



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 September 20

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## ORGANIZATIONAL PLAN FOR RECONCILIATION

### **Recommendation**

*It is recommended that the Board of Health:*

- 1) Receive Report No. 052-18 re “Organizational Plan for Reconciliation” for information;*
- 2) Approve implementation of the organizational plan for reconciliation in principle; and*
- 3) Direct that the Senior Leadership Team consider these recommendations as well as the data from Our Health Counts, and bring any resource requirements forward through the PBMA process.*

### **Key Points**

- The *Organizational Plan for Reconciliation* (see [Appendix A](#)) supports the requirements and outcomes outlined in the Health Equity Standard (2018), and Relationship with Indigenous Communities Guideline (2018), and positions the agency to move forward with actions to support reconciliation with Indigenous Peoples.
- Recommendations are theme-based and reflect the “Calls to Action” from the Truth and Reconciliation Commission of Canada, wise practices, and community conversations with local First Nations, urban Indigenous-led organizations, and Indigenous individuals.
- Our Health Counts is an Indigenous-led health status report due to be released September 14th.
- A dedicated position at management level would support successful implementation of this plan.

### **Background**

According to the Truth and Reconciliation Commission (TRC), Reconciliation is an “...ongoing process of establishing and maintaining respectful relationships.” All people have a role to play and a responsibility for understanding Canada’s history, as well as ongoing impacts on Indigenous Peoples. The Truth and Reconciliation Commission of Canada’s Calls to Action address health care and other sectors with which public health collaborates. There are significant disparities and inequities related to health outcomes for Indigenous populations; public health can contribute to improving health outcomes and decreasing inequities.

An organizational plan for reconciliation with Indigenous Peoples for Middlesex-London Health Unit (see [Appendix A](#)) serves to address the Health Equity Standard with the Ontario Public Health Standards (2018) which explicitly states 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). The recommendations provide a foundation for relevant and effective short- and long-term actions.

### **Process to Date**

The steps taken to develop an organizational plan included review of the “Calls to Action” from the Truth and Reconciliation Commission of Canada, wise practices and best practices identified by Indigenous scholars within peer-reviewed and grey literature. Significant and critical contributions to and direction for the recommendations came from conversations with the following local First Nations, urban Indigenous-led organizations, and Indigenous individuals:

- 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

Now that the Our Health Counts report has been released, this Indigenous-led assessment of the health status of Indigenous people, including data from London and Middlesex, will be used to further enhance MLHU's reconciliation planning process, as outlined in one of the research recommendations.

### Identified Themes

Based on the comprehensive development process, the resulting recommendations are clustered into the following themes:

- Awareness and education
- Supportive environments
- Relationships
- Research
- Workforce development
- Governance
- Equitable access and service delivery

### Next Steps

This organizational plan demonstrates commitment to action for reconciliation with neighbouring First Nations and Indigenous-led organizations. It serves as a starting point for a fulsome collaborative approach to continue to build and strengthen engagement, relationships and trust with an overall goal of implementing actions to decrease health disparities and improve health outcomes for local Indigenous populations. The initial emphasis within the plan is on ongoing education, capacity-building, and supportive environments so that all staff are able to engage and work effectively and respectfully with Indigenous populations. Another area of emphasis is the building of trust and deepening of relationships with local organizations and communities that is necessary for any future collaborative efforts; this is a process that will take time and cannot be rushed. Serious consideration needs to be given to the development of a dedicated position at management level to advance the approved recommendations and activities of this plan.

This report was prepared by the Health Equity Core Team, Office of the Chief Nursing Officer.



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