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SMDHU INDIGENOUS ENGAGEMENT LEARNING JOURNEY:

Scoping Review: Engagement Practices and Models of Engagement (External Version)

May 2019

CONTENTS

NOTE: The full content of this external version of the report is intact. The only alteration is the removal of hyperlinks to documents saved to the health unit's internal network.

EXECUTIVE SUMMARY

Introduction

Enhancing relationships with community partners is a key focus in the Simcoe Muskoka District Health Unit's (SMDHU) 2019-2020 Strategic Transition Plan. To inform further meaningful engagement and mutually desired collaborative working relationships with Indigenous Peoples and communities in Simcoe Muskoka, the health unit began a journey of learning.

Objectives

As part of its learning journey, a scoping review was completed. The scoping review had the following objectives:

1. Identify the different Indigenous-public health practices and/or models of engagement and relationship building.
2. Identify the federal, provincial and municipal jurisdictional considerations (e.g. financial, territorial, political etc.) related to public health services for Indigenous Peoples (IP) that may impact the health unit's efforts to undertake meaningful engagement and build collaborative relationships with local Indigenous communities, organizations and individuals.

This report addresses the first objective while an additional report will address the second.

Results

While the objective focused on *practices* and *models* of engagement, it was clear from the literature that *principles* are overarching values that guide behaviour and provide structure when discussing practices or models of engagement. Therefore, this report provides a synthesis of these principles, which are the contextual foundation upon which practices and/or models of engagement between Indigenous populations and Ontario public health units are successfully built. The report also provides a summary of models of engagement between four Ontario public health units and local Indigenous communities, as well as an overview of a First Nations regional health authority.

Indigenous-Public Health Principles and Practices

There are many ways to talk about or frame principles and many practices are not mutually exclusive to one principle. There is often interconnection and overlap among principles and practices. The following principles were frequently cited in the reviewed literature as helping to form partnerships and build mutually respectful relationships between Indigenous and non-Indigenous people and organizations.

Respect - includes honouring, acknowledging, understanding, and appreciating history, present context, cultural practices, traditions, protocols, lands, diversity, knowledge and worldviews.

Practices include respecting the autonomy of each community, and providing staff cultural safety, human rights and/or anti-racism training.

Trust - involves being open to talking, listening and learning from each other. Practices include early engagement and ongoing communication and commitment.

Self-determination - acknowledges that Indigenous people have the inherent right to choose their own pathways and make decisions about all aspects of their communities. Practices include Indigenous communities leading or being authentically engaged in decision-making processes that impact Indigenous people or communities and involvement in health planning.

Commitment - involves ongoing long-term engagement. Practices include maintaining an expectation of meeting again and continuously working together, and purposeful Indigenous hiring.

Accountability - involves producing tangible outcomes or actions from engagement. Practices include reporting back on the results of consultations and developing performance measurements with Indigenous organizations to evaluate the organization's relationship with Indigenous people.

Honesty & Transparency - involves being able to have a clear and open discussion. Transparency involves being forthright and sharing relevant information. Practices include being upfront about expectations, intentions, resources or any limitations, and being critical of one's own motivations for engagement.

Reciprocity - involves the practice of exchanging items, resources, ideas, services, etc. (tangible or intangible) with others for mutual benefit. Practices include reciprocal learning, and offering compensation, honorarium, travel assistance or other appropriate remuneration for Indigenous partners that share their knowledge and time.

Humility - involves being humble in one's knowledge and being open to listening, learning, and trying to understand another's experience. Practices include recognizing that communities hold unique knowledge, teachings, strengths and capacities, and being interested to learn and ask questions about communities.

Flexibility - involves being flexible with agendas, approaches to programming and timelines. Practices include listening and learning without an agenda or expectations in mind, providing options for program delivery, and adjusting timelines for meetings.

Models of Engagement

Four Ontario public health units and a First Nations regional health authority with well-documented Indigenous engagement relationships were reviewed to better understand how they are engaging, who is involved in Indigenous engagement, what their role is, and what is in place to support engagement.

Among the five organizations, there are similar and unique practices that have been developed by or with Indigenous partners to create respectful relationships. Similar practices include the creation of Indigenous engagement strategies, Indigenous health strategies and action plans. All four of the public health units also engage with committees composed of Indigenous representatives. The composition and purposes of the committees vary by local region. Other practices, some of which are unique to specific organizations include:

- Indigenous representation on the board of health
- Indigenous community representation on an advisory group or Indigenous advisory committee
- Formal written agreements such as a Section 50 agreement under the *Health Protection and Promotion Act*[i] or a memoranda of understanding
- Informal or unwritten agreements
- Organizational commitment statements
- Land acknowledgements
- Purposeful Indigenous employment
- Having a lead who works across teams to support engagement with Indigenous communities
- Cultural awareness/competency training
- Policies or guidelines for engaging with Indigenous communities
- Consideration of the needs of Indigenous communities in strategic planning or program planning
- Translation of resources and publications into Indigenous languages
- Providing internal updates to staff on First Nations community engagement
- Communicating with First Nations communities to provide updates on public health activities

Conclusion

This report provides a synthesis of frequently cited principles and practices in the reviewed literature that help in building mutually respectful relationships between Indigenous and non-

[i] A Section 50 agreement refers to Section 50 under the Health Protection and Promotion Act. The Council of a band on a reserve may enter into a Section 50 agreement with a health unit where the board of health agrees to provide health programs and services to members of the First Nation and the First Nation accepts the responsibilities of a municipality. It also allows the Council of a band to appoint a member of the band to be a member of the board of the health unit. If the councils of the bands of two or more bands enter into an agreement, they may jointly appoint a person to be one of the members of the board of health.

Indigenous organizations, as well as examples of models of engagement. This information can be used by SMDHU to increase its knowledge of documented principles, practices and models of engagement while looking forward to learning and understanding the preferred principles, practices and relationships of local Indigenous communities in Simcoe and Muskoka in the next phase of its learning journey.

INTRODUCTION

Enhancing relationships with community partners is a key focus in the Simcoe Muskoka District Health Unit's (SMDHU) 2019-2020 Strategic Transition Plan. To inform further meaningful engagement and mutually desired collaborative working relationships with Indigenous Peoples and communities in Simcoe Muskoka, the health unit began a journey of learning.

As part of this learning journey, a scoping review was completed. The scoping review had the following objectives:

1. Identify the different Indigenous-public health practices and/or models of engagement and relationship building that are being implemented locally, provincially and nationally.
2. Identify the federal, provincial and municipal jurisdictional considerations (e.g. financial, territorial, political etc.) related to public health services for Indigenous Peoples that may impact the health unit's efforts to undertake meaningful engagement and build collaborative relationships with local Indigenous communities, organizations and individuals.

This report addresses the first objective while an additional report will address the second.

While the objective focused on Indigenous-public health practices and models of engagement, it was clear from the literature that principles in general are overarching values that guide behaviour and provide structure when discussing practices or models of engagement in relation to any culture. Therefore, this report provides a synthesis of these principles, which are the contextual foundation upon which practices and/or models of engagement between Indigenous populations and Ontario public health units are successfully built. The report also provides a summary of models of engagement between four Ontario public health units and local Indigenous communities as well as an overview of a First Nations regional health authority.

While local Indigenous engagement principles and practices depend on the preferences of each individual First Nation, Métis, Inuit and urban Indigenous community, some principles and practices are common among multiple Indigenous organizations and communities, and will inform questions for further consultation with specific Indigenous partners.

METHODOLOGY

The literature search was guided by the question:

- What engagement practices and relationship models are being implemented locally, provincially and nationally with Indigenous Peoples that can be applied to public health?

While local and provincial engagement practices and relationship models were preferred, the scope was expanded to national strategies recognizing there could be some nationally-recognized Indigenous engagement strategies or protocols that may apply locally. A search of the grey literature was undertaken in May 2019.

Search Strategy

Several sources were used to identify Indigenous engagement-related grey literature and documents from Ontario public health units and other key organizations.

Databases

The Ontario Public Health Library Association custom search engine for Ontario public health unit websites was used to search these websites. Key words used in the search were "Indigenous", "Aboriginal", "First Nations", "Engagement", "Engage", "Strategy" and "Reconciliation".

The DesLibris database, a database for public Canadian documents, was also searched for Indigenous engagement related documents using the keywords "Indigenous", "First Nation*", "Metis", "Inuit" and "Engagement".

Board of Health Minutes

Ontario public health unit Board of Health meeting minutes in 2018 and/or 2017 were searched for the key terms "Indigenous", "Aboriginal" and "First Nation" in the context of engagement. These minutes were searched by visiting health units' websites and searching through the posted Board of Health meeting minutes for the key terms.

Professional Networks

An email message was sent via the Ontario Social Determinants of Health Public Health Nurse (SDOH PHN) network in November 2018 asking SDOH PHN's if their health unit had an Indigenous engagement plan or strategy and if they could share that plan.

Key Organizations' Websites

The Association of Local Public Health Agencies website was also searched for the keywords "Indigenous", "Aboriginal" "First Nation", "Metis", and "Inuit" in the context of engagement.

The National Collaborating Centre for Aboriginal Health was also searched using the keywords "Engag*" and "Partner*".

Publications related to collaboration, partnership or engagement with public health, municipal or social service organizations were searched on key Indigenous organizations' sites including the

Ontario Federation of Friendship Centres, Chiefs of Ontario, Association of Iroquois and Allied Indians, Anishinabek Nation, Métis Nation of Ontario and the Barrie and Area Native Advisory Circle.

The Ontario Local Health Integration Networks (LHIN) were another source of Indigenous engagement activities as all LHINs have a mandate to engage with First Nation, Inuit and Métis Peoples according to the *Local Health System Integration Act, 2006*. To minimize the scope of this review only the North Simcoe Muskoka LHIN and the Central East LHIN were reviewed. The Central East LHIN was included as they were the only LHIN noted by a 2017 Ontario Federation of Indigenous Friendship Centres' report to have a working relationship not only with the Aboriginal Health Centres but also the local Friendship Centre.

Key Provincial Guiding Documents

Key provincial guiding documents were also reviewed including the *Ministry of Health and Long-Term Care Cultural Competency Guideline*, the Ontario Public Health Standards *Relationship with Indigenous Communities Guideline*, the Government of Ontario's *Urban Indigenous Action Plan* and *The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples*, and the Locally-Driven Collaborative project *Relationship Building with First Nations & Public Health*.

Key National Documents

A limited number of national engagement strategies or protocols were included in this review. These guides were primarily identified via prior knowledge and learning network newsletters. This includes the *Indigenous Cultural Responsiveness Theory* from Saskatchewan, the *Indigenous Ally Toolkit* from Montreal and the *ayisīnowak: A Communications Guide* from Saskatoon.

Inclusion and Exclusion Criteria

Documents were included if they met the following criteria: the document discussed activities leading up to an Indigenous engagement strategy; the document was related to the development or evaluation of an Indigenous engagement strategy or activities; or the document discussed carrying out the activities in an Indigenous engagement strategy related to public health.

Documents were excluded for the following reasons: the document only provided descriptive statistics about Indigenous communities; the document focused on a topic not readily applicable to public health (e.g. commercial business); engagement was focused at the federal level; or it did not specifically focus on Indigenous communities (i.e. general engagement strategies).

A total of 26 documents were included for review and synthesis for this scoping review.

The Evidence-Informed Decision Making Network at SMDHU undertook a critical appraisal of the report, *Talking Together to Improve Health: Ontario Public Health Unit Survey*[1] using the ACCODS checklist for grey literature as this and related documents were the basis for identifying other key documents for this scoping review. While the report was deemed to be of

high quality and the *Talking Together to Improve Health* series was central to this report, there were key reports including relationship guidelines and public health Indigenous engagement strategies published after the initial *Talking Together to Improve Health* reports were published.

While the other reviewed grey literature did not undergo a formal appraisal, documents were assessed based on the extent that they were authored by a reputable organization and the extent that Indigenous partners were involved in the development.

RESULTS

The results section is broken into two sections: principles with associated practices; and models of engagement.

> Note: This report is a synthesis of the engagement principles and practices among several Ontario public health units and Indigenous communities for background knowledge. The principles, practices and relationship models preferred by local Indigenous communities in Simcoe Muskoka will be a key factor for determining enhanced or future Indigenous-SMDHU engagement models.

Indigenous-Public Health Principles and Practices

Principles are values that guide behaviour towards a goal[2] . This section outlines frequently cited principles and practices in the reviewed literature that help in forming partnerships[3] , building mutually respectful relationships[4] or guiding effective engagement[5] between Indigenous and non-Indigenous peoples, organizations and communities. Historical events, adverse experiences and the impacts of colonization and suppression have significantly contributed to the importance of these principles[5] .

It is important to note that there are many ways to talk about or frame principles and many practices are not mutually exclusive to one principle. There is often interconnection and overlap among principles and practices[2] . The following are some examples of how key guidance documents represent principles for relationship-building and engagement. For example, the *Ontario Ministry of Health and Long-Term Care: Relationship with Indigenous Communities Guideline, 2018*[3] shares the following relationship principles:

- Relationship building
- Recognition, respect and mutuality
- Self-determination
- Timely communication and knowledge exchange
- Coordination

The *Cultural Competency Guideline for Ontario Public Health Units to Engage Successfully with Aboriginal Communities*[5] shares the following principles of effective engagement:

- Authentic, nurturing, honest, and open communication

- Due diligence research (know your community)
- Acknowledge traditional territory
- Mutual recognition and respect
- Be alert to signs and signals (body language)
- Be flexible/ tailor services

The Ontario *Urban Indigenous Action Plan*[6] shares the following guiding principles:

- Indigenous leadership
- Collaboration and co-development
- Respect for Indigenous cultures and spiritualties
- Responsive to community priorities
- Transparency and accountability
- Respect for Indigenous diversity
- Cross-government coordination
- Equity and access

The *Talking Together to Improve Health: Literature Review*[2] shares the following principles of Indigenous engagement:

- Respect
- Trust
- Self-determination
- Commitment

These principles, related specifically to engagement and relationship building between Indigenous and non-Indigenous peoples and organizations, are also reflected within different Indigenous traditions and teachings[4]. For example, the Gifts of the Seven Grandfathers or the Seven Grandfather Teachings are commonly shared among many First Nations[2] . The Gifts of the Seven Grandfathers – love, respect, honesty, humility, wisdom, truth, and bravery/courage – are a set of gifts, teachings, or principles that are important for guiding how humans conduct themselves towards others and the living world and are important for living a 'good life'[2 7] .

As previously mentioned, while there is a large diversity in the way to represent principles, many of the values and practices underlying them are interconnected. For example, the principle "acknowledge traditional territory" may fall under the broader principle of respect and "Indigenous leadership" may fall under the broader principle of self-determination. The following broad principles were frequently cited in the reviewed literature as helping to form partnerships and build mutually respectful relationships between Indigenous and non-Indigenous people and organizations. This report follows a similar format as *Talking Together to Improve Health: Literature Review*[2] where principles and associated practices are presented.

Respect

The principle of respect encompasses many elements including honouring, acknowledging, understanding, and appreciating history, present context, cultural practices, traditions, protocols, lands, diversity, knowledge, and worldviews[2] . The following practices reflect the principle of respect:

- Understand and respect engagement protocols, language, teachings, traditions, worldviews, concepts of well-being, and the autonomy of each community[2 3 8 9] .
- Recognize that each community may have their preferences for engaging and should be engaged individually[4 9 10] .
- Acknowledge the history and current context of Indigenous Peoples including colonization, residential schools, the Sixties Scoop, power and privilege and assimilative and suppressive policies[1 11] .
- Acknowledge the resiliency and vibrancy of Indigenous communities[10] and the *United Nations Declaration on the Rights of Indigenous Peoples*[12]
- Offer mandatory[10 13] training to all staff on cultural competency[3 12 14] or cultural safety[5 9 6 13 15 16 1] , human rights and anti-racism[9 10 12 17] to learn about the culture and history of Indigenous Peoples in Canada and also the history, protocols, governance structure, and concepts of well-being of each specific community that are being engaged[2 3 10 14] . The differences between cultural awareness, competency, humility, and safety can be found in the *Cultural Competency Guideline for Ontario Public Health Units to Engage Successfully with Aboriginal Communities*[5] .
- Participate in both formal (e.g. professional training) and informal (e.g. attending Indigenous-led community events) opportunities for ongoing learning[10 1 14] . Provide learning opportunities for staff that extend beyond one-time formal foundational learning[10] . Experiential learning and engaging in meaningful conversations can deepen understanding[10] .
- Recognize the expertise and experience of Indigenous communities, organizations and individuals in knowing their communities [3 11 18] .
- Recognize and respect different ways of knowing, including academic and Indigenous knowledge and expertise[5 15] .
- Consider formal land acknowledgement practices that acknowledge traditional territories, the connection between Peoples and lands, the actions towards reconciliation[14] , and that honours First Nations, Inuit and Métis peoples [2 1 17] . Acknowledgements of traditional territories may be made at the beginning of public meetings, general meetings or meetings with communities[5 14] or be displayed inside the building[1] . It is important that this acknowledgement is Indigenous-led, authentic and avoids tokenism[19] .
- Presenting to First Nations councils, in parallel with presentations to municipal councils can be a way of respecting First Nation governing structures[1] . It should be noted that

prior to the imposed governance structure by the *Indian Act*[20] , each community had its own traditional self-governance structure[21 22] .

- Make a conscious effort to provide time and space for all those attending meetings or consultations to be heard[9] . Be a good listener. Allow time for people to say what is important to them and allow time for reflection[9] .
- When arranging a face-to-face meeting, be respectful of Indigenous organization's and people's time and competing priorities[2 13 *23*] by asking which dates and locations work best for the community[5 9] . Offer healthy locally-produced foods, coffee, tea, and/or water[9] to help provide a welcoming or casual environment[13] .

Trust

Trust is a foundational principle to building respectful relationships[2 9] between Indigenous and non-Indigenous people and organizations. Trust involves being open to talking, listening and learning from each other[10] . Building trusting relationships takes time[2 24] . Historical events, adverse experiences and the impacts of colonization and suppression have significantly contributed to distrust[2 5] . Trust is interconnected with other principles such as respect, self-determination, honesty, and commitment[2 6] . The following practices reflect the principle of trust:

- Engage early and learn about each other on a deeper level, moving past the barrier of 'professionalism'[2 10 22].
- Early active participation of Indigenous communities in decision-making promotes engagement activities to be based on Indigenous community priorities, respecting self-determination[2] .
- Be ready and open to other initiatives beyond the initial initiative being discussed [1] .
- Trust takes time, many conversations, ongoing communication, and commitment[2 3 22 *23*] .
- Foster trust through ongoing presence in the community including community visits, meet and greets and informal interactions [2] .
- Validate with Indigenous partners additional individuals from the community who should be contacted or involved in engagement (e.g. community members, Elders, youth, healers)[13] . Connect with respected Indigenous members in the community[2] .
- Be upfront and honest about expectations, resources and limitations[2] .
- Consider the development or collaboration with an Indigenous advisory circle. In addition to strengthening relationships with local Indigenous partners, an advisory circle may identify health priorities, gaps and opportunities for collaboration[26 27] , advise and support staff on being effective allies, and collaborate and advise on strategies to improve Indigenous public health[26 27 28] . If an advisory circle is created, it is important that all

members are involved in the decision-making process and not treated solely as information sharing spaces after decisions have been made[18] .

Self-Determination

Self-determination acknowledges that Indigenous People have the inherent right to choose their own pathways and make decisions about all aspects of their communities[3 15 29] . The following are practices that reflect the principle of self-determination:

- Ensure Indigenous communities lead or are authentically engaged in decision-making processes that impact Indigenous people or communities[2 3 11 1 25 30] .
- Engage in discussions about community-identified health priorities, how communities may best be involved in health planning (e.g. strategic plan, annual plan, program plan) if desired[5 6 17 25 15] and culturally-safe health services or practices[1 17 25 15] . Culturally-safe health services or practices may involve adapting existing or building new public health services to be culturally appropriate [3 25] and trauma-informed[10 31] , culturally-safe delivery of services[6] as informed by local Indigenous communities, as well as create a welcoming or safe space (e.g. artwork, signs or other components advised by the communities)[2 31] .
- Increase Indigenous representation[5] on municipal boards, Boards of Health, and committees[1] to increase opportunities for Indigenous communities to be engaged in decision-making processes[14 30] .
- Respect and follow community-based protocols[2 14] . This may include cultural protocols such as providing honouraria or gifts to persons sharing knowledge or organizational protocols such as resolutions or agreements that outline how partners will work together[2] .
- If or when decisions are made by Indigenous communities to conduct local research with public health, use a collaborative approach, respect the principles of OCAP® (ownership, control, access, possession) or other desired principles guiding research[10] , and discuss how the community can access Indigenous health data the health unit may be holding for the project or otherwise[5 10] .
- Support capacity for Indigenous communities to lead or deliver public health services (if or when requested)[1 25 15] .

Commitment

Commitment involves maintaining ongoing long-term engagements[2 1] . The following are practices that reflect the principle of commitment:

- Continue to meet and work together[5] as an ongoing responsibility to the community (e.g. not just ‘swooping in and swooping out’ or visiting just once for information)[5 31] .

- Maintain a visible community presence (e.g. attending events, health fairs)[1] .
- Support collaborative or reciprocal learning from each other in order to improve public health's capacity to work with Indigenous communities and support Indigenous community's capacity in building public health[2 25] .
- Engage in purposeful Indigenous hiring[30] which may include hiring an Indigenous engagement coordinator[2] , working with an Indigenous employment service on an Indigenous employment equity strategy[5 17] , hiring Indigenous staff[5 17] , Indigenous people mentoring non-Indigenous staff[2] , working with Indigenous partners to promote health unit job opportunities[12] , visiting job fairs at local colleges/universities to meet, mentor[30] , or recruit Indigenous students[17] , or providing opportunities to train-on-the-job to address potential inequity in the hiring process[14] .

Accountability

Accountability involves producing tangible outcomes or actions from engagement[1] . A lack of action or tangible results after consultation may harm relationship building[10 16] . The following are practices that reflect the principle of accountability:

- Have a process for scheduling follow-up after meeting or community engagement[13] .
- Report back on the results of consultations or what has been achieved within a particular timeframe[3 8 13 25] . This could involve using a 'report back' template[13] or communication protocols developed with each Indigenous community[10] .
- Establish regular communication with Indigenous communities[5] .
- Establish a mechanism to annually report on reconciliation progress relevant to Indigenous communities and public health[17] .
- Create and act on statements of accountability related to Indigenous engagement for the agency and for staff[14] .
- Solicit Indigenous community input into the development of strategic directions and embedding Indigenous outcomes into annual reporting to help ensure relationships and programs are continuously incorporated into service initiatives[5] .
- Develop performance measurements[25] with Indigenous organizations to evaluate the organization's relationship with Indigenous peoples[18] .
- Create formal agreements[31] involving a work plan that lays out key activities, roles, and deliverables that can promote accountability[3] .

Honesty & Transparency

Honesty involves being able to have a clear and open discussion[3] . Transparency involves being forthright and sharing relevant information. The following are practices that reflect the principles of honesty and transparency:

- Be critical of motivations for engagement (i.e. your agenda)[11 13] . Rather than confining people to agendas, it may be more respectful to let the meeting take its own direction[5 13] .
- Maintain clear, open and transparent communication[3] .
- Be upfront and honest about expectations, intentions, resources or any limitations[2 3 13] (e.g. an identified priority may not be part of the mandate or may not have funding)[8 14] .
- Be transparent about funding and expenses when developing collaborative programs[10] .

Reciprocity

Reciprocity involves the practice of exchanging things (tangible or intangible) with others for mutual benefit[3 5] . In engagement, "we should offer something, not only ask"[8] . The following are practices that reflect the principle of reciprocity:

- Exchange information or knowledge[10] through reciprocal learning in order to improve public health's capacity to work with Indigenous communities and support Indigenous community's capacity in building public health[2 25] . Checking-in with non-Indigenous staff can help identify areas where they feel they need more development to support clients confidently[8] .
- Respect and budget for honouring community protocols such as offering honouraria or gifts (such as traditional tobacco) when asking an Indigenous person to share knowledge[2] . Also offer compensation, travel assistance or other proper remuneration for Indigenous partners that are sharing their time[11 17] .

Humility

Humility involves being humble in one's knowledge and being open to listening, learning, and trying to understand another's experience[8 10] . The following are practices that reflect the principle of humility:

- Recognize communities hold unique knowledge, teachings, strengths and capacities[25] .
- Effectively listen with a "quiet mind and quiet mouth"[4] .
- Demonstrate interest in learning and asking questions about communities [1] .

Flexibility

Being flexible involves being adaptable and accommodating with meeting agendas, approaches to programming and timelines. The following are practices that reflect the principle of flexibility:

- Be flexible with agendas. This may involve respecting self-determination by listening and learning without an agenda or expectations in mind for the discussion[8] and letting the meeting take its own direction[5] .
- Be flexible in programming. It should be presumed that every community is different[5] . This can mean being flexible in the type of approach used[6 14] or providing options for program delivery, if a program is requested, as the same approach may not be effective among different communities[5] . This relates to being able to meet people where they are at[10] .
- Be flexible with time. This involves being flexible in timelines for meetings, the length of meetings, and timelines for project milestones or funding[2 13 23] .

Models of Engagement

This section provides an overview of the models for Indigenous engagement by four Ontario public health units and a First Nations regional health authority with well-documented relationships. Models for engagement and the practices within those models may differ depending on the preferences of local Indigenous communities. A variety of engagement practices were discussed in the *Talking Together to Improve Health: Ontario Public Health Unit Survey* report[1] . These include:

- Indigenous representation on the board of health
- Indigenous community representation on an advisory group or Indigenous advisory committee
- Formal written agreements such as a Section 50 agreement under the *Health Protection and Promotion Act*[ii] or a memoranda of understanding
- Informal or unwritten agreements
- Organizational commitment statements
- Land acknowledgements
- Purposeful Indigenous employment
- Having a lead who works across teams to support engagement with Indigenous communities
- Cultural awareness/competency training

[ii] A Section 50 agreement refers to Section 50 under the Health Protection and Promotion Act. The Council of a band on a reserve may enter into a Section 50 agreement with a health unit where the board of health agrees to provide health programs and services to members of the First Nation and the First Nation accepts the responsibilities of a municipality. It also allows the Council of a band to appoint a member of the band to be a member of the board of the health unit. If the councils of the bands of two or more bands enter into an agreement, they may jointly appoint a person to be one of the members of the board of health.

- Policies or guidelines for engaging with Indigenous communities
- Consideration of the needs of Indigenous communities in strategic planning or program planning
- Translation of resources and publications into Indigenous languages
- Providing internal updates to staff on Indigenous engagement
- Communicating with First Nations communities and organizations to provide updates on public health activities

The models for Indigenous engagement discussed in the remainder of this section may include several of the above mentioned practices, specific to the needs of the local community.

This section is intended for informational purposes only. Each organization may have additional non-public information on relevant practices. Should there be questions about a particular practice, this section provides examples of health organizations that could be contacted to learn more.

For this report, models of engagement include details on the following:

1) How are public health organizations and local Indigenous communities engaging?
2) Who from the health unit and local Indigenous community are involved and what are their role(s)?
3) What is in place to support the engagement process?

Peterborough Public Health

Overview

There are two First Nations communities, Curve Lake First Nation and Hiawatha First Nation, and several urban Indigenous organizations located within the geographic boundary of Peterborough Public Health (PPH)[32] .

Curve Lake First Nation has had a Section 50 agreement with Peterborough Public Health since 1998. Prior to 2007, Hiawatha First Nation was not receiving services from Peterborough Public Health because of the First Nation's limited ability to cover costs[33] . Since 2007, Hiawatha First Nation has had a Section 50 agreement with Peterborough Public Health where Hiawatha First Nation pays a per capita cost of approximately $14/ citizen living in the community per year[33] for public health services from PPH. Hiawatha First Nation has a population of approximately 630 citizens with 200 citizens living in the community. The per capita cost only applies to the citizens living in the community. Examples of the services received by Hiawatha First Nation[iii] include:

[iii] More information was readily available for Peterborough Public Health's relationship with Hiawatha First Nation, which is why more information on that relationship is provided in this report.

vaccination clinics, food handler safety course, infant food making, Healthy Kids Community Challenge, beach testing, and resources (i.e. pamphlets, flyers).

Who is involved in engagement and what is their role?

As part of the Section 50 agreement, a member of the Curve Lake First Nation Council and a member of the Hiawatha First Nation Council have been appointed to the Peterborough Public Health Board since 1998 and 2007 respectively[32] . The First Nation Council members sitting on the Board of Health provide input into public health issues and are a voice for First Nations health issues[33] .

An Indigenous Health Advisory Circle was created through Peterborough Public Health with representatives from Hiawatha First Nation, Curve Lake First Nation and urban Indigenous organizations. The Circle has the following objectives:

- Explore and propose public health-related agenda items related to local Indigenous issues for the Board of Health to consider (e.g. reviewing the Calls to Action from the Truth and Reconciliation Commission and the United Nations Declaration on the Rights of Indigenous Peoples)
- Advise and support the Board of Health to become a stronger and more effective ally and advocate on Indigenous issues
- Advise and support the Board of Health and staff on ways to strengthen relationships with local Indigenous partners and the broader Indigenous community
- Collaborate with Curve Lake First Nation, Hiawatha First Nation, the Peterborough and District Wapiti Métis Council and urban Indigenous organizations on strategies and initiatives that will benefit their communities
- Advise health unit staff on organizational and program planning strategies to address and improve Indigenous public health[34]

The Circle meets quarterly, at a minimum, and may meet more frequently as needed.

Toronto Public Health

Overview

According to the 2016 Census, there were approximately 23,065 individuals that self-identified as Indigenous living in the City of Toronto including over 14,000 (62%) First Nations people, 7,265 (31%) Métis people and 775 (3%) identifying as Inuit or as having multiple Indigenous identities. In contrast, the Our Health Counts study estimates the size of the Indigenous population to be between 34,000 and 69,000[15] .

In 2013, Anishnawbe Health Toronto's presentation to Toronto's Board of Health on the results of their study *Premature and Preventable Death Among Members of Toronto's Aboriginal Community: Walking in their Shoes* reinforced the need for public health to partner with Anishnawbe Health Toronto and Toronto Central LHIN to establish a Toronto Indigenous Health Advisory Circle (TIHAC) and a community-led Indigenous Health Strategy[35] . The development and implementation of a comprehensive Indigenous Health Strategy was identified as a priority action in *A Healthy City for All, Toronto Public Health's Strategic Plan: 2015-2019*[35] .

Indigenous health strategy

The Toronto Indigenous Health Advisory Circle (TIHAC) was established in January 2015 to recognize that the Indigenous Health Strategy must be community-led. A steering committee comprised of Anishnawbe Health Toronto, Toronto Public Health and the Toronto Central LHIN oversaw the creation of TIHAC.

TIHAC began planning the Indigenous health strategy in 2015. To inform the identification and setting of Indigenous health priorities in Toronto, TIHAC reviewed documents, existing services, resources and other strategies. In addition, community engagement sessions were conducted through the Native Canadian Centre of Toronto with various community members including youth, seniors/Elders, men, women and two spirit community members. Community members discussed how best to inform Indigenous health planning, how to describe culturally competent health services and the differences in Indigenous and Western understandings of health[35] . A Vision Wheel, adapted from the traditional Medicine Wheel, was used in the development of the strategy and acts as a roadmap for future implementation and evaluation[15] . The Toronto Indigenous Health Strategy was released in 2016 with three strategic directions:

1. Reduce health inequities for Indigenous Peoples
2. Influence the social determinants of Indigenous health
3. Harmonize Indigenous and mainstream health programs and services[15]

Within each strategic direction are a series of activities, deliverables and relevant partners/ stakeholders including Toronto Public Health and Toronto Central LHIN, as well as various Indigenous and non-Indigenous organizations relevant to the City of Toronto.

Who is involved in engagement and what is their role?

In 2014, Toronto Public Health and Toronto Central LHIN met with the leadership of over 15 Toronto-based Indigenous organizations for recommendations on TIHAC membership, governance, roles and responsibilities. The TIHAC is comprised of members from urban Indigenous health and social services, a Youth Council and an Elders Council. Toronto Public

Health and Toronto Central LHIN leadership also participate in a consultative and listening capacity and to ensure action on recommendations[15] .

TIHAC provides guidance and recommendations to Toronto Public Health and Toronto Central LHIN in identifying, planning, implementing, funding and evaluating culturally based, culturally secure health programs for Indigenous people in Toronto and influences policies that impact the health of Indigenous people in Toronto[35] .

Public Health Sudbury & Districts

Overview

According to the 2016 Census, there were over 24,000 individuals that self-identified as Indigenous living within Public Health Sudbury & Districts' (PHSD) service area, including just under 14,000 (57%) First Nations people, 9,625 (40%) Métis people and 315 (3%) identifying as Inuit or as having multiple Indigenous identities. There are 13 First Nations communities within Public Health Sudbury & Districts' service area, each with unique resources, needs, assets and challenges[25] .

A PHSD Board of Health motion (Motion #20-12) was passed in April 2012 that directed the Medical Officer of Health to engage in dialogue with area First Nations' leaders to explore the potential needs and strategies for strengthening public health programs and services with area First Nations[36] .

Another Board motion (Motion #54-16) was passed in November 2016 that re-affirmed Motion #20-12 and directed the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities in its service area for the purpose of collaboratively strengthening public health programs and services for all; that this strategy include, among others, strategic, governance, risk management and operational components; and that the Medical Officer of Health regularly reports on the progress of this strategy[37] . The development of a comprehensive strategy to engage with Indigenous Peoples and communities was identified as a strategic priority in *Strategic Priorities: A Narrative Report 2013-2017*[38] *.*

Indigenous engagement strategy

In 2016, an Indigenous Engagement Plan was developed[39] . Early activities included:

- Consultations with staff for input to better inform the path forward with respect to meaningful and culturally appropriate Indigenous engagement[40]
- Exploring education/development opportunities for staff related to the Truth and Reconciliation Commission recommendations
- Board of Health member training
- Updating of list of current collaboration with Indigenous communities

- Identification of opportunities, areas of interest, and challenges to engagement
- Updating a profile of Indigenous Peoples in the PHSD area
- Consideration of an Indigenous Advisory Committee
- Collaboration with a key local Indigenous leader to help with development of the Strategy[39]

In 2017, an Indigenous Engagement Manager was hired and an internal Indigenous engagement team[41] and internal Indigenous engagement steering committee were created[25] . The steering committee included 14 members from Public Health Sudbury & Districts including various managers, assistant directors and directors, the Indigenous Engagement Manager and the Associate and Medical Officers of Health[25] . The steering committee was involved in meeting with First Nations and Aboriginal Health Access Centres, interviewing internal managers/directors, and surveying staff to provide input to the strategy.

Membership of an external Indigenous Engagement Strategy Advisory Committee was finalized in fall 2017[42] . This committee included Elders, members from Indigenous health and social organizations, First Nations Council members, the Indigenous Engagement Manager, the Medical Officer of Health and the Director of Knowledge and Strategic Services from PHSD. The purpose of the external advisory committee was to provide culturally appropriate, community driven advice and guidance to support the development of the Indigenous Engagement Strategy[43] .

Public health planning roundtables were held with the external Indigenous Engagement Strategy Advisory Committee in 2018. Once a draft of the strategy was developed, managers provided feedback on strategic directions. The Indigenous Engagement Strategy was released in October 2018.

Ministry of Health and Long-Term Care Indigenous Engagement 100% grants were approved in the amounts of $227,718 for 2017/2018 and $103,300 for 2018/2019 (to March 31, 2019) to carry out Indigenous engagement work related to developing the strategy. The costs associated with strategy implementation work are part of future budget deliberations[44] .

A Medicine Wheel framework was used to depict the four strategic directions of the engagement strategy:

1. Inform our work through Indigenous community voices and information
2. Engage in meaningful relationships to support Indigenous community well-being
3. Strengthen our capacity for a culturally competent workforce
4. Advocate and partner to improve health

Next steps for the strategy include:

- Developing new internal and external committee structures to guide and support the implementation of the strategy
- Developing an implementation plan for the strategy

- Ensuring routine and structured reporting mechanisms for Senior Management and the Board of Health
- Ensuring effective mechanisms by which the Board of Health receives Indigenous knowledge appropriate to its governance role
- Developing and tracking collaboration indicators
- Updating the Indigenous community as well as the Board of Health, staff, and partners on progress using publicly available reporting mechanisms[44]

Who is involved in engagement and what is their role?

In early 2017, the Indigenous Engagement Manager assisted with the development of the strategy for Public Health Sudbury & Districts' engagement with Indigenous Peoples and communities in their service area[41] .

The Director of Knowledge and Strategic Services and the Managers for Indigenous Engagement and Health Equity were involved on the internal and external Indigenous Engagement Strategy Advisory Committees. They are also involved in meeting with leadership at Indigenous health and community service organizations to explore ongoing collaboration efforts[45] .

Ottawa Public Health

Overview

According to the 2016 Census, just under 23,000 individuals that self-identified as Indigenous were living within City of Ottawa Health Unit service area, including over 11,000 (49%) First Nations people, 9,475 (41%) Métis people and 1,695 (7%) identifying as Inuit or as having multiple Indigenous identities.

Reconcili-ACTION Plan

In 2016, the City of Ottawa and partners began work on a Reconciliation Action Plan [46] . The development of the plans occurred after Ottawa City Council directed Community and Social Services staff, the department responsible for coordinating and monitoring the implementation of the Aboriginal Working Committee's workplan[47] , to work with local Indigenous partners to review the Truth and Reconciliation Commission Calls to Action[46] . The Aboriginal Working Committee is the primary mechanism to advance the Reconciliation Action Plan[46] .

The Ottawa Public Health Reconcili-ACTION Plan was developed in consultation with the Ottawa Public Health First Nations, Inuit and Métis Outreach Network (first established in 2012) as a separate strategy for Ottawa Public Health that aligns with the City's Reconciliation Action Plan. The Reconcili-ACTION plan was developed to formally respond to the Truth and Reconciliation Commission of Canada's health-related calls to action[46] . Examples of actions from the plan include:

- Acknowledging traditional territory
- Encouraging employees to apply or promote Indigenous teachings as appropriate
- Raise awareness about injustices
- Encourage staff to read the United Nations Declaration on the Rights of Indigenous Peoples, the TRC report and meet regularly with Indigenous partners
- Establish actions and targets to address locally-identified First Nations, Inuit and Métis health and wellness priorities
- Develop culturally appropriate data collection methods and analysis
- Support the creation of an Ottawa Indigenous Health Strategy
- Annually meet with Elders and partners to identify local health & wellness needs
- Apply an Indigenous health equity/cultural safety lens when planning programs or services
- Continue to support Indigenous partners as requested
- Facilitate an annual reporting process on reconciliation progress[17]

The plan was validated by Indigenous Elders and approved by the Board of Health in June 2018. It is a living document, guided by the *United Nations Declaration on the Rights of Indigenous Peoples* and the principles of truth and reconciliation[46] . The implementation of the plan and ongoing progress will be reported to the Aboriginal Working Committee[46] .

Who is involved in engagement and what is their role?

The City of Ottawa Aboriginal Working Committee was formed in 2007 to identify, prioritize and develop solutions that address emerging issues that impact Indigenous people in Ottawa, and to maximize the effectiveness of City services provided to the Indigenous community[47] . Membership on the committee includes members from the Ottawa Aboriginal Coalition, City representatives including the Medical Officer of Health and manager of the social determinants of health program from Ottawa Public Health, United Way, Champlain Local Health Integration Network, Ottawa Police Service, Crime Prevention Ottawa and School Boards[47] . The annual work plan reflects the service priorities of the urban Indigenous community, as identified in partnership with the Ottawa Aboriginal Coalition[46] . The Aboriginal Working Committee is the primary mechanism to advance the Reconciliation Action Plan[46] , through which Ottawa Public Health is an active member[48].

Sioux Lookout First Nations Health Authority

Overview

The Sioux Lookout First Nations Health Authority (SLFNHA) was established in 1990 to address the needs for health service delivery for 33 rural and remote First Nation communities in the Sioux Lookout area. Supporting self-determination and self-governance, SLFNHA works under

the direction of First Nations' leadership[49] . SLFNHA provides health and public health services to 33 northern and rural First Nations from the Sioux Lookout Area, including community members living both on- and off-reserve. These communities are located between the northern shores of Lake Superior up to Hudson Bay, and represent fewer than 30,000 persons[50].

In 2010, the Chiefs in Assembly passed Resolution 10-06 'Implementation of a Public Health System' to develop an integrated model for public health[49] to address gaps in preventive/promotive health services. SLFNHA applied and received funding from Health Canada's Health Services Integration Fund to develop the public health system[51] . Rather than using the term "public health", communities agreed on using and identified more closely with the name "Approaches to Community Wellbeing"[49] . The Approaches to Community Wellbeing model has four themes which support several program areas. These include[51] :

- 'Raising our children' with programs in family health, youth development, and building health relationships
- 'Healthy living' with programs in preventing chronic diseases and infectious diseases
- 'Safe communities' with programs in environmental concerns (safe drinking water, food safety, air quality, environmental contaminants, dog bites), preventing injuries and emergency preparedness
- 'Roots for community wellbeing' with program in data collection, research, program planning and evaluation, ethics, policy, communications, and capacity building

Who is involved in engagement and what is their role?

In developing the Approaches to Community Wellbeing model, a SLFNHA Community Wellbeing Project team visited several First Nations communities for input into developing program priorities and future directions[52]. The project team gained input by meeting with the Chief and Council, health workers, youth workers, hosting radio shows and host community and youth forums. Each meeting varied depending on what the community was most interested in[52].

The role of public health units in this system is generally to provide expertise and guidance on public health topics[51] . The First Nations & Inuit Health Branch and the MOHLTC are also involved in providing funding for the transition and implementation of the Approaches to Community Wellbeing[51] .

LIMITATIONS

There were several limitations in finding relevant engagement strategies to review. Not all documents related to the development, implementation and progress of Indigenous engagement strategies or practices may have been publicly available, limiting the amount of reportable information. If a health unit had an engagement strategy but it was not publicly available or was not shared through the SDOH PHN network, it may have been missed. In

addition, although Board of Health meeting minutes were searched, the length and level of detail varies between health units. Those with more detail were more likely to be included in this report. As well, evaluations were generally not available for the models of engagement included.

There were numerous principles and practices identified throughout the literature but not all were captured in this report. Only those that were cited in multiple sources were captured.

CONCLUSION

This report provides a synthesis of frequently cited principles and practices in the reviewed literature that help in building mutually respectful relationships as well as examples of models of engagement between Indigenous and non-Indigenous people and organizations.

While there are many different ways to talk about or frame principles, the following principles and related practices were frequently cited in the reviewed literature as helping to form partnerships and build mutually respectful relationships between Indigenous and non-Indigenous people and organizations:

Respect - includes honouring, acknowledging, understanding, and appreciating history, present context, cultural practices, traditions, protocols, lands, diversity, knowledge, and worldviews. Practices include respecting the autonomy of each community, and cultural safety, human rights and/or anti-racism training.

Trust - involves being open to talking, listening and learning from each other. Practices include early engagement and ongoing communication and commitment.

Self-determination - acknowledges that Indigenous people have the inherent right to choose their own pathways and make decisions about all aspects of their communities. Practices include Indigenous communities leading or being authentically engaged in decision-making processes that impact Indigenous Peoples or communities and involvement in health planning.

Commitment - involves ongoing long-term engagement. Practices include maintaining an expectation of meeting again and continuously working together, and purposeful Indigenous hiring.

Accountability - involves producing tangible outcomes or actions from engagement. Practices include reporting back on the results of consultations and developing performance measurements with Indigenous organizations to evaluate the organization’s relationship with Indigenous Peoples.

Honesty - involves being able to have a clear and open discussion. Transparency involves being forthright and sharing relevant information. Practices include being upfront about expectations, intentions, resources or any limitations, and being critical of one’s own motivations for engagement.

Reciprocity - involves the practice of exchanging items, resources, services, etc. (tangible or intangible) with others for mutual benefit. Practices include reciprocal learning, and offering compensation, honorarium, travel assistance or other appropriate remuneration for Indigenous partners that are sharing their knowledge and time.

Humility - involves being humble in one's knowledge and being open to listening, learning, and trying to understand another's experience. Practices include recognizing that communities hold unique knowledge, teachings, strengths and capacities, and being interested to learn and ask questions about communities.

Flexibility - involves being flexible with agendas, approaches to programming and timelines. Practices include listening and learning without an agenda or expectations in mind, providing options for program delivery, and adjusting timelines for meetings.

Models of engagement

Among the five organizations reviewed, there are similar and unique practices that have been developed by or with Indigenous partners to create respectful relationships. Similar practices include the development of Indigenous engagement strategies, Indigenous health strategies and action plans. All four of the public health units also engage with committees composed of Indigenous representatives. The composition and purposes of the committees vary by local region. Other practices, some of which are unique to specific organizations include:

- Indigenous representation on the board of health
- Indigenous community representation on an advisory group or Indigenous advisory committee
- Formal written agreements such as a Section 50 agreement under the *Health Protection and Promotion Act*[iv] or a memoranda of understanding
- Informal or unwritten agreements
- Organizational commitment statements
- Land acknowledgements
- Purposeful Indigenous employment
- Having a lead who works across teams to support engagement with Indigenous communities

[iv] A Section 50 agreement refers to Section 50 under the Health Protection and Promotion Act. The Council of a band on a reserve may enter into a Section 50 agreement with a health unit where the board of health agrees to provide health programs and services to members of the First Nation and the First Nation accepts the responsibilities of a municipality. It also allows the Council of a band to appoint a member of the band to be a member of the board of the health unit. If the councils of the bands of two or more bands enter into an agreement, they may jointly appoint a person to be one of the members of the board of health.

- Cultural awareness/competency training
- Policies or guidelines for engaging with Indigenous communities
- Consideration of the needs of Indigenous communities in strategic planning or program planning
- Translation of resources and publications into Indigenous languages
- Providing internal updates to staff on First Nations community engagement
- Communicating with First Nations communities to provide updates on public health activities

This information can be used by SMDHU to increase its knowledge of documented principles, practices and models of engagement while looking forward to learning and understanding the preferred principles, practices and relationships of local Indigenous communities in Simcoe and Muskoka in the next phase of SMDHU's learning journey.

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