traditions which encompass beliefs, values, worldviews, language, and spiritual ways of life." *(Carleton University,* https://carleton.ca/indigenous/resources/guidelines-for-working-with-elders/)

League of Haudenosaunee: "The League of Haudenosaunee has several other names including: Haudenosaunee Confederacy, Iroquois League, League of the Five Nations, Six Nations. Specifically, the League of Haudenosaunee is made up of six nations, the Seneca, Cayuga, Oneida, Onondaga, Mohawk and Tuscarora. Together they are guided and governed by Kaianere'ko:wa, or the Great Law of Peace." *(University of Alberta Native Studies)*
An additional name is the Iroquois Confederacy.

Metis: "The Metis are a distinct people with mixed First Nations and European heritage with their own customs and recognizable group identity. Metis representative organizations may have differing criteria for who qualifies as Metis under their particular mandates." *(Relationship with Indigenous Communities Guideline)*

"The word Metis is French for "mixed blood". Section 35 of the Constitution Act of 1982 recognizes Metis as one of the three Aboriginal Peoples.....today, the term is used broadly to describe people with mixed First Nations and European ancestry who identify themselves as Metis. Note that Metis organizations have differing criteria about who qualifies as a Metis person." *(Terminology Guidelines, NAHO)*

"Many people and groups, particularly in the west and the North, have dropped the accent in Metis. In keeping with the Metis National Council, NAHO will use the accent. Nevertheless, it is best to check the names of individual Metis organizations before you publish them." *(Terminology Guidelines, NAHO)*

"The Metis are a post-contact Indigenous people of the Canadian west. The ethnogenesis of the Metis is situated in the fur trade as European men married into Indigenous (Cree, Ojibway, Saltueax) families. The offspring of these unions eventually spawned their own communities that nurtured their own unique language (Michif), culture, and a sense of nationalistic aspirations." *(University of Alberta Native Studies)*

"People of mixed Aboriginal and European ancestry. The Métis National Council adopted the following definition of "Métis" in 2002: "Métis" means a person who self-identifies as Métis, is

distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation." *(Indigenous Peoples: A Guide to Terminology)*

"People born of, or descended from, both European and First Nations parents. A distinctive Metis Nation developed in what is now south Manitoba in the 1800s, and the descendants of these people later moved throughout the prairies. There are also many other groups of mixed ancestry people who consider themselves Metis." *(City of Saskatoon Communications Guide)*

Native: "Native is a word similar in meaning to Aboriginal. Native Peoples is a collective term to describe the descendants of the original peoples of North America. The term is increasingly seen as outdated (particularly when used as a noun) and is starting to lose acceptance." *(Terminology Guidelines, NAHO)*

"A becoming gradually outdated collective term referring to Indians (Status, Nonstatus, Treaty), Métis, and Inuit but has largely been replaced by Indigenous. While some First Nations individuals refer to themselves as "Native" that doesn't necessarily give non-Indigenous people license to do so.
Can:
* Use when working with organizations such as the Native Women's Association of Canada
* Use when an individual self-identifies using this term.
Caution:
* Use it sparingly as some see it as derogatory and outdated. The term was popular in the colonial and settler era. *(Indigenous Peoples: A Guide to Terminology)*

"A person born in a specified place; a local inhabitant; a member of an Indigenous people of a country, region, etc. as distinguished from settlers, immigrants and their descendants." *(City of Saskatoon Communications Guide)*

Non-Status Indian: "Non-Status Indians are people who consider themselves Indians or members of a First Nation but whom the Government of Canada does not recognize as Indians under the *Indian Act*, either because they are unable to prove their Indian status or have lost their status rights. Non-Status Indians are not entitled to the same rights and benefits available to Status Indians." *(Terminology Guidelines, NAHO)*

"An Indian person who is not registered as an Indian under the *Indian Act.* This may be because his or her ancestors were never registered or because he or she lost Indian status under former provisions of the *Indian Act.*" *(City of Saskatoon Communications Guide)*

It is important to note here how the Indian Act has affected status for Indigenous women. Many Indigenous women lost their right to pass on their Indian status if they married outside of their own Nation. If they married a non-First Nation person, they lost their own status and their ability to pass on treaty rights to their children and so on. Bill C3 was passed in 2011 which meant that after years of discrimination, many women, as well as their children, could finally regain their status. Years of systematic discrimination has led to Indigenous women experiencing some of the highest levels of violence and crime victimization. These factors have been linked to the numbers of under-reported and undocumented levels of hundreds of missing and murdered Indigenous women across Canada. The effort of the Canadian Government to dismantle matrilineal bloodlines has been known across nations and has had a detrimental effect on the strength and relevancy of Indigenous women in the value they held

pre-contact. In 2017, even more efforts to establish equality for Indigenous Women in Canada was introduced with the Gender Equality changes to the Indian Act. This is where the right of First Nation women to be able to pass on rights through their bloodline is re-established.

Numbered Treaties: "Treaties signed between 1871 and 1921, each numbered 1 to 11, through the North and West. All contained some rights conferred on Indians, such as reserves and annuities, and in return the First Nations agreed to share vast tracts of land." *(City of Saskatoon Communications Guide)*

Reserve: "A reserve is the land that is set aside by the Crown for the use and benefit of a band in Canada. Many First Nations now prefer the term First Nation community and no longer use reserve. Only capitalize reserve when used as part of a name, otherwise it should remain lowercase….Do not write "off-reserve Aboriginal people as neither the Metis nor Inuit live on reserves." *(Terminology Guidelines, NAHO)*

"Defined by the Indian Act as '… tract of land, the legal title to which is vested in Her Majesty, that has been set apart by Her Majesty for the use and benefit of a band.' A result of the definition of reserve land in the Indian Act is that reserve land cannot be privately owned by the Band or Band members. 'Reservation' is an American term." *(Indigenous Peoples: A Guide to Terminology)*

Self-determination: "A major objective of Aboriginal Peoples, country-wide, is to gain control over who can become members. Currently, bands are required to maintain a registry with many of the rules governing membership mandated by the Indian Act. As we move into the future, the desire is for communities to decide who their members are, and not be directed by a bureaucrat in Ottawa. Self-determination is the right to decide who your people are." *(Indigenous Peoples: A Guide to Terminology)*

"Self-determination refers to Indigenous peoples' right to freely determine their political status and pursue their economic, social and cultural development, unchallenged and away from state control." *(University of Alberta Native Studies)*

"The freedom of a people to decide their own allegiance or form of government." *(City of Saskatoon Communications Guide)*

Self-government: "Long before Europeans arrived in Canada, First Peoples were self-governing. In 1876, when the Indian Act went into effect, traditional governance systems were dismantled and alien regulations were imposed in their place. When we take a look at the day-to-day operations of a band we see that all the actions of the band are directed in accordance with the Indian Act. This is a huge problem for bands, and their politicians, because it means that while they are elected by their people they are accountable to the department of Aboriginal Affairs and Northern Development of Canada. Their preference would be to change to a system where the governing leaders are elected and accountable to their people. Such models do exist and the communities with self-government agreements have done well in terms of the nation building process." *(Indigenous Peoples: A Guide to Terminology)*

"The concept of self-government means that political bodies representing Indigenous peoples have the right to create and govern their own affairs. Aboriginal self-government in Canada refers to the state acknowledging and granting Aboriginal political organizations greater power in managing their own affairs." *(University of Alberta Native Studies)*

"Government by its own people; self-control." *(City of Saskatoon Communications Guide)*

Self-identification: "Self-identification refers to the voluntary, confidential, self-described declaration of Aboriginal identity." *(Indigenous Peoples: A Guide to Terminology)*

"Status Blindness": "Status blindness" refers to services and programs offered in urban centres being available to all Aboriginal people, no matter if they are status, non-status, Metis, Inuit, etc." *(University of Alberta Native Studies)*

Status Indians: "Status Indians are people who are entitled to have their names included on the Indian Register, an official list maintained by the federal government. Certain criteria determine who can be registered as a Status Indian. Only Status Indians are recognized as Indians under the *Indian Act* and are entitled to certain rights and benefits under the law." *(Terminology Guidelines, NAHO)*

Traditional Territory: "The geographic area identified by a First Nation to be the area of land which they and/or their ancestors traditionally occupied or used." *(Indigenous Peoples: A Guide to Terminology)*

Treaty: "An agreement between government and a First Nation that defines the rights of Aboriginal Peoples with respect to lands and resources over a specified area, and may also define the self government authority of a First Nation. Modern treaties, once ratified, become part of the law of the land." *(Indigenous Peoples: A Guide to Terminology)*

"Formally conducted, concluded and ratified agreement between states; an agreement between individuals or parties, especially for the purchase of property." *(City of Saskatoon Communications Guide)*

Treaty Indians: Treaty Indians are descendants of Indians who signed treaties with Canada and who have a contemporary connection with a treaty band…" *(Terminology Guidelines, NAHO)*

Tribe: "A tribe is a group of Native Americans sharing a common language and culture. The term is used frequently in the United States, but only in a few areas of Canada (e.g. the Blood Tribe in Alberta)." *(Terminology Guidelines, NAHO)*

Wendat (Wyandot/Huron) people: The Wendat (Wyandot/Huron) are Indigenous people of North America. Their traditional territory was located within the Saint Lawrence Valley, however, due to various wars and treaties they migrated and formed communities in the Great Lakes region." *(University of Alberta Native Studies)*

Upper Canada Treaties: Also known as the Upper Canada Land Surrenders, these agreements constitute an estimated number of 30 treaties covering much of what is now southwestern Ontario. Likely the first of these was Michilimackinac Island, No. 1, signed in 1781, and presumably the last was the Manitoulin Island Treaty, signed in 1862. www.thecanadianencyclopedia.ca/en/article/aboriginal-treaties/

Urban Indigenous Communities: "This term refers primarily to First Nation, Inuit and Metis individuals currently residing in urban areas. According to 2016 Census data, the urban

Indigenous population continues to be one of the fastest growing segments of Canadian society. It is important to note that there are indications that the Census may undercount urban Indigenous populations in some areas of Ontario. They are at risk of non-participation in the Census due to factors such as increased rates of mobility and its associated lack of living at a fixed address, historical distrust of government due to past and present colonial policies and migration between geographical locations." *Relationship with Indigenous Communities Guideline)*

2018-June-18

Appendix B – Sample Suggested Reading List

These books are just a small representation of works by (Canadian) Indigenous and settler authors; all are related to aspects of Indigenous cultures, lives, history, and experiences. They include fiction, non-fiction, memoirs, short stories, narratives and academic analyses.

Most are available from the London Public Library system and/or the Middlesex County Library system. A few are only available via the Western University Library system, which can be accessed via MLHU Library Services. If not available via the library system, they are available to purchase.

In the chart below, the library systems are identified in the "library availability" column as:
LPL: London Public Library
M: Middlesex County Library

Author	Title	Publication Date	Category	Library Availability
Barker, Adam J., Lowman, Emma Battell	Settler: Identity and Colonialism in the 21st Century	2015	Non-fiction	LPL
Bartleman, James	Raisin Wine: A Boyhood in a Different Muskoka	2008	Memoir	LPL; M
Benton-Banai, Edward	The Mishomis Book: the Voice of the Ojibway	2010	Traditional stories & teachings	Not available via the library system
Bourassa, Carrie; McKenna, Elder Betty; Juschka, Darlene (eds)	Listening to the Beat of Our Drum: Indigenous Parenting in Contemporary Society	2017	Non-fiction	Western University
**Boyden, Joseph (see note at end of this list)	Born with A Tooth	2001	Short stories	LPL; M
	The Orenda	2013	Fiction	LPL; M
	Three Day Road	2005	Fiction	LPL; M
	Through Black Spruce	2008	Fiction	LPL; M
	Wenjack	2016	Fiction	LPL; M
Campbell, Maria	Half-Breed	1983	Memoir	LPL
Campbell, Maria; Cardinal, Tantoo; Highway, Tomson;	Our Story: Aboriginal Voices on Canada's Past	2005	Narrative	LPL

Johnston, Basil; King, Thomas; Maracle, Brian; Maracle, Lee; Marchessault, Jovette; Qitsualik, Rachel; Taylor, Drew Hayden				
Caron, Maia	Song of Batoche	2017	Fiction	LPL
Daniels, Carol	Bearskin Diary	2015	Fiction	LPL
Daschuk, James	Clearing the Plains: Disease, Politics of Starvation and the Loss of Aboriginal Life	2013	Non-fiction	LPL; M
Dimaline, Cherie	The Marrow Thieves	2017	Young Adult	LPL; M
Dumont, Marilyn	A Really Good Brown Girl	2015	Poetry	LPL
Dupuis, Jenny Kay & Kacer, Kathy	I Am Not a Number	2016	Children	LPL; M
Florence, Melanie	He Who Dreams	2017	Fiction	LPL
Geddes, Gary	Medicine Unbundled: A Journey Through the Minefields of Indigenous Health Care	2017	Non-fiction	LPL
Gehl, Lynn	Claiming Anishnaabe: Decolonizing the Human Spirit	2017	Non-fiction	Western University
Gray Smith, Monique	Speaking Our Truth	2017	Young Adult	LPL; M
	You Hold Me Up	2017	Children	LPL; M
Greenwood, Margo; de Leuw, Sarah; Lindsay, Nicole Marie; Reading, Charlotte (eds)	Determinants of Indigenous Peoples' Health in Canada: Beyond the Social	2015	Non-fiction	MLHU library
Hargreaves, Allison	Violence Against Indigenous Women: Literature, Activism, Resistance	2017	Non-fiction	Western University
Hayes, Adrian	Pegahmagabow: Legendary Warrior, Forgotten Hero	2003	Non-fiction	Western University
Highway, Tomson	Kiss of the Fur Queen	1999	Fiction	LPL; M
Joseph, Bob	21 Things You May Not Know about the Indian Act: Helping Canadians Make Reconciliation with Indigenous Peoples a Reality	2018	Non-fiction	LPL
Kinew, Wab	The Reason You Walk: A Memoir	2015	Memoir	LPL; M

King, Thomas	An Inconvenient Indian: A Curious Account of Native People in North America	2012	Commentary	LPL; M
	Green Grass, Running Water	2010	Fiction	LPL; M
Lux, Maureen K.	Separate Beds: A History of Indian Hospitals, 1920s-1980s	2016	Non-fiction	Western University (e-book only so not available via inter-loan)
Maracle, Lee	Celia's Song	2014	Fiction	LPL
	I Am Woman: a native perspective on sociology and feminism	1996	Non-fiction	LPL: M
Marks, Don	They Call Me Chief: Warriors on Ice	2008	Memoir	Not available via the library system
McCall, Sophie; Reder, Deanna; Gaertner, David; L'Hirondelle Hill, Gabrielle (eds)	Read, Listen, Tell: Indigenous Stories from Turtle Island	2017	Narrative	Western University (e-book only so not available via inter-loan
McInnes, Brian D.	Sounding Thunder: the Stories of Francis Pegahmagabow	2016	Non-fiction	LPL
Merasty, Joseph Auguste	The Education of Augie Merasty: A Residential School Memoir	2015	Memoir	LPL; M
Metatawabin, Edmund	Up Ghost River: A Chief's Journey Through the Turbulent Waters of Native History	2015	Memoir	LPL; M
Metcalfe-Chenail, Danielle (ed)	In This Together: Fifteen Stories of Truth and Reconciliation	2016	Narrative	LPL
Monchalin, Lisa	The Colonial Problem: An Indigenous Perspective on Crime and Injustice in Canada	2016	Non-fiction	Western University
Porter, Tom	And Grandma said...	2008	Memoir	Not available via the library system

Regan, Paulette	Unsettling the Settler Within: Indian Residential Schools, Truth Telling, and Reconciliation in Canada	2011	Non-fiction	LPL; M
Robertson, David Alexander	Sugar Falls: A Residential School Story	2012	Graphic novel	LPL; M
	When We Were Alone	2016	Children	LPL
Robinson, Eden	Son of a Trickster	2017	Fiction	LPL; M
	Monkey Beach	2001	Fiction	LPL; M
Scofield, Gregory	Thunder Through My Veins: Memories of a Metis Childhood	1999	Memoir	LPL
Sellars, Bev	They Called Me Number One: Secrets and Survival at an Indian Residential School	2012	Memoir	LPL; M
Simpson, Leanne	Dancing On Our Turtle's Back: Stories of Nishannbeg Re-creation, Resurgence, and a New Emergence	2011	Narrative	Western University
Tait, Myra & Ladner, Kiera (eds)	Surviving Canada: Indigenous People Celebrate 150 Years of Betrayal	2017	Reflections	LPL
Talaga, Tanya	Seven Fallen Feathers: Racism, Death, and Hard Truths in a Northern City	2017	Non-fiction	LPL; M; MLHU
Taylor, Drew Hayden	The Best of Funny, You Don't Look Like One	2015	Short Stories	Not available. An earlier collection from 2002 available at Western University
	The Night Wanderer: A Native Gothic Novel	2007	Fiction, Young Adult	LPL; M
	Motorcycles and Sweetgrass	2010	Fiction	LPL; M
Van Camp, Richard	The Lesser Blessed (book)	1996	Fiction	M
	The Lesser Blessed (DVD)	2012	----------	LPL; M
Vermette, Katherena	The Break	2016	Fiction	LPL; M
Wagamese, Richard	Indian Horse	2012	Fiction	LPL; M
	Embers	2016	Meditations	LPL; M
	Medicine Walk	2014	Fiction	LPL; M

	Keeper'n Me	2006	Fiction	LPL
Wilson, Tom	Beautiful Scars: Steeltown Secrets, Mohawk Skywalkers and the Road Home	2017	Memoir	LPL; M

** Re: Joseph Boyden. Some of you may be familiar with the controversy around Joseph Boyden and his identification as Indigenous. It raised questions about who has the right to speak for the Indigenous community and stimulated dialogue within Indigenous and non-Indigenous communities. If interested in knowing more, check out: http://www.cbc.ca/radio/thecurrent/the-current-for-january-5-2017-1.3921340/indigenous-identity-and-the-case-of-joseph-boyden-1.3922327

June 2018

Appendix C – Internal Inventory

Working with Indigenous Populations
Middlesex-London Health Unit Internal Inventory (current as of February 2018)

Division	Team	Contact Name	Program/Broad "Topic"	Populations (specify which Nation and/or urban)	Activities
Healthy Start	Reproductive	Tracey Ashby, PHN, ext. 2270	FASD	All 3 Nations	i. Planning committee for FASD conference, collaborative effort of the 3 Nations. One conference was held in February 2018, and another one is being planned for September 2018
Healthy Start	Reproductive	Melissa Lonnee, PHN, ext. 2351	Prenatal	Urban: SOAHAC	i. Part of the "Wholistic Prenatal Program" offered by SOAHAC. Program is currently undergoing some reorganization (Jan 2018)
Healthy Start	Early Years	Catherine Winspear, PHN, ext. 2335	Aboriginal Book Bundles	Aboriginal Book Bundles are available at all 3 Nations, plus N'Amerind.	i. Supports the distribution of bundles by encouraging families to connect with the First Nation communities to receive the book bundles. ii. Participates in assembly of the book bundles.
Healthy Start	Early Years	Catherine Winspear, PHN, ext. 2335	Early years growth & development	Committee has representation from all 3 Nations plus	i. Joint committee that organizes the Prenatal Health Fairs at the 3 Nations. Shares

				N'Amerind, Merrymount, Atlohsa Native Family Healing Services, SOAHAC-Chippewa, Mnaasged	programming updates and provides a connecting link between the groups working with Indigenous families.
Healthy Start	Early Years	Catherine Winspear, PHN, ext. 2335	Parenting	All 3 Nations and N'Amerind	i. Will provide parenting education sessions on topics related to children less than 3 years upon request.
Healthy Start	Best Beginnings & Nurse Family Partnership (NFP)	Managers: Kathy Dowsett, ext. 2325; Isabel Resendes, ext. 2248; Jenn Proulx, ext. 2687	Prenatal and postnatal families with risk (identified via screening) as part of the HBHC and NFP programs that are available to all community members	Urban only	i. Home visits as per HBHC protocol and NFP protocol ii. Community Advisory Board for Nurse Family Partnership has representation from SOAHAC
Office of the Medical Officer of Health	Communications	Brooke Clark, PHN, ext. 2369	Health Care Provider Outreach	Health care centres in the 3 Nations, plus SOAHAC (as part of program to all health care providers within London & Middlesex)	i. Office visits to Health Care Providers in the community on an annual basis (provision of screening tools, info about resources). Includes provision of resources upon request. ii. Provision of a HCP binder on an annual basis

					(focused on info for patients) iii. Annual clinical day for physicians (Focus on 2-3 key topics at each event) iv. Monthly newsletter v. Is able to pull together focus groups of health care providers
Healthy Living	Oral Health	Misty Deming, Manager, ext. 2232 + Cindy Holden, dental hygienist, ext. 2553	Oral Health Screening as per Public Health Standards	3 Nations. Children residing outside of the Nations are screened as per the general population of their school/ daycare	i. Surveillance and oral screening within day cares and schools ii. Provision of the Healthy Smiles Ontario program
Healthy Living	Healthy Communities & Injury Prevention	Sandy Richardson, PHN, ext. 2412	Workplace Health and Wellness	Oneida Nation of the Thames (Ida Cornelius-health care administrator)	i. Presentations on workplace health-e.g. stress ii. Contact point for all HU resources/services related to workplace health
Healthy Living	Healthy Communities & Injury Prevention	Berthe Streef, PHN, ext. 2413	Physical Activity	All 3 Nations	i. Presentation at the Community Aboriginal Recreation Activator (CARA) Regional training (June 2018) (physical literacy for early years). There may be future opportunities.

Healthy Living	Healthy Communities & Injury Prevention	Meagan Melling, PHN, ext. 2223	Child Safety	Oneida Nation of the Thames	i. Promotion of child safety, particularly booster seats in relation to child passenger safety
Healthy Living	Child Health	Darrell Jutzi, Manager, ext. 2284	Growth & Development, Elementary School Curriculum	Antler River School (Chippewas of the Thames First Nation)	i. New opportunity as of January 2018 to provide curriculum support, in collaboration with the Sexual Health Team
Healthy Living	Chronic Disease Prevention & Tobacco Control	Ellen Lakusiak, Dietitian, ext. 2694	Middlesex-London Food Policy Council (MLFPC)	All 3 Nations + urban populations	i. There is a designated voting position on the Council for a person who is Indigenous. Current person is not local, but is a registered dietitian from Six Nations of the Grand River who does some work in the Middlesex London area. The Council aims to include consideration of an Indigenous perspective in any food policy discussions at MLFPC. ii. Hosting a food literacy networking event on March 2, 2018. Indigenous groups who do food skills programming have been invited to attend.
Healthy Living	Chronic Disease Prevention & Tobacco Control	Kim Loupos, Dietitian, ext. 2353	Harvest Bucks program (food access & food literacy)	3 Nations and Urban (via Indigenous community service providers). i.e.	i. Harvest Bucks is not specific to Indigenous populations-all organizations that provide food literacy programming

				Mnaasged: serves Chippewas of the Thames, Munsee-Munsee Delaware First Nation, Oneida Nation of the Thames, plus others; SOAHAC and other Urban recipients	in Middlesex-London are eligible to apply.
Healthy Living	Chronic Disease Prevention & Tobacco Control	Sarah Neil, PHN, ext. 2411; Janet Schaule, PHN, ext. 2679	Smoking Cessation	Urban	i. Smoking cessation services are focused on "priority populations" so may have clients from Indigenous population ii. Promote availability of options for nicotine replacement therapy (applicable to First Nations communities as well as urban populations)
Healthy Living	Chronic Disease Prevention & Tobacco Control	Sarah Neil, PHN, ext. 2411; Janet Schaule, PHN, ext. 2679	Smoking Cessation Community of Practice	Urban (SOAHAC); 2 Nations (Munsee-Delaware, Chippewas of the Thames)	i. Support for a community of practice to increase capacity for smoking cessation. Has members who are Indigenous.
Healthy Living	Young Adult	Anita Cramp, Manager, ext. 2242	Secondary School Services	Urban	i. During one-to-one sessions which are available to all students, there may be some contact with Indigenous students

Environmental Health & Infectious Diseases	Sexual Health and The Clinic	Leanne Powell, PHN, ext. 2353	Growth & Development, Elementary School Curriculum	Antler River School (Chippewas of the Thames)	i. Provision of presentations to grades 5-8 for healthy growth and development, i.e. healthy sexuality ii. Participate in health fairs at the 3 Nations (upon invitation) iii. Participate in health fairs at N'Amerind (upon invitation)
Environmental Health & Infectious Diseases	Safe Water, Rabies and Vector Borne Disease	Fatih Sekercioglu, Manager, ext. 2315	i. Safe Water ii. Rabies	3 Nations	i. Water bottle test kits for private well water (provided at community health centres) ii. Refer animal bite investigations to Health Canada PHIs (when notified by health care providers)
Environmental Health & Infectious Diseases	Infectious Diseases Control	Mary Lou Albanese, Manager, ext. 2538	Reportable diseases and outbreak investigations	Could be 3 Nations and urban-all of these are part of their work, not specifically targeted at Indigenous populations	i. Outbreak investigation at Oneida Nation of the Thames ii. Reportable disease follow-up iii. Inspections
Environmental Health & Infectious Diseases	Emergency Preparedness	Sean Bertleff, Manager, ext. 2371 and Lynn Vander Vloet, PA, ext. 2539	Fit-Testing Clinics	Chippewas of the Thames First Nation (could be available to others upon request)	i. Fit-testing for PSW students at Chippewas of the Thames First Nation

Appendix D– Sample Resource List

Resource List (February 2018)

The following list is not exhaustive. It includes selected links to other organizations, events and resources that can support ongoing learning about Indigenous populations. The list is not specific to health, but supports learning about other social determinants of health, including the impacts of ongoing colonialism and racism within Canada.

Organizations:
- National Collaborating Centre for Aboriginal Health (NCCAH), www.nccah.ca

- Reconciliation Canada, http://reconciliationcanada.ca/

- First Nations Health Authority, http://www.fnha.ca/

- First Nations Information Governance Centre, www.fnigc.ca

- National Centre for Truth and Reconciliation, www.nctr.ca

- Ministry of Indigenous Relations and Reconciliation, https://www.ontario.ca/page/ministry-indigenous-relations-and-reconciliation

- Indigenous Services Canada, https://www.canada.ca/en/indigenous-services-canada.html

- Crown-Indigenous Relations and Northern Affairs Canada, https://www.canada.ca/en/indigenous-northern-affairs.html

- Well Living House Action Research Centre for Indigenous Infant, Child, and Family Wellbeing, http://www.welllivinghouse.com/

Videos:
- "Finding Heart" video (about Dr. Peter Bryce, "whistle blower" from ~ 1907 about the terrible conditions in residential schools) ~ 14 minutes. https://www.youtube.com/watch?v=V1NQ_tgR_oA

- "Home Fire-Ending the Cycle of Family Violence" (2014), ~37 minutes. Restorative justice and family violence. Native Counselling Services of Alberta. http://www.ncsa.ca/programs/education/bearpaw-research-training-communication/home-fire-documentary/

- "8th Fire". (2011). CBC TV with host Wab Kinew. 4 episodes with each episode being about 45 minutes.
    - i. Indigenous in the city

- o ii. It's Time!
- o iii. Whose Land Is It Anyway?"
- o iv. At the Crossroads.

The DVD is available at London Public Library. http://www.cbc.ca/8thfire/

- "We Were Children" (2012). National Film Board & Eagle Vision production. A Canadian documentary film about the experiences of First Nations children in the residential school system, ~85 minutes in length. Available from London Public Library.

- "Surviving the Survivor" (2010). CBC segment by Wab Kinew. ~ 8 minutes in length. https://www.youtube.com/watch?v=EPX9a5r6uAQ

Online/TV/Radio/Podcasts:
- "Indigenous Canada", (a massive open online course-MOOC), University of Alberta. https://www.coursera.org/learn/indigenous-canada

- mediaINDIGENA, a weekly Indigenous current affairs podcast. http://www.mediaindigena.com/

- Unreserved (host: Rosanna Deerchild), CBC Radio. http://www.cbc.ca/radio/podcasts/current-affairs-information/unreserved/

- APTN (Aboriginal Peoples Television Network). http://aptnnews.ca/

Provincial Government Documents
- The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples. (2016). https://www.ontario.ca/page/journey-together-ontarios-commitment-reconciliation-indigenous-peoples

- Walking Together: Ontario's Long-Term Strategy to End Violence Against Indigenous Women. (2016), and the One-Year Progress Report (2017). https://www.ontario.ca/page/walking-together-ontarios-long-term-strategy-end-violence-against-indigenous-women

Events:
- Orange Shirt Day, annually on September 30. "The annual Orange Shirt Day on September 30th opens the door to global conversation on all aspects of Residential Schools. It is an opportunity to create meaningful discussion about the effects of Residential Schools and the legacy they have left behind. A discussion all Canadians can tune into and create bridges with each other for reconciliation. A day for survivors to be reaffirmed that they matter, and so do those that have been affected. Every Child Matters, even if they are an adult, from now on…Orange Shirt Day is also an opportunity for First Nations, local governments, schools and communities to come together in the spirit of reconciliation and hope for generations of children to come." http://www.orangeshirtday.org/

Examples of local events: Promoted by SOAHAC in 2016. Mount Elgin Residential School Monument held an event in 2017. Atlohsa is holding an event at the Central Library on Sept. 27, 2018.

- National Indigenous Peoples Day (formerly known as National Aboriginal Day), annually on June 21. "In cooperation with national Indigenous organizations, the Government of Canada designated June 21 National Indigenous Peoples Day, a celebration of Indigenous culture and heritage. This date was chosen because it corresponds to the summer solstice, the longest day of the year, and because for generations, many Indigenous groups have celebrated their culture and heritage at this time of year." https://www.canada.ca/en/canadian-heritage/campaigns/celebrate-canada-days/aboriginal-day.html

- Memorial for Murdered and Missing Indigenous Women and Girls, annually on February 14. N'Amerind participates in this memorial event. Sample media coverage from 2018: http://thefirstnationscanada.com/2018/02/memorial-held-for-murdered-and-missing-indigenous-women-and-girls/

2018-February-20

Appendix E – Community Contributors

Liz Akiwenzie, Cultural Consultant, Traditional Facilitator, and Cultural Keeper

Vanessa Ambtman-Smith, Indigenous Health Lead, South West LHIN

Joe Antone, Urban resident, Member of Oneida Nation of the Thames

Ida Cornelius, Health Administrator, Oneida Nation of the Thames

Al Day, Executive Director, N'Amerind Friendship Centre

Laurel Day, Life Long Care Support Worker, N'Amerind Friendship Centre

Raymond Deleary, Executive Director, Atlohsa Native Family Healing Services

Brian Dokis, Chief Executive Officer, Southwest Ontario Aboriginal Health Access Centre

Kimberly Fisher, Health Director, Chippewas of the Thames First Nation

Shauna Kechego-Nichols, Urban resident, Member of Chippewas of the Thames First Nation

Diane Smylie, Provincial Director, Ontario Indigenous Cultural Safety Program

Appendix F – TRC Principles of Reconciliation (2015)

"The Truth and Reconciliation Commission of Canada believes that in order for Canada to flourish in the twenty-first century, reconciliation between Aboriginal and non-Aboriginal Canada must be based on the following principles.

1. The United Nations Declaration on the Rights of Indigenous Peoples is the framework for reconciliation at all levels and across all sectors of Canadian society.

2. First Nations, Inuit, and Métis peoples, as the original peoples of this country and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized and respected.

3. Reconciliation is a process of healing of relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms.

4. Reconciliation requires constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts on Aboriginal peoples' education, cultures and languages, health, child welfare, the administration of justice, and economic opportunities and prosperity.

5. Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health, and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians.

6. All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.

7. The perspectives and understandings of Aboriginal Elders and Traditional Knowledge Keepers of the ethics, concepts, and practices of reconciliation are vital to long-term reconciliation.

8. Supporting Aboriginal peoples' cultural revitalization and integrating Indigenous knowledge systems, oral histories, laws, protocols, and connections to the land into the reconciliation process are essential.

9. Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources.

10. Reconciliation requires sustained public education and dialogue, including youth engagement, about the history and legacy of residential schools, Treaties, and Aboriginal rights, as well as the historical and contemporary contributions of Aboriginal peoples to Canadian society."

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