Tending to the Sacred Fire: Indigenous Health Network Annual Report 2020/2021

How the Indigenous Health Network (IHN) supports Indigenous communities to "feel well in all ways" in the face of a global pandemic.

This Annual report was prepared by StoryMap was created for the IHN, and resourced by the HNHB LHIN by Vanessa Ambtman-Smith, Niizho Binesiik (Two Thunderbirds), PhD Candidate in Geography, and Indigenous Health Scholar (Nêhiyaw-Métis), Western University and Emily Beacock, PhD Candidate in Geography, Allied Settler Scholar, Western University (March 2021). This annual report was prepared in conjunction with a digital "StoryMap" that can be accessed and viewed here: https://arcg.is/1zCKTK

Introduction: Indigenous resilience through COVID-19

In 2020, a global pandemic forced the world into lockdown; physical distancing became necessary to stop the spread of the COVID-19 virus. In Ontario, the province went into lockdown on March 16th, and most of the population were required to stay home. Widespread closures signaled a shift across society, impacting the ways in which people interacted and had access to systems, from healthcare to social services to education and justice. The impact of the pandemic is global and local, impacting millions of people worldwide and in our own homes and communities.

Within and across Indigenous communities, the response was rapid and self-determined; significant changes were made to ensure the safety of the community. Indigenous health and social service organizations were at the forefront of planning and advocacy. The Indigenous Health Network (IHN) facilitated a unified VISION for pandemic care that supported diverse Indigenous people across the large HNHB geographical region. In this report, the term "Indigenous Peoples" refers to First Nations, Inuit and Métis people who have historically lived, and continue to live, on the lands now known as Canada.

Land Acknowledgement

The regions of now occupied by Hamilton, Niagara, Haldimand-Norfolk, Brant, and Burlington are situated upon traditional territory of Haudenosaunee and Anishinabek. The Territory is mutually covered by the Dish with One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy, the Ojibway, and other allied nations to peaceably share and care for the land and resources around the Great Lakes.

This historic peace agreement between the Iroquois Confederacy, the Anishinaabe and allied nations represents a commitment to share and protect the land, water, plants, and animals, with respect. There are many dialects to the Indigenous Languages and one variation for this report will be Anishinaabe and Haudenosaunee. We wish to honor the original Peoples of this land and express gratitude for the opportunity and privilege to work with communities across this territory.

Annual Report Development Approach: An independent consultant and contractor (see Appendix B) were procured to develop a year-end report for the HNHB Indigenous Health Network (IHN), which included both a written narrative based on the IHN's strategic plan, containing an interactive piece that highlights the IHN using digital media. **Based on the skillset of the proponents hired (health geographers), a decision was made to** use the ArcGIS StoryMap technology to create an "inspiring, immersive story by combining text, interactive maps, and other multimedia content". The StoryMap can be accessed here: **Tending to the Sacred Fire: IHN StoryMap**

The Indigenous Health Network

The Indigenous Health Network (IHN) receives financial support from the HNHB LHIN, and is made up of Indigenous providers (Hamilton, Niagara, Haldimand, Brant, Mississaugas of the Credit First Nation, and Six Nations of the Grand River). The IHN seeks to address the health needs of local Indigenous communities. Collectively, the IHN amplifies the Indigenous voice, providing essential advice and direction on health priorities, planning and service delivery. The IHN is deeply connected within local Indigenous communities and able to bring forward diverse perspectives and experiences of First Nations, Inuit, and Métis Peoples living in the territory including Mississaugas of the Credit First Nation, Six Nations of the Grand River, the Métis, and many diverse Indigenous populations living across the rural and urban regions.

"Story-based methodology is a way of knowing that is consistent with Indigenous traditions and perspectives. It is a powerful methodology for humanizing experiences of suffering and resilience"[1].

A storytelling methodology was employed to improve an understanding about how the IHN is impacting the health and wellness of Indigenous people across the region at a time of COVID-19. To honour this methodology, core themes were organized within a framework that balances the strengths and challenges to highlight efforts to date, and to mobilize ongoing action based on these experiences. The framework is inspired by a Laney Beaulieu, *Sa Ha'ah Gah Nareelya (We Are Standing Beside the Sun)*, an Indigenous youth and scholar, who reflects upon return to community after being in southern Ontario:

> *"During COVID-19 I was given the opportunity to live in my home community, Deninu K'ue, for six months, something I haven't done since leaving home for university. During this time I was able to reconnect with my family, both human and non-human, and was reminded of what's important to me and what I'm working towards. While I was in my community I saw all of our vulnerabilities to COVID, like lack of emergency medical transportation, high rates of comorbidity, and our large elder population. But I also saw all the resiliency of my people too, how we all love and look out for one another, something that I had missed desperately during my time in the South.* ***When examining Indigenous Health and Wellbeing, it is important to keep both perspectives in mind, our vulnerability AND our resiliency, our isolation AND our relationality, our past AND our future****."*[2]

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[1] p.2, COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories | The Royal Society of Canada (rsc-src.ca)

[2] COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories, Royal Society of Canada Report, December 2020, p.1-2, COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories | The Royal Society of Canada (rsc-src.ca)

Additionally, the core report highlights from the COVID-19 and Indigenous Health and Wellness report (Dec 2020), have been drawn out and aligned with the actions, values and vision enacted through the IHN.

Our Vulnerability AND	Our Resiliency
The context of the environment and colonialism influences vulnerability, for example, "the historic and enduring legacy of colonialism underlies and perpetuates the structural disempowerment of Indigenous peoples and their health, social and economic inequity. The persistence of disparities in Indigenous communities place First Nations, Métis and Inuit at high risk for contracting COVID-19"[3].	The IHN has acted in PURPOSEFUL ways throughout the pandemic. For example, preparations were underway immediately to redeploy staff of the Indigenous members organizations so that vulnerable Indigenous members of the community could stay home, stay safe and stay housed. This meant that caring for the communities' safety became a priority, and programming and services shifted to protect one another, physically, mentally, emotionally, and spiritually. This quick and purposeful responses have averted catastrophe and demonstrated that Indigenous people carry the core knowledge on health promoting and lifesaving activities.
Our Isolation AND	**Our Relationality**
Indigenous communities continue to languish in almost every health, social and quality of life indicator, and "COVID-19 has magnified existing inequities. Adequate housing, water, food and income is necessary for people and communities to practice public health measures (e.g., social distancing) during the current pandemic"[4].	That collective conscience was especially obvious this year, as the IHN continued to support Indigenous health and wellbeing across the region in the face of a global pandemic. Members describe how they knew the pandemic was coming, informed by prophecy, life experience and careful attention to the news. Some IHN member organizations bought Personal Protective Equipment (PPE) early, while others prepared new and adapted support services to ensure their communities had access to food, internet, basic income, and other essentials. Not only did member organizations prepare for the needs of their communities, but they shared their knowledge and resources across the IHN.
"There is a persistent lack of Indigenous-centred processes for quantitative data collection, storage, governance and use across Canada. These gaps have led to significant data shortages regarding COVID-19 incidence among Indigenous peoples… Improved data relationships and infrastructure by Indigenous representatives and governing organizations are foundational for Indigenous data sovereignty; this will enable Indigenous communities and organizations with the information required to curb the pandemic and support health and social equity in the years beyond"[5].	The IHN is guided through a deep understanding of the diversity of nationhood and identities of Indigenous people across the region. This respect for diversity results in INCLUSIVE approaches to health and wellness. For example, one organization hosted a virtual Sacred Fire for caregivers; other organizations created a system to call and visit elderly clients every day to talk and conduct "wellness checks". These check-ins likely resulted in many people staying home and out of harms way, especially during the early days of the pandemic. It is through inclusion that the IHN has the capacity to support diverse Indigenous people living on and off reserve. The network includes skilled leaders who know their communities deeply, who have relationships across a broad network of policy leaders, converging their connections to identify immediate and emerging needs and barriers.

[3] p.1, COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories | The Royal Society of Canada (rsc-src.ca)

[4] Ibid, p.2.

[5] p.2, COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories | The Royal Society of Canada (rsc-src.ca)

Our Past AND	Our Future
"Due in large part to our relational understanding of health, combined with a shared experience of colonialism, Indigenous experiences of COVID-19 are indeed unique within the broader Canadian experience and health impact. Indigenous resilience during the pandemic should not be misinterpreted by the federal government as a waiver of its fiduciary and other responsibilities toward Indigenous peoples"[6]; in fact, annualized First Nations health funding per person is on average 1/3 less per person than annualized funding *both federal and provincial, per non-Indigenous person in Ontario.	As a collective of diverse Indigenous nations and knowledges, a central guiding philosophy is that just as trauma can be transferred inter-generationally, so too can knowledge. Thus, recognizing the foundation of "culture as care", the IHN embodies a deep faith and TRUST in CREATION, seeking the support and guidance of local Knowledge Keepers, Elders and Healers to share the wisdom and principles that guide their work. Through respect and by honouring local beliefs, practices, and cultural protocols, the IHN can stay connected and care for one another, learn from the past, and plan for future generations. This Trust in Creation became visible as the IHN was mobilized and ready to address the lockdown because of the pandemic. Many Indigenous prophecies predicted this virus, and the disruption that it would cause; thus, IHN members report that they had been preparing by collecting and stockpiling essential items, such as food reserves and Personal Protective Equipment (PPE), months in advance of the lockdown announced in March 2020. This was an essential life saving measure, as PPE and emergency funds were not available to the Indigenous communities in this region until August 2020.

Thematic analysis: IHN Accomplishments and Opportunities

Relational:

IHN members "walk between Indigenous and mainstream worlds", and see themselves in many roles, as healthcare leaders, Indigenous community members, advocates, and educators. They are envoys, diplomats, and 'go-betweens' that connect disparate Indigenous and non-Indigenous care worlds, and thus the heart of this role is relational. This relational approach enables a focus on connectivity across the web of relations, within and beyond the healthcare system in an approach that is often referred to as "systems thinking", wherein IHN members are not only thinking of their own organizations, but also how they work with other organizations and how they fit into the system as a whole. The organizations IHN member organizations are diverse and wide reaching: they are local, but also regional, provincial, and national. The IHN fosters UNITY of purpose, wherein there is "a work-together mentality rather than everyone-for-themselves".

a) **Specific Accomplishments:** IHN members sit on a diversity of committees, provincial, federal, regional, local; they bridge between worldviews, but also between levels of government; the IHN has been a significant leader in regional COVID-19 Task Force Panels, and Vaccine Task Force Panels.

Wholistic:

The IHN's view on health encompasses more than what is defined and funded through a conventional healthcare system; Indigenous health and wellness is highly influenced by the social determinants of health,

[6] p.2, COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories | The Royal Society of Canada (rsc-src.ca)

and thus the IHN considers elements related to social services, such as housing, food, internet, basic income, etc. as fundamental for good health. This was especially true during the pandemic, when those basics fell away; the Indigenous orgs were prepared and able to step up to provide those basics for their communities.

a) **Specific Accomplishments:** One IHN leader was concerned for the mental health of her staff and the community as COVID-19 cases increased, and people started to die. In response, she coordinated a sacred fire that was lit and held space digitally for people to join to pray, hold space for one another, and practice culturally based collective healing that supported physical, mental, emotional, and spiritual health.

Informed by Indigenous Knowledges:

The organizational structure of the IHN is underscored through Indigenous knowledge systems wherein decisions are guided by community, culture, and deep attention to more than physical wellbeing, and includes emotional, spiritual wellbeing, wellbeing of others around you, wellbeing of the land. These are not passive influences on the IHN but actively inform how they work. While the IHN supports this Indigenous-informed approach to health governance, this philosophical underpinning may not always be embraced and well understood across the mainstream healthcare system. Through the current COVID-19 pandemic, recognition and gratitude has emphasized the value and crucial guidance supplied through heeding traditional teachings and prophecies, which resulted in communities being prepared to respond so quickly.

a) **Specific Accomplishments:** Using kinship teachings, several IHN members employed role modelling strategies to communicate and encourage community members to practice public health safety measures during the pandemic. This included sharing publicly about COVID-19 infections that impacted IHN leaders, and visible discussions about their recovery, and in some cases, long lasting impacts on health.
b) This included drawing from traditional teachings and the prophecies to communicate in culturally relevant ways and showing well known community members getting vaccinated. The FENFC worked with local community to create videos and posts that were posted through social media.
c) Additionally, the IHN Co-Chairs drafted and shared a Letter to the Community, with direction, guidance, and teachings to communicate the best practices during the pandemic.

Safety:

The IHN is described by one participant as an “environment of very strong women all having the same mindset”, wherein the network felt “inclusive”, “warm” and safe. Convening the IHN members caucus has been cited as a valuable and safe place to share, seek guidance, and identify issues. Throughout the pandemic to date, the IHN has provided critical connections that have fostered quick communication, enabled sharing of valuable resources, and creating a safe space to discuss some of the most pressing issues related to vaccination and COVID-19 testing. Through the IHN, unified messages have been shared to all organizations and communities, so that all community members are hearing the same thing.

a) **Specific Accomplishments:** The HNHB LHIN and government of Ontario supplied De dwa da dehs nye>s Aboriginal Health Centre (DAHC) with $250,000 in COVID-19 community mental health funding, and these funds were able to be distributed equitably across the region based on requests coordinated through the IHN. The funds were spread quickly and efficiently and have been used to support community’s safety and stability, important components of mental wellness, including access to food, internet, housing stability measures, and providing mental, psychological, and spiritual supports.

b) Many Indigenous communities experienced difficulties applying for Personal Protective Equipment (PPE) for both staff and community members, and through the IHN, two opportunities emerged: a) DAHC was able to create a network to share and distribute PPE where and when it was needed; and b) the IHN was able to work through the Hamilton Public Health Unit to create an improved, and culturally appropriate PPE request form that was picked up by other health units across the region.
c) Additionally, the IHN supported organizations in finding, using, and moving money; many IHN organizations were able to anticipate areas of need and safety, reallocate funding to address the most pressing community needs due to the pandemic. In some cases, organized responded by shifting resources and pooling them with other organizations, to enhance front-line efforts. One of the safety strategies that emerged was enhancing the roles and responsibilities of youth staff, who were deployed to do home-visits, and deliver essential items to older communities' members and vulnerable elders.

IHN as a Movement:

One participant expressed her view on belonging within the IHN, where "it became very clear to me that this was a movement with very good guidance, and I saw a vision that it could be very beneficial to both Indigenous and non-Indigenous folks". The IHN is also described as nurturing a sense of UNITY and collective consciousness, wherein members discuss their responsibility to the IHN as a whole, to member organizations and to each other as individuals; This includes delineating responsibility: their responsibility to take care of themselves through specific and deliberate self-care activities (only then can they care for others); then to care of their peers (other Indigenous health leaders); and finally to take care of their communities.

a) **Specific Accomplishments:** One of the ways IHN has described their self-care through the past year was by 'connection'; the IHN continued and continues to meet throughout the pandemic, and in some ways, a switch to a digital meeting space has benefited members' access, as the IHN is located across a large geographical region. In February 2020, The IHN and HNHNB LHIN hosted a self-care and strategic planning retreat in Hamilton, and members were offered ways to practice self-care and take of themselves through aromatherapy massage, talking circles, and smudge ceremonies, as well as having access to a safe space to meet and discuss challenges and opportunities.
b) In 2020/21, the IHN created a new protocol to enhance the cultural safety and mentorship of members attending external, high-level committees. This protocol teamed two members, to attend together, whenever possible, to enhance capacity to navigate systems structures, increase advocacy, and deepen engagement and leaning opportunities.
c) One of the ways the IHN is taking responsibility to care for community, is through the development and deployment of the "*Indigenous Allyship Toolkit: A guide to honouring culture, authentic collaboration and addressing discrimination, to support health service providers in addressing health inequities"*(2020), to support health service providers, and this has been endorsed by Ontario Health (West).

Advancing Indigenous Cultural Safety: Highlights

Cultural Safety and Indigenous Cultural Safety (ICS) Training:

Indigenous Cultural Safety (ICS), which is a core priority of the IHN, remains to be an area of focus. Within the context of the COVID-19 pandemic, the momentum and focus on ICS has declined (see *Appendix A: ICS Brief, IHN – HNHB LHIN*), and issues related to racism and discrimination within healthcare settings are occurring at alarming rates, rendered nearly invisible as COVID-19 rages on. These challenges have been reported on by Indigenous care providers on the front lines, and described as delays with, and/or limited/no options, in accessing appropriate and culturally safe care. Through explicit examples of IHN involvement in and with health and social service committee structures, there are significant limitations around historic and contemporary knowledge of Indigenous people in Canada, as well as respectful, adequate, and meaningful engagement with Indigenous communities across the region. Finally, an overall lack of accountability in measuring and monitoring Indigenous health and wellness, rendering Indigenous experiences of health and a growing gap in health equity, invisible to and within the healthcare discourses, resulting in neglect for core and embedded organizational and systemic issues that support these inequities.

Despite this issue, training that has been taken up, has had a very high completion rate. This speaks to the level of quality and engagement that ICS learners experience through the San'yas online ICS training courses.

Specific Accomplishments: high completion rates for the Indigenous Cultural Safety (ICS) training in 2020/21 (*see Appendix A: ICS Brief for the complete report*).

- In 2020/21, there has been a remarkable completion rate for the online ICS trainings, with 91% of all health and social services professionals completing the full training.
- From 2017 to present, there have been a total of 3,425 registrations in San'yas courses from the Hamilton Niagara Haldimand Brant LHIN. Of courses closed during this period, there was an 88% completion rate (2,964 of 3,425) and a 11.6% non-completion rate (387 of 3,425).

The San'yas online ICS training is one of the most prolific and effective best practices available in Canada, to support the systematic education of health and social services professionals, fostering culturally safe attitudes required to address implicit bias and improve the quality of care provided to Indigenous people. As defined by the San'yas program, which has been customized and continues to be improved for an Ontario context, "cultural safety is about fostering a climate where the unique history of Indigenous peoples is recognized and respected in order to provide appropriate care and services in an equitable and safe way, without discrimination"[7].

Specific Accomplishments: Increased response of cultural safety within the healthcare community:

- Hospice Niagara has created a deliberate Indigenous healing space within their hospice walls, this transformation is a direct result of relationships with local Indigenous communities, and investment in time through ICS training workshops (2019-2020); there is capacity and willingness to continue to support this work through the Niagara Ontario Health Team as an allied co-lead, and in the broader Niagara region.
- Brantford General Hospital has been responsive to direction form the IHN and local Indigenous health champions, and is poised to implement Emergency-department (ED) wide ICS training

[7] Source: the "Home | San'yas Indigenous Cultural Safety Training" landing page located at: https://www.sanyas.ca/

- Education and relationships in the region
- Relationship with the Niagara OHT have advanced due to a significant investment of time by both the OHT members and the IHN. To date, three days of facilitated workshops and training has been offered between late 2019 – early 2020. Learnings through these interactions can be used to enhance other OHT relational guidelines and protocols within and beyond this region.

Recommendations: Enhance reporting and spread of ICS training.

a) ICS training to be endorsed by the OHT's and Ontario Health (West), with all senior leaders and OHT members to complete San'yas training in 2021;
b) The development and posting of core ICS success indicators, including uptake and completion rates by sector and organization, to be embedded within OH (west) and OHT (Niagara) priority health indicator dashboards;
c) Annualized ICS detailed evaluation briefs submitted to the IHN, OH (West), and the regional OHT's, to be used to measure progress, evaluate advances in ICS, and identify core priorities for the regional health system's ICS plan.
1. Increase support to build capacity of Hospice Niagara in their cultural safety journey; to date, this organization has demonstrated leadership across all sectors in Niagara, as demonstrated through their strategic plan, which includes a commitment to hire, recruit and retain Indigenous health care workers; an ICS plan to train 100% of staff; and a policy to support staff to complete San'yas training at work, during paid time.

Learnings from the ICS Evaluation Brief (see Appendix A)

Effectiveness of ICS training has been increased through the following measures:

Prioritizing the following sequence of training with and across organizations:

Priority sequence: 1) Senior Leaders; 2) Managers; 3) Direct service delivery targeting hotspots for anti-Indigenous racism and discrimination in the health system (e.g., Emergency departments, maternity, mental health, and substance use services); 4) Indirect service delivery organizations;

Recommendation: San'yas training incorporated into organization/regional plans to support integration of Indigenous cultural safety.

The following service areas have been frequently identified as areas where Indigenous people experience high levels of discrimination and harm:

• Emergency Departments • Maternity • Mental Health and Substance Use Services

Where possible, it is important to check with regional Indigenous health advisory groups about the areas within the healthcare system where the most harm is occurring to community members.

Recommendation:

a) ICS facilitates awareness: participants gain a deeper and broader understanding of the ongoing and structural health disparities in their workplace. One challenge noted, is that **there is no criteria or condition that incentivizes, monitors, or reports on ongoing Indigenous cultural safety training. Review training plans and monitor unintended negative/ positive impacts.**

b) An opportunity for organizations, OHT's and Ontario Health: It has been recommended that there is some community of practice, or support structure within and outside of organizations that can

create space to build dialogue, as participants benefit from post training connections and dialogue throughout their places of work; health service providers state there an be challenges related to incorporate their training into practice, and there are often difficulties related to organizational impact when encountering ongoing structural, systemic and individual racism and discriminatory practices within the healthcare system. This may require additional training, or an enhanced point of contact within or outside of the organization, who can debrief, and address in a timely manner.

Recommendations to sustain, grow and strengthen the IHN

1. IHN: Internal Considerations

Specific Accomplishment: Going online during COVID was positive for many who were able to meet from their home communities, thus they were able to consistently reach more members. It may be practical to consider mixed meeting options moving forward, post pandemic. There is also support emphasizing the need to meet 1-2 times a year in person, and this should continue.

Opportunity for Improvement: Attendance: desire for senior management from all IHN member organizations to attend – there was a crucial meeting held in 2015, at a point in time that a crisis was occurring, and at this time, IHN members agreed that members who sit at the IHN table must be allocated authority to make decisions and enact policy in their organizations. Within this report, there were limitations in time, and participation from all IHN members, thus it was not possible to dive deeper into understanding the source of low attendance from some IHN member organizations, although it has been suggested that there may be overarching capacity issues. This may be an important area for review moving forward.

a) **Recommendation:** continue to have and build strong relationships with individuals and as whole organizations; relationships are what keep the IHN together. There is value in doing a deeper dive into enhanced relationships and communication with all IHN members, and then hosting a meeting to validate and update the terms of reference.

2. System: Areas for Growth: Niagara region: slow/low community engagement with IHN and general invisibility of Indigenous health across health system and organizations; tenuous connections with the IHN through the NOHT.

Recommendation: Areas for improvement include:

- communication with the IHN and Indigenous community/ organizations;
- understanding Indigenous engagement imperatives and protocols;
- relational accountability with the whole IHN – beyond individual level;
- uptake and leadership around advancing ICS training;

Areas of strength include:

- increased understanding of health equity and Indigenous health quality improvement;
- IHN participation has resulted in enhanced relational practices, including the realignment of NOHT Terms of Reference and governance towards a values-based and relational framework, drawn from Indigenous knowledge (e.g., consensus-based decision making; interconnectivity teachings; full inclusion and deep listening).
- understanding and appreciation for Two-Eyed Seeing principles;

- IHN members bring greater education, awareness, mentorship, guidance in improving Indigenous health to NOHT which "moves beyond just ticking a box";
- direct strategic planning input, including Indigenous inclusion in new hospital build planning;
- Enhanced Indigenous involvement and inclusion in the Palliative care workshop hosted by Hospice Niagara.

3. Building Indigenous Capacity:

There are a finite and overall, relatively small pool of Indigenous health and social service organizations regionally, thus capacity is a significant issue, and yet the pressing need for and request of IHN members to interact, support, and advise on Indigenous health in and amongst healthcare advisory structures continues to grow. The IHN continues to support and endorse the need to increase the overall number of Indigenous health and social service professionals in the field. The IHN is a safe place for Indigenous leaders to be able to bring situations to a group of peers and complain if needed, also celebrate when needed; an important part of these meetings is the Indigenous-only caucus, described as a safe space, created to unpack and surface sensitive issues, and guided through shared values.

This includes, but is not limited to, expanding the scope and scale of indigenous services within and beyond Indigenous specific organizations.

a) **Recommendation:** Need to foster growth amongst the next generation of Indigenous leaders.
b) Mentorship is critical, and a necessary foundation in sustaining and growing the IHN. This is also an important tactic in supporting cultural safety of members as they represent the IHN in other healthcare forums, panels, committees, and advisory roles.
c) To see the ongoing and continued success of the IHN, there needs to be a focused plan to foster mentorship and build on continuity and succession planning, creating formal protocols on bringing in new and supporting emerging leaders.

"Health research and policy must acknowledge and respect the relational worldview that is foundational to Indigenous health and wellness; strategies for healing and wellness must encompass social, spiritual and land-based relationships"[8].

Core Recommendations

1. **Expansion of Indigenous Engagement and Inclusion within healthcare structures**: Given the current period of healthcare transformation and expansion of Indigenous engagement and inclusion directives from the public healthcare system, there is a limited capacity for IHN members to attend the growing number of planning and advisory/ committee meetings throughout the region. Currently, the IHN model supports a mentorship-based and culturally safe model of committee attendance, this means that 2 IHN members attend every strategic committee meeting together whenever possible.
    - While specific barriers to these relationships were not identified, the IHN could explore whether increased communication, resources and support flowing from the IHN may improve these relationships. A first step could involve an environmental scan and review of current Indigenous engagement requests, as well as a review of other Indigenous engagement practice and recommendations.

[8] p.2, COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories | The Royal Society of Canada (rsc-src.ca)

2. **Access to culturally safe healthcare:** The significant Indigenous health inequities, including access and safety, are persistent and identified areas of priority for First Nation, Inuit, and Metis throughout the region. Specific geographically located challenges were identified through this process, providing opportunities for targeted engagement, training, and enhanced Indigenous and culturally appropriate services.
    - Continue to build and decolonize relationships with Ontario Health, Niagara OHT, family health teams, and other health infrastructure. The IHN members have noted that the approach within the Brant and Hamilton regions has been successful, and some of the outcomes have been good relations across the system, wherein there is a higher level of collaboration and uptake of ICS.

3. **Enhanced capacity to support relationship development and education in the Niagara region (building on the overarching recommendation to support IHN engagement):** Within the Niagara region, Indigenous healthcare access and cultural safety has been identified as a current challenge; additionally, gaps in availability of culturally relevant/ culturally safe services were noted. It is possible that through current provincial and regional healthcare transformation efforts, increased focus through Indigenous inclusion and engagement in new and existing healthcare mechanisms for planning (e.g., the Niagara Mental Health Transformation Committee; Niagara Ontario Health Team; hospital systems) has led to a better understanding of the tensions that exist in this area specifically. For context, in previous years the IHN has focused on Indigenous health and cultural safety strategies in areas surrounding Six Nations, and throughout the Hamilton corridor.
    - Develop a better understanding of appropriate Indigenous inclusion and engagement protocols and guidelines for non-Indigenous organizations to use as a point of reference to guide processes across the region.

4. **Deliberate and focused ICS training and education**: Escalate cultural safety training for healthcare leaders and professionals and developing accountability mechanisms to ensure the monitoring and transparency of training, including the uptake and completion rates of training.
    - Partner with organizations such as San'yas to develop a more robust ICS reporting and monitoring mechanism, including an annual ICS brief for the region, coupled with enhanced evaluation analysis. This will provide specific direction and enhance transparency of ICS as uptake continues to expand and support healthcare transformation practices within and across the Ontario Health region. A dashboard could enhance dialogue and connections between the OHT's, health service providers and the IHN, as a tool to support ongoing ICS efforts, as well as making up-to-date information and direction coming from trainees more available to aid in deployment of localized and nation-specific/ community specific ICS training.

Conclusion

"Indigenous self-determination, leadership and place-based knowledge have successfully protected Indigenous communities in Canada during the COVID-19 pandemic. These principles should be at the forefront when planning public health research, policy, and other actions with Indigenous peoples"[9].

At a time of pandemic, mass chaos and frantic efforts to uproot rigid and controlled healthcare environments and services, members of the IHN made a conscious decision to take leadership and control over the regional Indigenous response to COVID-19, and immediately shifted to a model guided by a "Prepare, Protect, provide" approach to caring for community. It is believed that the IHN led the system and regional response in an effective, timely and culturally appropriate manner, serving as an important example that should be recognized and celebrated.

The IHN is perfectly positioned to continue to build strong relationships with Ontario Health, the Niagara Ontario Health Team and other mainstream health infrastructure in the region. The IHN is built on strong relationships, between Indigenous health organizations, First Nations, and the LHIN. As the provincial infrastructure shifts to Ontario Health, the IHN has (and should continue) to build and decolonize relationships with government and mainstream health organizations.

"When examining Indigenous Health and Wellbeing, it is important to keep both perspectives in mind, our vulnerability AND our resiliency, our isolation AND our relationality, our past AND our future"[10].

These relationships bridge worldviews, bringing together Indigenous ways of being and knowing with that of the mainstream, non-Indigenous population. Perceptions on care vary widely between Indigenous and non-Indigenous health service providers, but the model of wellbeing supported by the IHN supports the wellbeing of everyone in the region. The IHN paves the way for better care through compassionate, caring, and relational ways of interacting with self, others, communities, the land, and All of Creation.

These relationships can be challenging, and healthcare transformation can disrupt Indigenous support structures, such as the IHN, rendering the benefits obsolete, and having a direct impact on the health and wellness of people across the region. Thus, taking care to engage with and support the IHN through these crucial healthcare changes is an important form of health equity.

The story and themes that underscore the Indigenous Health Network (IHN) journey this past year is one of connection, strength, resiliency, and self-determination. The IHN found new ways to connect and stay connected to "Prepare, Protect, Provide", successfully caring for the Indigenous people across the region. The response within and across the IHN has had regional and provincial reach: communities are now continuing to lead the way and plan for new opportunities to care for the community and foster connections to the culture and land to support self-care, practice medicine, and produce food, showing resilience as communities of people who can and do know how to care for ourselves.

Miigwech, Nya:weh, Marci and Thank you for journeying with us.

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[9] p.2, COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories | The Royal Society of Canada (rsc-src.ca)

[10] Richmond, C., Ambtman-Smith, V., Bourassa, C., Cassidy-Mathews, C., Duhamel, K., Keewatin, M., King, A., King, M., Mushquash, C., Oakes, N., Redsky, D., Richardson, L., Rowe, R., Snook, J., Walker, J. COVID-19 and Indigenous Health and Wellness: Our Strength is in our Stories. Royal Society of Canada. 2020

Prepare ᛋ Protect ᛋ Provide – Supporting Indigenous communities, a story about the Fort Erie Friendship Centre

When the first presumptive case of COVID-19 was reported in Ontario (and Canada) on January 25th, 2020, Jennifer Dockstader, Executive Director of the Fort Erie Native Friendship Centre (FENFC), and newly installed President of the OFIFC, was closely following and monitoring the spread of this emerging pandemic. It was only a few days before that the Fort Erie NFC started to advertise their 25th Annual Mid-Winter Pow Wow, to be held on March 7th, 2020. Even at this early time, well before most Canadians knew what the coronavirus was, Dockstader understood that it was time to prepare, and this included reviewing the Centre's policies, setting up a structure of support for staff, and starting a food and essential equipment pantry. As the Pow Wow date approached, Dockstader grew increasingly concerned over the safety of the community, especially the most elderly and vulnerable members. Two days before Pow Wow, the Centre was hosting a 2-day Youth and Elder Gathering, Round dance, and Pipe Ceremony, with Elders in attendance from across Turtle Island. During this critical time, Dockstader requested advice from the Elders, and through a private caucus, the Elders shared their wisdom and knowledge about what to do.

By March 11th, a 77-year man in Ontario was reported as the province's first death attributed to COVID-19, and this time, the environment of uncertainty and chaos was in full swing. Debates over what to do were heightened, and Canadians and public health officials scrambled to provide evidence and advice on what provinces should do to address the virus. On March 17th, 2020, Ford declares a state of emergency in Ontario, and on March 18th, Prime Minister Trudeau closes the borders to non-essential travel. While the state of emergency created a ripple effect of fear, dissent and mass shutdowns, the Fort Erie NFC continued to work quickly and quietly to initiate their response. By March 21st, the FENFC was "live and read to go" and staff had been sent home, prepared, and equipped to work remotely. The FC immediately deploying their structures of support for all staff and members, including delivering food and supplies from their well-equipped pantry. Strategic staffing shifts occurred, and daycare ECE's (who would have otherwise been laid off) were redeployed to lead the two thousand "wellness checks" that were placed, twice a week, to the Centre's clients and Elders. This Wellness Checks quickly became to address a myriad of issues and stay connected and informed as people were required to enter lockdown and stay home.

In March 2021, both the Fort Erie Native and Niagara Regional Friendship Centres became the first community based COVID-19 vaccine clinics in the region, and through this evolving and challenging experience, new partnerships have been forged, and new learnings grow every day. This is a ground-breaking role for the friendship centre community, yet one that emphasizes future capacity to support Indigenous wellbeing for urban and rural Indigenous people across Turtle Island. It is clear through this role, that the FENFC serves an important role regionally, and is well established provincially (through the OFIFC).

Throughout the pandemic, and moving into the future, the FENFC has conceived plans beyond addressing the immediate need, to plan for the wellness of the community moving forward. The Centre has purchased farmland and will start producing food for community to focus on food security as a core determinant of health. The Centre has also reconstituted their Youth Council, who has taken on more responsibility in organizing and supporting online efforts to both fundraise and create health and wellness connections with community. Through their input with the IHN, a crisis line was established, and relationships with hotels have been established to create needed safe spaces. Additionally, the FENFC has houses current information about border crossing, as many members have loved ones across the US border. Through deep connections with community, and through learning in self-care, faith in Creator and guidance through culture and identity, the FENFC's Executive Director, Jennifer Dockstader is leading the way in this community.

Appendix A: The Indigenous Cultural Safety (ICS) Brief developed for the IHN and HNHB LHIN

Please note, the following San'yas ICS brief has been compiled from a brief prepared by PHSA Indigenous Health (February 2021). This content has been customized for the IHN and Ontario Health/ HNHB LHIN for purposes of evaluation and to support advancing ICS. To find out more about the San'yas program, please contact: Diane Smylie, Ontario Lead, Projects and Partnerships, San'yas Indigenous Cultural Safety Learning Programs (dsmylie@phsa.ca).

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Appendix B: Methodology

Methodology

This research was carried out by the principal proponent hired, Vanessa Ambtman-Smith (Nêhiyaw-Métis)[11], who contracted Emily Beacock[12]. Based on their identities and positions, as well as the qualitative methods chosen, the researchers/ writers bring a unique lens to the development of this work. Their position, described as insiders on the outside, is based on their work and research within the field of Indigenous health as well as their location. Both carry an overarching understanding of structural Indigenous health disparities, and a deep understanding of the value of community, Indigenous voice and realities, connections and the shared values that underpin the IHN. As 'insiders on the outside', both Vanessa and Emily have the benefit of viewing the connections, relationships and challenges as researchers who live and work outside of the HNHB region, and outside of the day-to-day nuances and tensions of Indigenous health services in the region.

Vanessa was contracted directly by the HNHB LHIN and IHN co-chairs, following an invitational RFP process (Dec 2020), she sub-contracted Emily Beacock in January to support this work. The contract began in late December 2020 and all activities were completed by March 12th, 2021.

- Over a period of 6 weeks, data was collected through 11 direct interviews (Jan-Feb 2021), and included IHN members, LHIN and Niagara-OHT staff.
- Data also included observations from two IHN meetings (January 2021), alongside document reviews of public content (e.g., website and social media), and internal IHN document review (e.g., planning papers, statements, briefing notes, and meeting minutes).
- All data was reviewed and anonymized, sorted to locate thematic connections that support two core aims; the first aim was to identify the main deliverables, activities, opportunities, and challenges in alignment to the strategic priorities of the IHN. The second aim was to understand the landscape and impact of the global pandemic on the Indigenous health and wellness across the region.
- The interviews included core questions about the IHN's strengths, value to the system, opportunities for improvement, and how it could be sustained and enhanced in the future. The goal of these interviews was to support an open dialogue that was guided through a semi-structured interview format. Informally, participants responded very well to the interview approach, and participants felt comfortable to share not only the successes and benefits of the IHN but also the challenges and tensions surrounding Indigenous health and wellness.

Once data collection was complete, analysis took place, and both Vanessa and Emily identified the core themes across the interview data, first independently, and then collaboratively. Content was organized in the following themes: IHN strengths, IHN internal and structural considerations, accomplishments through COVID and beyond, and ongoing challenges for Indigenous health in the region. These themes make up the bulk of the year-end report and have also been used to create the core content for the StoryMap. Both the draft narrative annual report and the StoryMap will be reviewed and vetted through the IHN.

[11] Vanessa is a Cree-Metis mother and PhD Candidate from Treaty 6. She is a former Indigenous Health Lead for two LHIN's (2008 - 2018), and through both education and experience, has learned to apply critical thinking, Indigenous and decolonizing methodologies in research and knowledge mobilization.

[12] Emily is a PhD Candidate and a settler, who works as an ally in the field of Indigenous wellbeing and decolonization.