



TERMS OF REFERENCE

The Hamilton Niagara Haldimand Brant (HNHB) Indigenous Health Network (IHN) supports meeting the unified vision of Indigenous health, creating interconnectivity of autonomous Nations, urban and rural Indigenous organizations, that reflect the values of 'Tending to the Sacred Fire' with Indigenous people from Six Nations of the Grand River and Mississaugas of the Credit through to Niagara. The HNHB IHN creates space to identify and respond to the needs of the Indigenous community across this region, inclusive of the true breadth of diverse Indigenous Nations who reside within the 'Tending to the Sacred Fire,' Ontario West Region (e.g., Haudenosaunee, Anishinaabe, Cree, Dene, Métis, etc.), and by doing so, breaks down barriers within and across the 'health' silo and embracing the concept of wellness, wherein everyone has a role.

ABOUT THE IHN

The HNHB IHN has been in operation since 2010 and has since grown and evolved into a collective of Indigenous leaders who see themselves as "doing the work of the people to move forward" in the areas of health and wellness wherein the group applies a wholistic and connected view on health. The HNHB IHN is a high functioning, strategic network that has demonstrated the ability to identify issues early, make decisions and act efficiently and effectively to attend to the needs and safety of Indigenous people across the HNHB region (the region).

A. VISION

The HNHB IHN describes 'Indigenous health' by building upon an understanding of Indigenous people and their interconnections with everything around them; this includes relationships along many dimensions from self, to one another, families, clans, homelands, their environments, and All of Creation. This *vision* for Indigenous health and wellness is inclusive, and self-determined by and for the people of this region but nestled within the greater context of understanding about 'Indigenous health'. The HNHB IHN regards Indigenous health as "*the balance between body, mind, spirit, voice, as it intersects with Indigenous identity, is interconnected with everything and is described as 'feeling well in all ways' "*.

B. PURPOSE

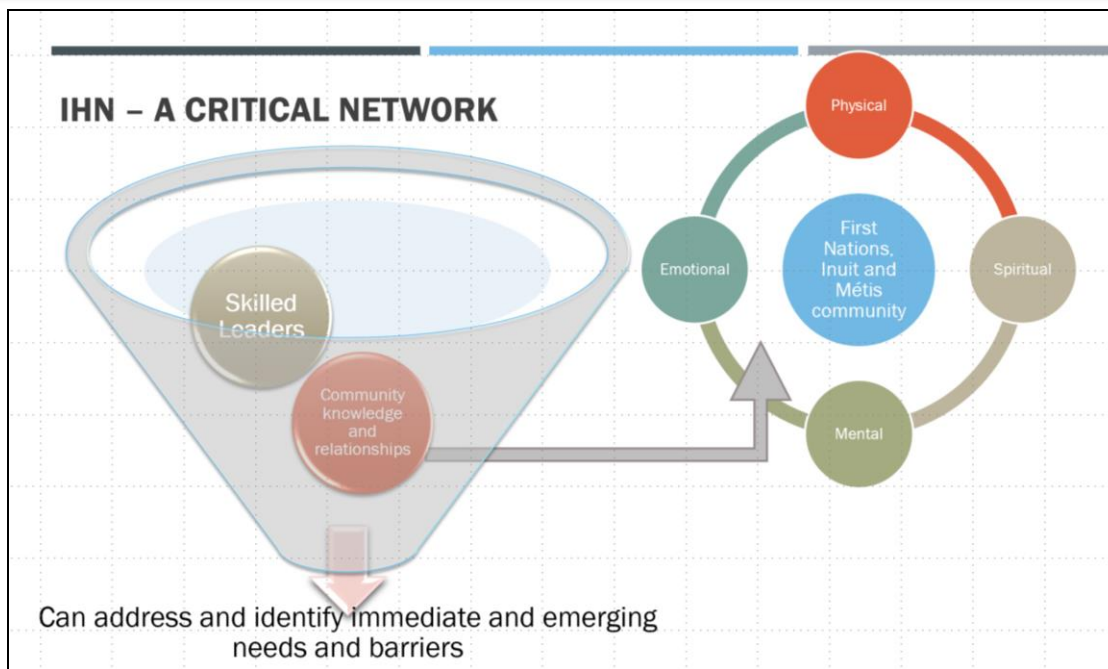
The HNHB IHN is about making connections. It is a safe place to support individuals by renewing relationship – physical, mental, emotional, and spiritual, creating a space that people are comfortable to fully participate and direct their health journey. Through the HNHB IHN, one can listen and engage as a leader or accomplice, shaping Indigenous-led and informed care, and connecting with a great group who are striving to keep communities well. The HNHB IHN seeks to create a forum that will harmonize the efforts of First Nations, Inuit, Métis and urban Indigenous (FNIMul) health and social service providers toward creating a health system that:

- 1) Meets the wholistic health needs of Indigenous peoples across the region from an Indigenous perspective.
- 2) Integrates traditional Indigenous knowledge and healing systems for healthy people and healthy communities.
- 3) Commits to input from Indigenous communities regarding present and future programs and services.
- 4) Improves the capacity of a broad range of partners to contribute to improved health outcomes of Indigenous peoples.
- 5) Through designated staff leads, liaising with members of Ontario Health West to ensure decisions are positively impacting Indigenous peoples' health status and access to services.



INDIGENOUS HEALTH NETWORK

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C. ROLES AND RESPONSIBILITIES

The responsibility of IHN members is to show up attend or send a delegate, listen, engage, contribute, and support a safe and non-judgemental space. Participation in the IHN is about listening and reflecting and creating actions and relationships moving towards cultural safety across the mainstream.

Reciprocity within the HNHB IHN means that ‘we represent our truth, solidarity and safety’, and that as a member we can expect “to be supported by the strength, knowledge of the HNHB IHN when large institutions want to ‘engage’ with Indigenous community, inviting a ‘single’ Indigenous person to represent ‘engagement’ for policy/ system change”. Thus, belonging to the IHN is about being ‘part of a larger collective’ wherein we are stronger together.

Respect means having support and being part of a group that has the same goals and mindset to make this world a safer and healthier place. It can also mean to be a voice for the people and to question and call out what isn’t right, or just, for the community within the healthcare system. It also means that through the additional supports of the IHN, there is comfort and safety to discuss topics that can be very sensitive.

Each member:

- 1) Brings their expertise and leadership in support of HNHB IHN’s purpose and mandate.
- 2) Conveys local health issues and needs.
- 3) Attends meetings regularly, participates actively in the work of the Network, and provides leadership for working groups. In the event a member cannot attend or send a delegate, the member will send regrets and agrees to support timely decision making via email responses.
- 4) Participates in a way that demonstrates inclusiveness and respect for diversity of approaches and knowledge.
- 5) Uses a common language.
- 6) Provides advice to Ontario Health West regarding approaches to planning, community engagement, funding, system performance, and reporting.
- 7) Practices relational accountability to ensure members stay connected between meetings.



D. MEMBERSHIP (A current list of participating organizations can be found in Appendix A.)

The IHN is a voluntary group and welcomes First Nations, Métis, Inuit, and urban Indigenous health and social service providers within the region. Membership is open and reflects the diversity of the region. Community members who hold Traditional knowledge perspectives and/or have other expertise will be invited at the discretion of the Network. Through inclusive approaches, the IHN has the capacity to support Indigenous people living across the region (First Nations, Inuit and Métis people living in both rural and urban contexts).

The Network combines skilled leaders who know their communities deeply and carry relationships across a much broader network of health, social and policy leaders, to converge these connections to address and identify immediate and emerging needs and barriers.

As part of their 2023/24-2025/26 strategic plan, the IHN aims to expand their membership, and to accommodate growing participation, the HNHB IHN will seek to formalize a change to the structure of the Network, including:

- Structural change [Inner circle of members = Executive (IHN core leaders/ decision makers); outer circle - Indigenous roles and organizations across region who contribute to Indigenous health/well-being extended network].
- Recruit two youth members from the HNHB community to sit on the Network. A youth member of the HNHB IHN must (1) be 16-24 years of age, (2) self-identify as a youth, and (3) is involved in an Indigenous youth community. A youth member may express interest directly or be nominated by an active IHN member to participate.

Participants will have approval of their Councils, Board of Directors, and/or Supervisors to participate. Where possible, an alternate should be assigned. If a member organization wants to change their participating member or wishes to withdraw from the Network, the member is requested to provide 30 days written notification of their decision to the HNHB IHN Co-Chairs.

E. CO-CHAIRS

The HNHB IHN has determined that the role of Chairperson should be a shared role, with each co-chair representing either on-reserve, or off-reserve. The role of the IHN Co-Chairs (terms reviewed semi-annually – each January and July) includes:

- 1) Sets agendas for committee meetings.
- 2) Chairs meetings with a goal of productive, participative, and balanced dialogue.
- 3) Contacts Network members who have been consecutively absent to discuss their continued interest and commitment.
- 4) May be required to meet with the Board of Directors from participating organizations.
- 5) Distribute duties amongst Co-Chairs and share their respective roles with the Network.
- 6) Outgoing Co-Chairs and past Co-Chairs may be called upon for guidance and/or chair a meeting if both Co-chairs are not available.

Role of Ontario Health (OH) Staff:

To support the IHN through ongoing relationships that continue to build on previous commitments within the organization to advance partnership, advocacy, and allyship. The HNHB IHN will advise and offer key direction to OH to advance Indigenous cultural safety, access, and support system changes that impact and benefit FNIMul people in the region.



F. COMMUNICATION

HNHB IHN members will:

- 1) Ensure that all information is taken back to communities/organizations.
- 2) Share identified trends from their respective communities.
- 3) Share organizational positions.
- 4) Promptly respond to HNHB IHN Co-Chair's regarding their attendance and participation in meetings.
- 5) Participate in meetings via email if they are unable to attend a meeting, whether online or in-person.

G. DECISION-MAKING

It is understood and accepted that when HNHB IHN members come together to make decisions, members will endeavor to follow consensus decision-making guidelines.

Working Groups are to be determined by HNHB IHN members. Working Groups may include participants other than members of the HNHB IHN (i.e., community members or other Networks' members) who have passion and knowledge for the work.

H. MEETINGS

Meeting will be opened and closed in a way that reflects traditional values/customs. Meetings will be held bi-monthly or otherwise, as needed. Physical meeting locations are determined at the discretion of the Network. Virtual meeting locations are required to be held over a platform that supports password protection (i.e., Zoom).

I. OTHER

Members will respect the privacy of the IHN and agree not to disclose information or views expressed by individuals throughout meetings. The IHN will adhere to principles of transparency and free exchange of information for the benefit of FNIMul communities.

Within the principles of openness and fairness, IHN members will be asked to declare any perceived and/or potential conflicts of interest. Declaration of actual and/or perceived conflicts of interest do not preclude individuals from participating in discussions.

At minimum, the terms of reference will be reviewed at the beginning of each fiscal year (in April).



Appendix A: IHN Member Organizations

Organizations are listed alphabetically.
De dwa dehs nye>s Aboriginal Health Access Centre (DAHAC)
Fort Erie Native Friendship Centre
Ganawageh Urban Homes
Grandmother's Voice
Hamilton Regional Indian Centre (HRIC)
Indigenous Diabetes Health Circle (IDHC)
Métis Nation of Ontario (MNO)
Mississaugas of the Credit First Nation
Native Horizons Treatment Centre
Native Women's Centre – Hamilton
Niagara Chapter – Native Women Inc.
Niagara Regional Native Centre
Ontario Aboriginal Housing Services (OAHS)
Oonuhseh Niagara Native Homes
Six Nations of the Grand River - Health and Social Services
Indigenous Navigator – Cancer Care Ontario