# What we heard:

## Visions for Distinctions-based Indigenous Health Legislation

Government of Canada Gouvernement du Canada

Canada

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Catalogue: R122-36/2022E-PDF
ISBN 978-0-660-46229-5



This publication is also available in French under the title : Ce *que nous avons entendu : Visions pour les dispositions législatives sur la santé des Autochtones fondées sur les distinctions*

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## LEXICON

***NIHB –*** *Non-Insured Health Benefits*

***IHL –*** *Indigenous Health Legislation*

***TRC –*** *Truth and Reconciliation Commission*

***MMIWG / MMIWG2S+*** *– Missing and Murdered Indigenous Women, Girls, Two Spirit, Transgender, and Gender-Diverse Peoples*

***2SLGBTQQIA+ –*** *Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and additional sexual orientations and gender identities*

***UNDRIP –*** *United Nations Declaration on the Rights of Indigenous Peoples*

***RCAP*** *– Royal Commission on Aboriginal Peoples*

## DEFINITIONS

***Co-analysis:*** *Working together through a collaboration process to summarize Indigenous Partner input and ensure the summary respects and accurately reflects Partner worldviews, language, experiences and engagement.*

***Co-development:*** *In the context of this report, "co-development" refers to Indigenous Partners and the Government of Canada working together through a collaboration process to reach mutual agreement on legislative options for proposed distinctions-based Indigenous health legislation.*

***Distinctions-based +:*** *Acknowledges that each community has a unique culture, territory, history, and relationship with the Government of Canada, as well as unique strengths to build on and challenges to face. A distinction-based + approach means working independently with First Nations Peoples, Inuit, Métis Peoples and Intersectional Peoples in recognition of their unique attributes.*

***Intersectional:*** *How unique aspects of a person's identity intersect. In the context of this report, "intersectional" refers to how a person's Indigenous identity, gender identity, physical ability, socio-economic status or other personal aspects of identity may cause*

*overlapping impacts of discrimination. This is inclusive of non-status and unaffiliated First Nations, Metis and Inuit individuals.*

***Legislative options:*** *Fully costed options for proposed distinctions-based Indigenous health legislation. These will be recommended to the Minister of Indigenous Services, who will present them to Cabinet colleagues for decision-making.*

***Self-determination:*** *Article 3 of UNDRIP states: "Indigenous peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development." In Canada, this also refers to the Government of Canada's recognition of Indigenous Peoples' right to self-determination, including the inherent right to self-government.*

***Settler-colonialism:*** *An ongoing system of power in which Indigenous Peoples of a colonized area are displaced by settlers who permanently occupy lands and resources.*

# 1) Executive Summary

## Introduction

This report, *What we heard: Visions for Distinctions-based Indigenous Health Legislation*, summarizes the input the Government of Canada has received to date from Indigenous Peoples about:

- the state of Indigenous health in Canada
- their vision for what to include in distinctions-based + Indigenous health legislation to improve access to high-quality, culturally-relevant, and safe health services

From the winter of 2021 to fall 2022, regional and national First Nations, Inuit, Métis, and Intersectional Partners led numerous engagements within their communities. The Government of Canada has now received most of the input from Indigenous partners and is pleased to present it in this summary report.

This report will help inform the upcoming discussions between the Government of Canada, Indigenous partners, and provinces and territories, where relevant, as we develop options for distinctions-based + Indigenous health legislation.

To help guide the drafting of this report, officials from Indigenous Services Canada worked with:

- Elders
- youth
- representatives from across distinctions +

Together, we summarized what we heard from the various engagements, and shared drafts of this report with partners for their review and input.

From engagement, 9 goals emerged as themes:

1. Indigenous Peoples treated and respected as equals and systems transformed to remove settler-colonial policies and discriminatory practices
2. Indigenous Peoples can exercise their sovereignty and right to self-determination freely
3. Holistic approaches to health that encompass Indigenous ways of knowing and being and the social determinants of health
4. Health systems, health professionals and governments take responsibility for action and strengthen their accountability to Indigenous Peoples
5. Respectful relationships between Indigenous Peoples and the Government of Canada
6. Equitable, adequate, sustainable, inclusive and flexible funding is available to Indigenous Peoples
7. Indigenous Peoples control their data and information is available to support wellness
8. Critical health service needs are met
9. Supporting and building capacity in health human resources

This executive summary shows common, recurring and notable messages that we heard across distinctions +. It doesn't speak for any one Indigenous community or organization. In the full report, each theme is presented in detail using the language provided by First Nations, Inuit, Métis, and Intersectional Peoples.

## Feedback by theme

### 1. Indigenous Peoples treated and respected as equals and systems transformed to remove settler-colonial policies and discriminatory practices

Indigenous Peoples avoid accessing health care services because of the racism and discriminatory practices that they experience. As described in article 24 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Indigenous Peoples have an equal right to the enjoyment of the highest attainable standard of physical and mental health.

Indigenous health legislation is a chance to:

- acknowledge how settler-colonialism creates ongoing health inequities
- ensure Indigenous Peoples' right to access safe health services, free of racism and discrimination

### 2. Indigenous Peoples can freely exercise their sovereignty and right to self-determination

Indigenous Nations are Sovereign Nations. They have an inherent right to self-determination and self-government. All levels of government must respect and recognize Indigenous jurisdiction and Treaty and Inherent rights. Indigenous Peoples have a right to Indigenous-led health care design, delivery and decision-making, as described in articles 3, 4, 23 and 24 of UNDRIP.

Indigenous health legislation is a chance to make sure Indigenous Peoples can exercise their right to self-determination by taking control of their health services. This will result in safer, innovative care that improves health outcomes.

### 3. Holistic approaches to health that encompass Indigenous ways of knowing and being and the social determinants of health

Health is holistic. Physical and mental health are affected by social, spiritual and emotional needs, as well as community and environmental well-being. Governments need to understand that communities are healthiest when all determinants of health are addressed.

Indigenous health legislation is a chance to:

- support health care systems grounded in Indigenous Culture, Traditions, Beliefs and Values
- recognize traditional health equitably with western health care and use both to improve health outcomes
- respect and support Elders and Knowledge Keepers who are key to connecting individuals and communities to traditional medicines and healing

### 4. Health systems, health professionals and governments take responsibility for actions and strengthen their accountability to Indigenous Peoples

Canadian health care systems lack accountability and transparency to Indigenous Peoples. Although promises and commitments have been made, Indigenous Peoples have seen little

progress. The Government of Canada needs to take immediate action to address biases and issues impacting the health of Indigenous Peoples.

Indigenous health legislation is a chance to:

- identify standards of care
- support work at every level of government to create binding, Indigenous-led accountability mechanisms for improved health care, including ombudspeople

## 5. Respectful relationships between Indigenous Peoples and the Government of Canada

Relationships between Indigenous Peoples and the Government of Canada need to be on a distinctions +, Nation-to-Nation, Government-to-Government and Inuit-Crown basis.

Treaties in Canada are constitutionally recognized agreements between First Nations and the Crown. Their full spirit and intent must be honored and implemented, including the Treaty Right to Health.

Inuit emphasized the need for better relationships, respectful engagement, and the Government of Canada to listen to Inuit.

Métis Peoples noted that they are often left out of existing federal Indigenous specific health care policies and programs. Calls for recognition and inclusion, as well as funding and expansion of programming were highlighted.

Intersectional Peoples also call on the Government of Canada to expand Indigenous Services Canada's health programming to include the health needs of Intersectional and non-status Peoples. These needs have been overlooked in the past.

Indigenous health legislation could be a foundation for new agreements and relationships with First Nations, Inuit, Métis, and Intersectional Peoples. It is a chance to:

- learn lessons from past legislative processes
- meaningfully and respectfully engage in Nation-to-Nation co-development, in accordance with Articles 18 and 19 of the UNDRIP
- further implement and meet the standards set out in:
    - the United Nations Declaration on the Rights of Indigenous Peoples
    - the Truth and Reconciliation Commission's Calls to Action
    - Jordan's Principle
    - the National Inquiry into Missing and Murdered Indigenous Women and Girls' Calls for Justice
    - the Royal Commission on Aboriginal Peoples
    - Joyce's Principle

## 6. Equitable, adequate, sustainable, inclusive and flexible funding is available to Indigenous Peoples

Current funding arrangements do not support Indigenous self-determination in health. They are seen as paternalistic, complex and burdensome. Indigenous groups want more direct funding models, fewer reporting burdens, and funding formulas that are holistic and needs-based.

Indigenous health legislation is a chance to:

- redesign existing Indigenous health funding models
- secure funding for Indigenous groups that is equitable, adequate, sustainable, inclusive and flexible

## 7. Indigenous Peoples control their data and information is available to support wellness

Poor coordination between provincial, territorial and federal health systems creates barriers to accessing and using data. Current data systems and approaches are western-based and often not culturally relevant. Indigenous communities and organizations highlight the importance of better data access to improve the development and delivery of health services.

Indigenous health legislation is a chance to:

- honour Indigenous Peoples' data sovereignty
- improve data management in accordance to ownership, control, access, possession (OCAP®) principles
- invest in data capacity
- enable better sharing of health data administered by provinces, territories or the Federal Government back to Indigenous communities

## 8. Critical health service needs are met

First Nations, Inuit, Métis and Intersectional Peoples experience significant gaps in health services compared to non-Indigenous Canadians. Gaps exist regardless of whether people live in urban, rural or remote settings. Specific gaps raised include, but were not limited to:

- midwifery
- mental health care
- continuing care
- sexual health care
- virtual care and internet access
- auxiliary care
- gender-specific care
- Non-Insured Health Benefits
- infrastructure
- language translation
- transportation
- navigator and advocacy supports

Indigenous health legislation is a chance to take significant and immediate action to address critical health service needs.

## 9. Supporting and building capacity in health human resources

Health care workers must develop locally-based cultural competencies to provide person-centered care and build relationships between providers, clients and communities. Health care workers need mandatory training in:

- Indigenous cultural competency
- anti-racism
- anti-oppression
- trauma-informed care

In addition, Indigenous partners highlighted challenges with recruiting and retaining health professionals, particularly in remote areas and in the north.

Indigenous health legislation is a chance to:

- work with every level of government and professional colleges to make commitments on mandatory training
- support recruitment and retention strategies
- increase Indigenous representation within the health care system

### Conclusion and next steps

Though First Nations, Inuit, Métis and Intersectional Peoples share some similar ideas about health legislation, the legislation needs to be flexible enough to honour the unique visions of health that distinct Indigenous Peoples have across Canada.
Overall, the input received during the engagement reflects hope and optimism that legislation will:

- support Indigenous-led approaches
- take steps toward upholding Indigenous sovereignty
- improve health equity

The next step is for the Government of Canada to co-develop legislative options with Indigenous partners and, where relevant, provinces and territories. This will be done on a distinctions basis. The goal of this next phase is to co-develop fully costed legislative options for the Minister of Indigenous Services to present to Cabinet colleagues for decision-making by spring 2023.

## 2) Introduction and Background

### Introductory Letters

#### Elders Advisory Circle

> "The mandate letter for the Minister of Indigenous Services commits to "fully implement Joyce's Principle and ensure it guides work to co-develop distinctions-based Indigenous health legislation to foster health systems that will respect and ensure the safety and well-being of Indigenous Peoples."

This work is about creating a better way forward together in a good way. We need new approaches, an openness to a worldview, and incorporation of our cultures and traditions. We know that Indigenous Health Legislation cannot be pan-Indigenous. It is not Indigenized colonial systems that we want, we need our own systems – systems based on the social determinants of health and on building relationships, with ourselves, our ancestors, and our relations.

In thinking of the Metis sash, it's important to know that there is no one sash. Families and communities weave their own with many designs and colours. It reminds us that policy and legislation work need to reflect the uniqueness of each community. We want Health Legislation to be part of a rich tapestry inclusive of all - pulling different aspects and rich contributions together, reflecting our ancestral knowledge, contemporary learning and how it can all be pulled together.

We are all on different path on our journey to wellness, and everyone needs to see themselves in this work. Our legislation needs to reflect these stories and have that spirit.

**Karen MacKenzie**
*Cree-Métis Elder*

I believe that our ancestors left us the knowledge and tools for the time after the great disruption. We have now arrived at this place and will respectfully use their knowledge and pick up the tools they left us as we move forward to reclaim our inalienable and inherent rights to good health and strong lives

**Albert McLeod, LLD**
*2Spirit Elder*

A lot of people came to our shores and took away our land and resources. Indigenous people deserve to be served better and recognized more. I have been so glad to play a part with all the amazing Elders and all who were involved in this project. Through this collaboration and with everyone raising their voices, I hope that this will help and work for the future generations to come. Our youth will need a lot of help, support and guidance towards the future. I pray that we have created a path that works for everybody and everyone towards wellness. Reconciliation for Indigenous and Non Indigenous People's on this land called Mother Earth which the Creator has graciously given us.

**Emma Reelis**
*Inuk Elder*

## Background and Purpose

The Government of Canada is committed to working in partnership to advance the priorities First Nations, Métis, Inuit and Intersectional Peoples put forward when it comes to health care and ensuring improved access to high-quality, culturally-relevant, safe care. To this end, in 2019, the Government of Canada made a commitment to hear from First Nations, Métis, Inuit and Intersectional People to identify those priorities and hear what people think of the proposed Indigenous Health Legislation, then work together to co-develop potential legislative options to address them.

This report summarizes the input the Government of Canada received from First Nations, Métis, Inuit and Intersectional Peoples on Indigenous Health Legislation. It aims to:

- support a transparent process by providing a publicly available overview of what was heard from First Nations, Métis, Inuit and Intersectional Peoples across the traditional territories of Canada; and

- offer a starting point for working together on potential legislative options.

The report contains a description of the input and methodology used to summarize it, followed by a summary of what we heard. This includes identifying themes and highlighting both messages that were common across First Nations, Métis, Inuit and Intersectional Peoples, as well as messages that were unique. In addition to a written summary of what we heard, you will also find a graphic illustration on **page 19** that displays a visual of what we have heard.

This report does not aim to replace the voices of those who submitted input. We encourage anyone to read the reports that were submitted as well. To this end, those who conducted engagement were offered an opportunity to link their reports on the Indigenous Health Legislation website. To see a list of reports available, please visit: The Indigenous Health Legislation Website.

More information on the background of Indigenous Health Legislation and current Indigenous Health Legislation and policy can be found online.

## Engagement Approach: How did we collect input?

The Indigenous Health Legislation initiative supported several streams of engagement through which the goal was to hear as many voices as possible to inform the initiative, as well as to address gaps seen in previous federal legislative engagement approaches (such as for non-status individuals or Métis Peoples outside of the Métis Nation).

| **STREAM** | **VOICES**<br>In most cases, the engagement approach and who would be engaged was determined by First Nations, Métis, Inuit and Intersectional Partners who were funded to conduct engagement, voices listed here are examples from across all engagements |
|---|---|
| **STREAM 1 -**<br>Community and Regional Engagement | Community Members, Leaders, and Technicians: Treaty Organizations; Nations; Rights holders; Self-Governing Indigenous Nations; Tribal Councils; Chiefs; Inuit Land Claim Organizations; Inuit Outside of Inuit Nunangat; Métis Nation Governing Members; Indigenous Representative Organizations; Women; Elders; Youth; Health Directors/ Technicians/Professionals; Survivors; Provincial/Territorial Representatives & Service Providers |
| **STREAM 2 -**<br>Targeted Outreach | Indigenous Women's Organizations; Urban Indigenous Organizations; Indigenous Youth Organizations; 2SLGBTQQIA+ Organizations; Métis Outside of the Métis Nation; Metis Settlements General Council; First Nations Health Managers Association; First Nations Information Governance Centre |
| **STREAM 3 –**<br>National Engagement | Assembly of First Nations; Inuit Tapiriit Kanatami; Métis National Council; Self- Governing Indigenous Nations |
| **STREAM 4 –**<br>Open Dialogue on Indigenous Health Legislation | Indigenous Academics; Indigenous Legal Experts; Traditional Knowledge Keepers & Elders; Students; Youth; Health Professionals |
| **STREAM 5 –** Provincial and Territorial Engagement | Ministry of Health; Ministry of Indigenous Affairs; Other Provincial or Territorial Ministries (as identified); Multilateral Engagement (where there is interest from Indigenous Partners) |
| **STREAM 6 –**<br>General inbox | General Public; Interested Groups |

This report covers input received in Streams 1, 2, 3, and 4. It does not include input from Provinces and Territories or the general public who submitted through the Indigenous Health Legislation inbox, as the intent of this report is to present the input received from First Nations, Métis, Inuit and Intersectional Peoples as the starting point for the co-development of legislative options. The perspectives of provincial and territorial governments will be of significant importance moving forward into the co-development of legislative options to ensure that the proposed legislative options are strengthened through collaboration wherever possible and reflective of both the differing provincial and territorial contexts and the provincial and territorial role in health.

The majority of engagement was led by regional and national First Nations, Inuit, Métis, and Intersectional Partners who engaged their local constituents and/or communities. Partners were encouraged to design their own engagement approaches as they saw fit. This meant that Indigenous Peoples determined who needed to be engaged and how they would connect. For those who wished to use it, an engagement guide was also developed with the input of Partners as an optional reference document.

**Principles that guided the engagement approach**

- Engagement will be indusive, with multiple opportunities and avenues to engage or re-engage.
- Engagement will be primarily Indigenous-led. Specific engagement plans will be developed by First Nations, Métis, Inuit and intersectional partners.
- Engagement is not endorsement. All feedback is being sought, whether it is in support of legislation or not

Engagement was conducted from the winter of 2021 to fall 2022. The timeline for engagement was extended by eight months in response to calls from Indigenous Peoples for more time to build relationships and hear from community members, particularly given the pressures caused by the COVID-19 pandemic. While the majority of partners were able to complete their engagement activities by the extended timelines, not all partners were able to do so. As such, the Government of Canada will continue to review new input as it is received and is committed to ensuring those who are not ready to join the process now can do so when and if they become ready.

**The Open Dialogue on Indigenous Health Legislation** was designed and hosted with the guidance of an Elders Advisory Circle in response to a gap that was identified by partners writing into the Indigenous Health Legislation inbox – a session capturing voices from traditional knowledge keepers and academics who may not otherwise be engaged. It was held as a one-day virtual session on February 23, 2022. The report from this session is available in English, French, Plains Cree, Inuktitut (syllabics), and Ojibway **online**.

It is important to note that participation in this engagement process was and is not considered by the Government of Canada to be consultation. This was an opportunity for First Nations, Métis, Inuit, and Intersectional Peoples to provide their suggestions, stories, positions, research, and any other input to ISC on this initiative. All input was welcome and is reflected in this report – whether in support of the proposed legislation or not.

## Data: What does the input look like?

Each report was unique. Partners undertook a variety of methods to collect data and stories from their members and service populations: community surveys, focus groups, Elders Circles, policy "hackathons", environmental scans, graphic facilitation and recording – to name a few.

Most of the data received was qualitative (descriptive), with some quantitative (numbers-based) information submitted as well.

The reports contain a lot of different input, including suggestions for legislative content or policy improvements, experiences of Indigenous Peoples in the health system, proposed principles and standards of care, position statements from Indigenous leadership, and legal analyses.

### Methodology: How did we summarize the data?

Data was analyzed using NVivo. Themes were identified and continuously updated as needed using the language and content of the reports themselves (an inductive approach).

The drafting of this report was also guided by Indigenous Peoples in a number of parallel processes:

**1. National Co-Analysis Working Group**

A national co-analysis working group was created to help guide the drafting of this report. The working group included members of the Indigenous Health Legislation Elders Advisory Circle, youth representatives, as well as representatives from Partner organizations. This was not a decision-making body. The goal was to support a transparent data analysis process – one that was conducted jointly with First Nations, Métis, Inuit, and Intersectional Partners ensure input is summarized in a reflective and respectful manner.

**2. Distinctions-based + conversations**

The initial meetings of the Co-Analysis Working Group focused on building relationships, sharing information, and developing a graphic framework to guide the drafting of the "What We Heard" report (**see Section 2 for more on the graphic framework**). During these meetings, participants voiced a need for a parallel distinctions-based approach to the work. In response to this, ISC also offered distinctions-based + conversations on the content of the "What We Heard" report in parallel to the national working group.

Distinctions-based + refers to First Nations, Métis, and Inuit, and Intersectional partners.

**3. Share back to those who conducted engagement, regional and national Partners and networks**

All Partners that participated in the engagement process were provided with drafts as they were developed to ensure they had an opportunity to review and validate the content they provided was reflected in the report. In addition, drafts were shared with regional and national Partners and through regional and national networks. In many cases, these overlapped with participants from the Co-Analysis Working Group and the Distinctions-based + conversations.

## 3) Context: A Graphic Framework for the Journey

To embark on the process of co-analysis, the working group undertook an exercise with the support of the Elders Advisory Circle and a graphic facilitator to create a graphic framework. The framework, which is based off the story of a river journey, is meant as a storytelling lens to ground and guide this report and is provided in the image on the next page.


A FRAMEWORK FOR A CO-ANALYSIS PROCESS
HOW WE CAN WORK TOGETHER TO CO-ANALYZE THE SUBMISSIONS FOR A "WHAT WE HEARD" REPORT
A DISTINCTIONS-BASED APPROACH
SOVEREIGNTY + HEALTH EQUITY
OUR TREATY RIGHTS TO HEALTH ARE VIOLATED
WHERE are we HEADING?
PLANNING
INDIGENOUS WORLDVIEWS AND INDIGENOUS PEOPLE LEADING
A HOLISTIC ANALYSIS APPROACH
MULTIPLE CANOES
ALLIES
PARTNERS' HEALTH IN
Elders prayer
SUPPORTS ON THE RIVERBANK
ready for any ROUGH WATERS
we recognize ANTI-INDIGENOUS RACISM and HEALTH INEQUALITIES...
WHO'S ON THE JOURNEY?
include direct quotes
not everyone is in the CANOE yet...
PREPARING FOR the JOURNEY
we all start from different places
WHO'S READY?
UNDRIP
HAVE WE PREPARED WELL?
SLOWING DOWN:
MORE TIME FOR MEANINGFUL PARTICIPATION
BUILDING RELATIONSHIPS
DISTINCTIONS-BASED PLUS APPROACH
INHERENT RIGHTS
TREATY RIGHTS
pausing and listening along the way
HEALTH LEGISLATION is ONE TOOL... IN OUR WELLNESS
getting around rough rapids together
Sometimes we pause... OR PORTAGE
ACCOUNTABILITY/ TRANSPARENCY
NEW BEGINNINGS
all voices are Here: YOUTH e.g.
TELL THE STORY OF THIS PROCESS...
HESITATIONS
TIMELINES
BUDGETS
SHARING THE LESSONS LEARNED
all my relations
SOCIAL DETERMINANTS OF INDIGENOUS HEALTH + WELLNESS

## Preparing for the Journey

Starting on the left side of the graphic, when we talked about a river journey, a key part of the discussion that developed was around the differing levels of readiness for journey, what was needed to prepare and set out in partnership, and how everyone was starting from different places.

> ***"We all start from different places"***

The river journey does not launch from the same place for everyone – each distinction and community has a unique culture territory, history, and relationship with the Government of Canada, as well as different strengths to build on and challenges to face. Each Nation will also define wellness differently. As such, the journey has multiple entry points, and the canoes, kayaks, horses or dog sled teams along this river journey will launch at different times and in different ways. Some are ready for the journey, but not everyone is in the canoe yet – we need to honour all people, wherever they are.

> ***"We recognize anti-Indigenous racism and health inequities"***

Something that is common across Indigenous Peoples are experiences of health inequities and anti-Indigenous specific racism, something which pollutes the waters of the river journey from the outset. The Elders Advisory Circle described how the experience of Indigenous Peoples in health is intentional – it was and continues to be created through the Doctrine of Discovery, Terra Nullius, and a settler-colonial mindset that results in policies and legislation that create and support ongoing health inequities and harm. For Treaty Nations, many also shared that Treaty Rights to Health are being violated. There is a lot of mistrust of the Government of Canada amongst Indigenous Peoples. We need to acknowledge and have a shared understanding of where we are starting from before we can really work together to launch. We need to start from a place of accountability and transparency.

> ***"Have we prepared well?"***

Where asked, the Government of Canada may be able to support Indigenous Peoples with the preparations that are needed to pack supplies and prepare the canoe and its paddlers. This might be in the form of funding or resources to support participation for some, or taking the time to slow down and build relationships, establishing shared principles and/or outlining partnership commitments at the outset for others.

## On the Journey

As the journey begins, the boats launch or the horses or dog team set off, we move to the centre of the graphic. The discussion on the journey focused on how many different paths can be taken and what would be encountered along the way.

***"Indigenous Worldviews and Indigenous Peoples Leading"***

Whatever path is taken, Indigenous Peoples must lead the way and steer the journey. This includes ensuring that Indigenous worldviews and Indigenous determinants of health and wellness guide us in a holistic approach. Everyone in the boat works together to paddle, guided by the principles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

***"Distinctions-based + approach"***

There are multiple canoes and kayaks, of different cultural designs, on this journey. There are also horses, Red River carts and dog sled teams travelling across the land. The journey isn't the same for everyone – groups are launching at different times and taking different paths and modes of travel along the way. This reflects a distinctions-based + approach, which recognizes that across First Nation, Métis, Inuit and Intersectional Peoples, as well as within those distinctions +, there is diversity, and all voices matter here. A one-size fits all approach does not exist.

***"Sometimes we pause… or portage"***

Along the way, we will encounter a variety of opportunities and challenges on the land to which the travelers will respond or adjust. Sometimes it will be opportunities, such as encountering berry patches or hunting opportunities. No journey is all smooth sailing though, and sometimes there will be challenges, such as rough waters or winter storms to navigate, or the need to portage around rapids together. Sometimes it will be pausing to catch up with community members: listening, sharing stories and lessons learned, singing, conducting ceremonies. At points, some travelers may wish to turn to supports on the riverbank such as Elders prayers, allies and Partners in health.

***"Health Legislation is ONE tool in our wellness"***

Indigenous Health Legislation is only one tool through which to improve wellness, other tools will need to be used and other journeys taken in tandem. It will not be the right tool for some.

## Where are we heading?

As the journey comes to a close, we reach the right side of the graphic and river flows to the shared goal for which we are aiming: a place where we are upholding Indigenous Sovereignty and seeing increased health equity.

While there is a destination for this journey, we are also headed towards the rising sun. The sun will continue to rise and set cyclically in perpetuity, and the river will continue to flow – these are emblematic of future generations, other journeys ahead, and the ongoing and enduring relationship between the Government of Canada and the First Nations, Métis, Inuit, and Intersectional Peoples.

***"It is not Indigenized colonial systems that we want, we need our own systems. Stay away in this work from Indigenized colonial approaches."***

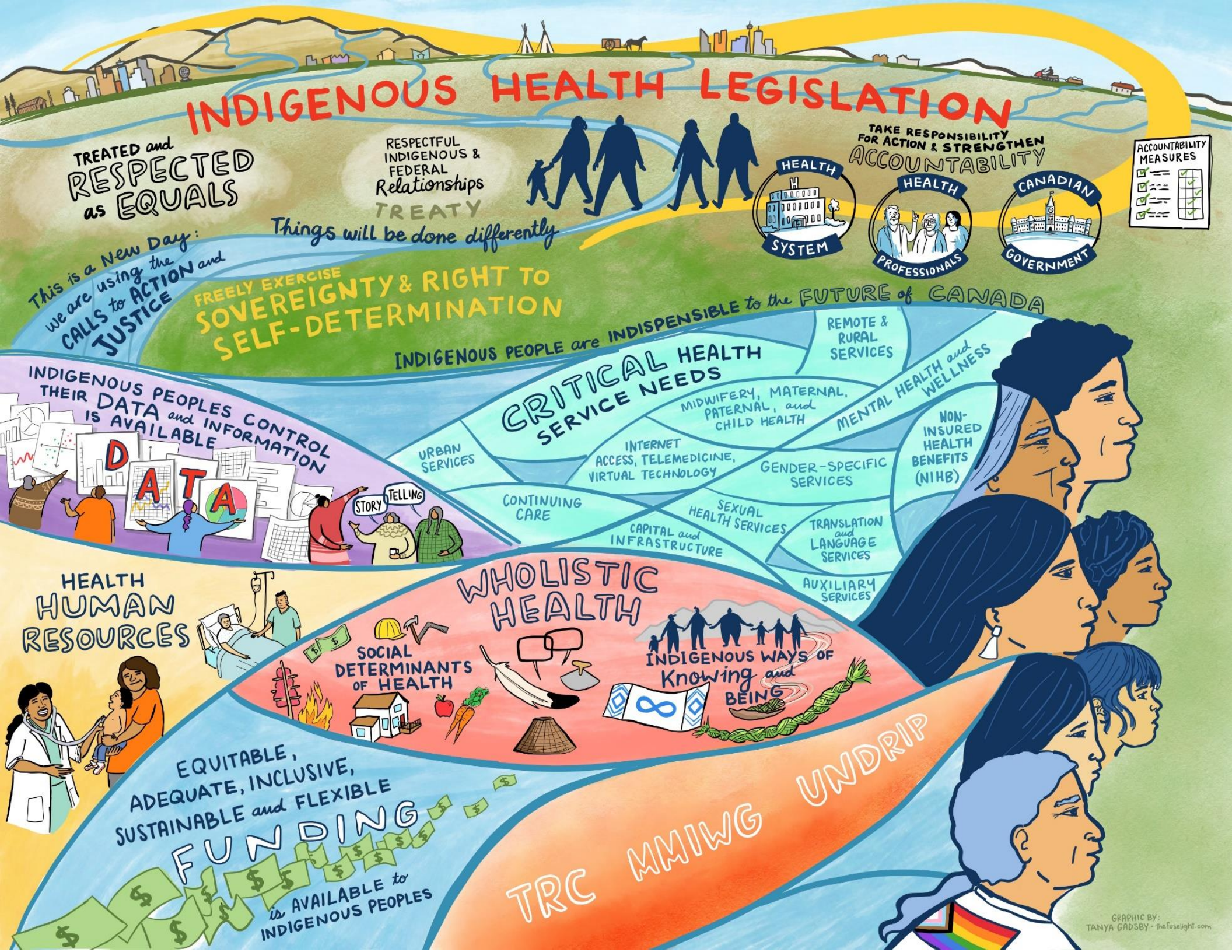
***"We come to the table with an excellent model of care to offer. The opportunity here is to improve Canada's health system for everyone with our Knowledge and our medicines."***

***What does this mean? Any federal Indigenous health legislation journey should:***

- *determine what First Nations, Metis, Inuit, and Intersectional Peoples need to prepare – i.e. for co-development, implementation*
- *recognize the current and historic realities that led us to where we are*
- *offer flexibility – i.e. opt in, pursuing multiple pieces of legislation on a distinctions basis, consider policy tools or changes in parallel*
- *seek to uphold sovereignty and improve health equity*

## 4) What did we hear? (Summary of Input by Theme and by Distinctions +)

The following section first presents a graphic summary of what was heard. This is then followed by summaries of the input received by theme and distinctions +. It is important to note that not all reports spoke to all themes – each report reflects what was of importance to the people engaged. The following does not speak for any one Indigenous Community or Organization; it is an anonymized summary of all input.


INDIGENOUS HEALTH LEGISLATION
TREATED and RESPECTED as EQUALS
RESPECTFUL INDIGENOUS & FEDERAL Relationships
TREATY
Things will be done differently
TAKE RESPONSIBILITY FOR ACTION & STRENGTHEN ACCOUNTABILITY
HEALTH SYSTEM
HEALTH PROFESSIONALS
CANADIAN GOVERNMENT
ACCOUNTABILITY MEASURES
This is a New Day: we are using the CALLS to ACTION and JUSTICE
FREELY EXERCISE SOVEREIGNTY & RIGHT TO SELF-DETERMINATION
INDIGENOUS PEOPLE are INDISPENSIBLE to the FUTURE of CANADA
INDIGENOUS PEOPLES CONTROL THEIR DATA and INFORMATION IS AVAILABLE
DATA
STORY TELLING
CRITICAL HEALTH SERVICE NEEDS
REMOTE & RURAL SERVICES
MIDWIFERY, MATERNAL, PATERNAL, and CHILD HEALTH
MENTAL HEALTH and WELLNESS
URBAN SERVICES
INTERNET ACCESS, TELEMEDICINE, VIRTUAL TECHNOLOGY
NON-INSURED HEALTH BENEFITS (NIHB)
GENDER-SPECIFIC SERVICES
CONTINUING CARE
SEXUAL HEALTH SERVICES
TRANSLATION and LANGUAGE SERVICES
CAPITAL and INFRASTRUCTURE
AUXILIARY SERVICES
HEALTH HUMAN RESOURCES
WHOLISTIC HEALTH
SOCIAL DETERMINANTS OF HEALTH
INDIGENOUS WAYS OF Knowing and BEING
EQUITABLE, ADEQUATE, INCLUSIVE, SUSTAINABLE and FLEXIBLE FUNDING is AVAILABLE to INDIGENOUS PEOPLES
TRC MMIWG UNDRIP
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## 1. Indigenous Peoples treated and respected as equals and systems are transformed to remove settler-colonial policies and discriminatory practices

**Summary**

The ongoing harms from settler colonialism, and the systemic racism, discrimination, and sexism that exists in government and health care systems continues to impact the overall health and wellbeing of Indigenous Peoples in Canada. Racism is not an isolated incident within these systems and continues to be an ongoing health threat to Indigenous Peoples. Many Indigenous Peoples avoid accessing health care services due to the subtle and overt racism and discriminatory practices they experience; thereby, leading to unresolved health issues and poorer health outcomes. The government needs to recognize the role that settler-colonialism plays in the present-day health crisis of Indigenous Peoples and Indigenous Peoples have the right to access health services that are free from racism, and all forms of discrimination and sexism.

**Legacy, Ongoing Harm, and Systemic Racism**

> *"This is historic knowledge and practice that has been deteriorating our culture for years. This has been put in place for the assimilation of First Nations. The white society has always tried to cover this up but now much of the truth has surfaced and they are scrambling to continue to hide, deny and still try to cover up all their tactics against our people"*

**First Nations Peoples and Partners Messages**

- Canada has a legal obligation and responsibility to recognize that the present health crisis began with colonization and dispossession and became endemic when social and economic disadvantages have become a daily reality for First Nations.
- The legacy of colonization, oppression, and resulting intergenerational traumas (i.e. loss of culture, language) have a direct impact on the mental, physical, spiritual and emotional wellness of First Nations. It results in a high prevalence of substance use disorder amongst First Nations communities, and youth. First Nations' low life expectancy and poor health outcomes represents a failure of Canada to Honor the Treaties.
- Racism plays a role in all aspects of First Nations health and is evident in present day policies that were built on the foundation of racist colonial policies of genocide cloaked as assimilation. These policies have resulted in barriers to health care for First Nations and ensured the health gap between First Nations and Euro-settler people in Canada continues to widen.
- The improvements in health depend on overturning the destructive legacies of dispossession, including those related to land, culture and the attainment of a secure and valued place for Indigenous Peoples.
- Colonization and widespread racism in health care has made a strong need for legislation to improve health care for Indigenous Peoples.
- Indigenous Health Legislation and policy in Canada is filled with systemic racism.

- Many First Nations Peoples are reluctant to endure ongoing and unacknowledged systemic racism within the health care system, which is creating a barrier to accessing health care services and resulting in untreated health issues. There are little resources available for Indigenous Peoples to handle racism within the system.
- Rather than isolated incidents of an interpersonal nature, racism must be considered an ongoing threat to the well-being of First Nations Peoples.
- Addressing structural racism is a priority and the TRC identified strategies for addressing racism. We have raised concerns for shortcomings of these actions.
- The creation of First Nations health systems with a mandate and responsibility to design, implement and monitor the health services for First Nations is seen as a path to address the systemic racism within the existing health care system.
- Repairing the past and moving into a healthier future by preventing racism requires implementing Joyce's Principle, Jordan's Principle, the UNDRIP, Royal Commission on Aboriginal Peoples, the Truth & Reconciliation Commission's Calls to Action and the Missing and Murdered Indigenous Women and Girls Calls for Justice.
- Federal and Provincial Ministers of Health should issue unconditional apologies for Indigenous-specific racism in health care systems and practice.
- Time should be given for Indigenous Peoples to heal from historical traumas, which have given rise to complex health issues that cannot be solved by health practice alone, but through holistic healing as identified by Indigenous communities.
- Federal and Provincial Ministers of Health should issue unconditional apologies for Indigenous-specific racism in healthcare systems and practice.

**Inuit and Inuit Partners Messages**

- Systemic racism in health care needs to be targeted. Inuit and other Indigenous Peoples face systemic racism and injustices on a daily basis, which is a huge barrier to accessing health care.
- Nurses graduated from the nursing program are not working because of systemic racism.

**Métis Peoples and Partners Messages**

- The past and ongoing legacy of colonization including oppressive systemic policies, and systemic racism has taken a significant toll on the lives of Métis Peoples. Discriminatory colonial policies and practices have directly impacted the health of Métis and have contributed to poorer health outcomes.
- Public health access and service for Métis Peoples confronts a reality immersed in the larger societal and colonial issue of racism and the ongoing impacts of these colonial practices needs to be addressed.
- Health inequalities continue to perpetrate the unfairness and bias against Métis that is structurally and legislatively built into the existing Federal, Provincial and Territorial health systems.

- Métis Health legislation must speak to a broad range of systemic changes to eliminate systemic racism in the existing health care system. Systems change of this magnitude requires dedicated commitment from each of the various contributors to the system.
- Métis curriculum needs to be built into all anti-Indigenous racism training courses, so staff can understand the unique differences in culture, heritage, and language between the three Indigenous Peoples of Canada.

**Intersectional Peoples and Partners Messages**

> *"Indigenous youth were clear that ending and condemning systemic racism must be the foundation to moving forward on any kind of healthcare reform. This means decolonizing and Indigenizing healthcare service delivery in every setting, and imagining care holistically and intergenerationally"*

- The TRC's findings have shown that Canadian policies, such as residential schools and Federal Indian Day Schools, are responsible for the current state of Indigenous health in Canada, yet the governments fail to align health priorities with acknowledging the truth and working towards reconciliation.
- Urgent action is required to address the circumstances of racism and violence that led to the death of Joyce Echaquan, as well as other preventable deaths of Indigenous Peoples in Canadian health care settings.
- Implementation of Joyce's Principle into a rights-based framework for Indigenous Health Legislation is a response to historical and chronic systemic racism in health care.
- There is a deep mistrust of the government and health care settings. Historical injustices and the reasons behind systemic racism need to be acknowledged.
- The mainstream health system, as it exists, is an inherently racist, colonial institution. Systemic racism touches Indigenous women and families at every step along their health, which results in community members being fearful to access health care services; thereby, leading to untreated health issues and contributing to health inequities.
- Distinctions-based Indigenous Health Legislation should work towards gender equity and address long standing systemic discrimination within Canada's patchwork of health systems.
- Intergenerational trauma and violence against Indigenous women, girls, Two-spirit, transgender, and gender-diverse People have a direct impact on First Nations Peoples health and wellness and contribute to poor life outcomes. There is a need for trauma-informed programs and services that are accessible regardless of status or residency.
- Providing education for others to understand why and how individuals are motivated to change, in order to provide the language for change. Canadian history needs to be learned from an Indigenous perspective and we need to work towards expanding consciousness beyond dualistic/binary thinking.
- A person-centered approach is needed to prevent anti-Indigenous racism and promote social justice.

- Related to accessibility is anti-Indigenous racism, lack of knowledge of Indigenous culture and identity, and infrastructure. Structural factors like health care systems, infrastructure of communities, and available resources influence health conditions and create health issues. Require decolonizing approaches to the healthcare system, and resisting and undoing the impacts, relationships and powers of colonization is required. This requires everyone to address the barriers that stand in the way of equitable access to safe healthcare.
- Systemic healing is a principle that should be addressed in legislation, ensuring healing strategies, interventions, services, and care is Indigenous specific and Indigenous led.

**<u>Discrimination and Violence</u>**

**First Nations Peoples and Partners Messages**

- There is an urgent need to address racism, lack of knowledge in practices, discrimination in care, and the violence in health care that led to the need for Joyce's Principle.
- There is a reluctance to seek healthcare outside of First Nations communities due to past discrimination experiences. Anti-Indigenous-specific racism and improved First Nations access to health care should be realized, in part, through amendment to the C*anadian Health Act*. Legislation should provide clarity around the federal government's purpose and eliminate racist incidents and systemic racism and increase access to health.
- Many First Nations not only experience racism within the system, but also witness it happening to other First Nations, which is a re-traumatization. These responses may become normalized over time; however, they have a lasting impact.
- There is a potential for discrimination when creating health legislation specifically for First Nations. There is worry that statements from service providers telling First Nations to "go back to your own community" will be used against Indigenous Peoples.

**Inuit and Inuit Partners Messages**

- Racism is experienced with transient health professionals.
- Inuit experience stereotyping, violence, ignorance, being dismissed, etc. before entering a doctor's office or clinic (e.g. invalid assumptions about alcoholism, education, attention seeking).
- Local health care professionals are not treated equally, and legislation needs to protect local health care workers, and retain local health care staff.
- Negligence is often experienced by Inuit and is sometimes fatal.
- Discrimination is experienced in the health care system, particularly in instances where patients need to travel out of community; health care professionals do not know the difference between Innu and Inuit and may provide the wrong interpreter; and issues with Inuit health care worker representation and retention.
- Inuit women are treated differently. They are not offered the same information or given the opportunity to decide how to best feed their children. This is inequality based on race.
- There needs to be an anti-racism, zero-tolerance racism policy in health centres.

**Métis Peoples and Partners Messages**

- Addressing the complex relationship between racism, discrimination, trauma, Métis identity, and Métis health. Racism and discrimination are key threats to Métis health.
- Strength-based research to advance effective program design and as a tool to address or prevent racism; highlighting assets and strengths instead of deficits and needs may shape attitudes and beliefs about Métis Peoples.
- People may delay or avoid seeking treatment for health issues due to a fear of discrimination.
- Health professionals must also be taught about subconscious bias, systemic racism and anti-racism, trauma-informed care, Métis history and identity, and cultural safety.

**Intersectional Peoples and Partners Messages**

- Negative stereotypes and biases cannot trickle into the type of care that Indigenous 2SLGBTQQIA+ peoples receive. No one should be in a position where they are advocating for themselves to have basic human decency to a health care provider when they are already dealing with mental or bodily harm.
- Transgender kin and Two-Spirit Indigenous Peoples can be put in danger of direct violence; treated harshly after being found out to be Trans; experience inappropriate and interrogative questioning when experiencing care for issues unrelated to gender; being purposefully misgendered by caregivers, and being asked to leave.
- The health care system is infused with racism, sexism, homophobia, transphobia, ableism, and fatphobia that can be and has been perpetuated and proliferated by the professionals within the field and resulted in poor quality of care being provided. These types of discrimination intersect with Indigeneity, with lethal consequences for Indigenous Peoples and youth.
- When Indigenous patients are finally able to navigate through the jurisdictional complexities to meet with health care providers, they report discrimination based on race, socio-economic condition, and substance use.
- Gender-based discrimination and violence contributes to poor health outcomes. Indigenous women, girls, Two-Spirit, transgender, and gender-diverse Peoples face the highest levels of discrimination and violence in Canada. Legislation must ensure Indigenous Peoples right to access health services free of racism and discrimination and support the right to access a health provider of their choosing.
- Attention must be paid to the use of non-discriminatory and inclusive definitions within the law. Any and all definitions of "Indigenous" used in law and policy must be broad enough to be inclusive of all Indigenous Peoples to access health care regardless of status or residency. They must also recognize freely chosen representative organizations. The definition of "Indigenous Peoples" is defined quite broadly in Section 35(2) of the Constitution Act, 1982. The terminology, however, has been interpreted to reflect certain collectives. This is problematic for individuals who have been excluded from categorized Indigenous collectives historically, systematically, and due to the discriminatory provisions of the Indian Act.

- Legislation must not discriminate, and that it includes all Indigenous Peoples of all genders, sexualities, abilities, identities, no matter where they choose to live in Canada.
- There is distrust, fear, and avoidance of the health care system impacting overall Indigenous health.
- Culturally relevant, trauma-informed and safe health care that is free from all forms of discrimination, and gendered violence is needed. Health care legislation and policy also needs to create space for specific measures combatting stigma against 2SLGBTQQIA+ Indigenous youth, and discrimination against disabled Indigenous youth.
- Individuals should be able to bring their "whole self" when accessing the health care system and not need to hide parts of their identity to receive effective and discriminatory free health treatment.
- Concerted efforts need to be made to recruit Indigenous Peoples to work in the health care field at every level – service delivery, administration, as well as policy and decision-making.
- Education plays an important role in bringing significant change to the health care system. Experiences of racism occurred in interactions with health care providers that had a lack of knowledge or understanding of Indigenous Ways of Knowing and Doing, traditions, customs, or an underestimation of the scale of cultural differences.
- Promotion and reclamation of Indigenous cultural identity is intrinsically connected to reducing risks of violence, which is a critical step towards healing and treatment.
- Restrictive and discriminatory laws and policies are deeply connected to violence against Indigenous women, girls, and 2SLGBTQQIA+ Peoples. Health legislation must recognize the erasure of Indigenous Peoples from urban and rural spaces as an act of cultural violence. Legislation should make space for sensitivity in programming and service provision regarding realties and requirements of rural and urban Indigenous women, girls, and 2SLGBTQQIA+ Peoples.

## 2. Indigenous Peoples can freely exercise their sovereignty and right to self-determination

**Summary**

Discussions related to Indigenous Health Legislation must recognize and respect the diversity of cultures, needs, priorities, capacities, and challenges across Canada. Legislation must ensure that Indigenous Peoples have control and self-determination over health services. Legislation needs to ensure that Nations Sovereignty and right to self-determination is recognized and the design, delivery and control of health services is Indigenous-led.

**First Nations Peoples and Partners Messages**

- Health of First Nations Peoples is First Nations jurisdiction. The First Peoples of these lands have a right to participate in the design and delivery of quality health care and are in the best position to do so. Each community must have the ability to move at their own pace and be supported to build their capacity.

- Measures to improve the health of Indigenous Peoples must include the principles of self-determination and a health equity model based in the culture and knowledge of Indigenous Peoples, including traditional medicines.
- The need for governments at all levels to respect and recognize First Nations jurisdiction, Treaty, and inherent rights.
- The impacts of the Indian Act continue to disrupt natural law. First Nations have a right to law making authority. First Nations' laws need to be developed by First Nations and must reflect natural laws.
- In cooperation and collaboration with provincial and federal governments, First Nations laws are an important component to supporting First Nations self-determination and decolonization, more mindful of sensitive polices and institutions, and improved health outcomes.
- First Nations self-determination requires trust and respect from government, as well as flexible, sustainable investments in an Indigenous-led system and the right to First Nations self-determination. This right extends to individual determination and choice.
- First Nations delivery of health services needs to be given the same governance responsibilities and administrative capacities as the provincial health system.
- Canada cannot dictate the Indigenous Health Legislation process. First Nations are sovereign Nations and need to collectively move forward with common recommendations.
- Legislation needs to ensure Indigenous Peoples will have control and self-determination over health services. The Government of Canada should develop and adopt a First Nations Health and Wellbeing Act under the leadership and in cooperation with First Nations. The Act should indicate that First Nations Peoples have an inherent right to self-determination over First Nations Health matters. The Act should identify, define, and legally entrench principles to guide both program and service design, and Individual healthcare interactions. It should enable First Nations to set their own healthcare priorities, shape budgets, and streamline access to healthcare funds.
- What we are seeking is the assertion of sovereignty without fear of reprisal, attack or colonial violence.
- First Nations health systems must have the ability to implement policies and programs that enhance the conditions for which First Nations' healthy development can occur.
- Food, spiritual health, Traditional Healers and First Nations health professionals need to be included.
- Health legislation needs to promote First Nations identity and jurisdiction over health and address how First Nations will have true decision-making power within health governance structures.
- A total transformation of health care that is holistic and based on equality that respects First Nations culture, originality, families and ways of doing things.
- First Nations are enabled—pursuant to the UNDRIP's provisions relating to sovereignty—to structure and empower local or regional First Nations Health Authorities as befitting their particular circumstances. Provincial laws are needed to recognize the authority of First Nations Health Authorities (as created by First Nations), and ensure that their role is respected.

**Inuit and Inuit Partners Messages**

- Current health challenges and barriers could be overcome with Health Legislation strengthening Inuit self-determination in the development and delivery of health services. Having ownership in the health care system is key.
- Inuit have the answers and are in the best position to administer certain services and care for Inuit communities. Give control and respect back to Inuit for their health and body.
- Inuit-led decision-making in determining which health services Inuit would like to take over and when they are in a position to do so (i.e. not currently in a position to take over all services, but possibly in the future). In addition, land claim agreements provide the ability to take on additional health care services.
- Identifying opportunities for Inuit to assume jurisdiction and/or administration of certain services (i.e. coordinating medical travel, Inuit-owned pharmacy, etc.).
- Inuit should be telling the federal government how their laws need to work, and not the other way around.

**Métis Peoples and Partners Messages**

- Indigenous Health Legislation must recognize and uphold the substantive rights held by the Métis, including the right to self-determination.
- Canadian Governments must acknowledge Métis authority and be obligated to allocate dedicated funding to support Métis authority and control of their health and well-being systems.
- Métis Peoples value the ability to be self-directed in all aspects of life and to maintain independence and autonomy, including their ability to self-govern and develop legislation, regulations and policies.
- Métis-run and Métis control—Design a uniquely Métis system that considers the Métis ways, rejects status quo colonial models, and ensures development of Métis-specific policy, legislation and control over programs and services to deliver culturally appropriate services to Métis Peoples.
- Long-term goals involve systemic change. Creating a Métis Nation Health Authority is understood to be one significant way in which culturally safe and informed health care can take place. A Métis Nation Health Authority would oversee Indigenous health care navigators and even Métis-specific health centres staffed with Métis health care practitioners.
- A Métis health authority could provide a single source of truth regarding health and healing – a single touchpoint that bridges the gap between Western and Métis healing traditions.
- The inherent right of self-government recognized and affirmed by section 35 of the *Constitution Act, 1982,* includes jurisdiction in relation to health services, where health is understood in its broadest sense to include physical and mental health. Therefore, we recommend that federal health legislation:
    - affirm the legislative and jurisdictional authority of Indigenous Governing Bodies acting on behalf of an Indigenous Peoples.

- include fiscal support for the development of Métis-specific policies, implementation, and delivery of health services.

**Intersectional Peoples and Partners Messages**

- Communities know how to care for their own, but need to be resourced and empowered to do so. Health service delivery needs to be Indigenous-led, rather than delivered on reservations.
- Two-Spirit Indigenous Peoples working for and with other Two-Spirit Indigenous Peoples are needed, in order to build communities, and move towards being autonomous from the Government of Canada.
- Canada cannot make decisions for Nations, and is not in line with the original Treaties. Nations cannot, and have never given the permission for the Government to make decisions for Nations, without Nations.
- Co-development principles can align with Treaty making process when the sovereignty of Indigenous Peoples is truly respected.
- Work towards the implementation of the Indigenous distinctions as pillars of government separate from Government of Canada, which includes capacity building to allow Nations and non-status or unaffiliated Indigenous Peoples to represent themselves as forms of government, including Two-Spirit Peoples to represent themselves and their community in legislative processes.
- Recognizing Indigenous self-determination in health care through explicit policy measures will result in safer care and improved health outcomes across multiple dimensions of services.
- Need to have a seat at the table to make decisions on behalf of our own gender and sexually diverse communities to ensure human rights, and respecting rights as Indigenous Peoples.
- A potential principle in legislation to allow for future self-determination around health could be pursuing self-government and autonomy.
- Rights-based co-development means centering Indigenous rights in a way that is not open to government interpretation or devaluation.
- Communities know how to care for their own, but need to be resourced and empowered to do so.
- There is an inability of the Crown to support innovative care models due to rigidity of health models.
- The use of Traditional Medicines, including Ceremony, in conjunction with Western medicine, is imperative as we move forward.
- Indigenous Peoples are supported with appropriate funding to support decision-making about health priorities without intergovernmental interference.
- Rights should not be tied to land claims as mobility can diminish access to rights.
- In order for reconciliation to move forward, Indigenous Provincial organizations should be considered Indigenous Governing bodies.

## 3. Holistic approaches to health that encompass Indigenous ways of knowing and being and the social determinants of health

**Summary**

Engagement sessions have highlighted the importance of building health care systems that are grounded on Indigenous Culture, Traditions, Beliefs, and Values. It is well recognized that improvement to the health status of Indigenous Peoples will require adopting an approach that recognizes the need to consider all aspects of individual and community needs. Physical and mental health are interwoven with social, spiritual, and emotional needs, as well as community and environmental wellbeing. The terms "holistic" and "wholistic" are often used to represent the need to view health and wellness in the context of the whole person.

Many Indigenous groups have worked collaboratively to define Social Determinants of Health. These determinants shape the conditions of daily life of communities, families, and individuals, and can influence health equity in positive and negative ways. Along with commonly cited social determinants of health, such as housing, food security, and income, there are Indigenous determinants of health that are specific and unique to First Nations, Inuit and Métis Communities. It is viewed that the Government of Canada needs to address the root causes of health inequity, take into account these distinct social determinates of health, and recognize their unique contexts and intersections in the development of Indigenous Health Legislation.

> *"Transformative change is moving from measuring Indigenous Peoples against Western determinants of health to understanding diverse Indigenous social determinants of health"*

Indigenous Health Legislation is viewed as an opportunity to reflect the importance of healthy environments by recognizing traditional health services as equally important to mainstream health care, dedicating adequate funding to incorporate traditional medicines, healing practices, and land-land-based programming in the health system, and by supporting Elders, Grandmothers, Aunties, Medicine Men and Women, and Knowledge Keepers and youth as foundational within Indigenous health systems.

> *"The only way we will be healthy again is to have the option to return to our traditional healing".*

**<u>Holistic Wellness</u>**

**First Nations Peoples and Partners Messages**

- Indigenous health is rooted in a holistic conception of wellness, reflecting a healthy balance that rests on physical, emotional, mental and spiritual. Health stems from the harmony between all aspects of a person's life, including the individual, family, community and surroundings.

- Any definition of health must align with Indigenous Peoples' holistic understanding, including our relationship to land, water, sky, food, and culture.
- Adoption of a holistic approach that allows all aspects of a person's life to be considered in their overall environment to ensure balance, is one element of moving toward culturally appropriate care.
- For many First Nations, a holistic approach goes beyond the individual, and is reflective of the health of the whole group and that of that natural world. Health is deeply linked to overall wellbeing and balance.
- There is a need for legislation to recognize holistic services as equal to mainstream services, and to provide strategic, long-term and substantial investments.
- Improving health care through listening to the unique First Nations voices that welcome Indigenous elders and knowledge keepers, women, youth and the next generations, and 2SLGBTQQIA+ people is of significant importance.
- The Government of Canada should develop and adopt a First Nations Health and Wellbeing Act under the leadership and in cooperation with First Nations that considers a broader scope of health, which includes the physical, emotional, mental and spiritual. It should also adopt broad and robust definitions of health.
- Legislation must consider Indigenous health practices that meet cultural and physical needs, a two-eyed seeing approach.
- A government-wide Health in all Policy (HiAP) approach should be adopted by federal and provincial governments.

> *"Indigenous Languages embodied health and stories enabled for the continuous transmission of wellness which was understood holistically and collectively and in the context of prevention. Individual health was reflective of the health of the whole group, the clan, the tribe, and that of the natural world. Illness was attributed to many causes but essentially, it constituted an absence of harmony and balance."*

**Inuit and Inuit Partners Messages**

- A holistic approach to health was a common theme among Inuit participants. There is a need to improve all aspects of health to support Inuit, as opposed to separating mental health from physical health, spiritual health, and one's environment.
- This approach would require service organizations to work collaboratively, and address physical and mental health, as well as social, emotional, cultural, and employment needs all at one location.

**Métis Peoples and Partners Messages**

- The concept of wellness and holistic health must encompass Métis cultural identity. Health is viewed as a state of balance and interconnected relationships between physical, mental,

emotional, social, spiritual, environmental, and cultural well-being. It is influenced by overall wellbeing of family and community, culture, and nature.

- There is a strong desire to seek harmony between conventional Western medicine and traditional ways of healing to provide holistic care. Métis-specific health and well-being incorporates traditional and western values and perspectives, and offers combinations of holistic medicine and western medicine.
- Mental health and addictions treatment need to be prioritized alongside primary care.

**Intersectional Peoples and Partners Messages**

- Indigenous Health Legislation needs to be inclusive of Indigenous worldviews, wholistic, flexible, and include the view that health is about balance. This requires shifting from a medical model of care to a holistic model, viewing the whole person in their social context.
- Indigenous women, girls, Two-Spirit, transgender, and gender-diverse Peoples have differing health care requirements and the experiences of being pregnant and mothering, and these need always to be considered when speaking about health care.
- Health legislation should maintain a fluid and linear understanding of health and wellness. This is foundational to developing preventative strategies, particularly for Indigenous women, girls, and 2SLGBTQQIA+.

**<u>Social and Indigenous Determinants of Health</u>**

**First Nations Peoples and Partners Messages**

- Indigenous Health Legislation needs to go beyond the provision of health care; strong First Nations health infrastructure is only possible if the social determinants of health are addressed. Health care is not a system that acts in isolation, it impacts all facets of society, and this must be understood as we move forward. Indigenous Health Legislation needs to take into account and recognize that communities are healthiest when all social determinants of health are addressed.
- A wide range of social determinants of health were identified by participants in the engagements. Social Determinants of Health impacting First Nations Peoples and Communities include:
    - Healthy child development;
    - Family well-being;
    - Aging and availability of care;
    - Housing;
    - Clean water;
    - Healthy food and food security;
    - Infrastructure
    - Health system
    - Governance
    - Effects of colonialism and social exclusion
    - Culture
    - Culturally appropriate and accessible education;

    - Historical and intergenerational trauma;
    - Individual and systemic experiences of racism and discrimination;
    - Employment, economic status, and persistent poverty;
    - Spiritual wellbeing;
    - Receiving care within community, and by community members;
    - Social determinants of health might also include one's overall environment. In the case of First Nations, this could mean taking into consideration the unique circumstances of those living on reserve, in isolated communities, and in urban centres.
- There is an additional need to expand health legislation and policy to incorporate social determinants of health, such as access to clean drinking water and environmental justice in the form of legislation protecting clean drinking water and environmental justice, as well as integrating Indigenous housing with wellness and other culturally appropriate services (housing and wellness hubs).
- Geographic proximity to environmental hazards is critical to health and wellness, as is location to utilities and amenities. Colonial dislocation of First Nations Peoples has increased proximity to environmental toxins and poor food security. A federal Environmental Racism and Environmental Justice Act should acknowledge the right to a safe and healthy environment supportive of human flourishing and cultural development and participation.

**Inuit and Inuit Partners Messages**

- When addressing health care gaps for Inuit, social determinants of health must be key in the approach. For Inuit, social issues and lack of adequate and basic infrastructure compound the dire medical services situation.
- Access to and affordability of basic needs, specifically food, water, and housing were mentioned repeatedly during engagements. Housing needs to not only be accessible and affordable, but also well maintained and not overcrowded. Food security, affordability of food, and access to country food and community freezers are significant areas of concern, as is access to clean drinking water.
- Other social determinates of health raised by Inuit Peoples and Communities are:
    - Access to child care;
    - Education, and post-secondary opportunities in the North;
    - Language and culture;
    - Affordability of basic household goods;
    - Impediments to breastfeeding and infant nutrition;
    - Sewage management;
    - Social relationships, family and community;
    - Employment; and
    - Crime reduction and access to justice.

**Métis Peoples and Partners Messages**

- Métis social determinants of health need to be at the forefront in Métis-specific health legislation.
- Métis social determinants of health illuminate ways in which social, cultural and economic marginalization impacts health. They link history, policies, and practices that have contributed to disparate rates of poor health outcomes and assists in setting out a path forward to improve health and well-being.
- Meaningful integration of a Métis social determinants of health approach requires recognition of traditional foods, a relationship to the land, cultural practices and tradition, and language. Other social determinants of health raised by Métis Peoples, Settlements, and Communities include:
    - Economic instability and lack of financial resources;
    - Employment and working conditions;
    - Quality and affordability of housing;
    - Discrimination and racism;
    - Colonialism;
    - Land dispossession;
    - "Place", geographic location, and physical environment;
    - Environmental conditions, pollution and climate change;
    - Education and literacy;
    - Access to public transportation;
    - Food security;
    - Family life and kinship ties;
    - Support across life stages; and
    - Social supports and coping skills.
- Low income is a barrier to accessing health care services. Access to health services and similar care should be provided for all, regardless of income or age, and given the current global crisis, there should be support systems to aid food insecurity, especially for seniors who are on fixed incomes.
- Some of the options presented for addressing social determinants of health for Métis include investment in recreational programming, community events, play grounds, promotion of traditional ways of eating and community gardens.

**Intersectional Peoples and Partners Messages**

- Indigenous Health Legislation must incorporate Indigenous worldviews in which physical, mental, emotional and spiritual health are interconnected. Many Indigenous Peoples attribute the cause of illness to the absence of harmony and balance. These elements of health are effected by social determinants, including employment, access to safe transportation, safe and affordable housing, education and income; as well as land, language, environmental stewardship, culture, experiences of racism and discrimination, which are equally important.
- Access to and use of health care services is an important social determinant of health.
- Health services should be needs-based using self-determined Indigenous social determinants of health that are relevant and community-based, and take into account the

needs the experiences of Indigenous women, girls, Two-Spirit, transgender, and gender-diverse people living in all these communities.

- Health legislation should recognize and affirm the right of all Indigenous Peoples to a health system that incorporates Western science and Indigenous knowledges and wisdom and that works to reduce the impacts of the social determinants of health through including an upstream or preventative "health in all policy" approach.
- Other social determinants of health to be considered include:
    - Parenting skills;
    - Rights to occupy and use lands and resources, such as hunting and fishing rights;
    - After-death care;
    - Access to traditional healing;
    - Indigenous Language revitalization;
    - Access to Elders, Knowledge Keepers, and traditional ways of life;
    - Climate change;
    - Support of community before, during, and after pregnancy;
    - Increase access to nutritious and traditional foods;
    - Access to culturally safe daycare and early learning;
    - Indigenous medicines; and
    - Relationships with the land and waters.

**Culture and Traditional Knowledge and Practices**

**First Nations Peoples and Partners Messages**

- There is a need to build health care systems that are grounded in culture and ceremony to create a welcoming and supportive healing environment.
- Disruptions to language and cultural practices are related to trauma and threaten abilities to maintain a strong sense of cultural identity, which also negatively impacts states of well-being at both the individual and community levels for Indigenous Peoples.
- Incorporation of culture into health care systems can take many shapes. This includes incorporating language, traditional medicines, land-based programming and ceremony. There is a growing body of evidence indicating that traditional practices and participation in ceremonial activities are associated with better health outcomes for Indigenous Peoples.
- I don't feel our culture is being put to its full potential. There is so much information that we need to tap into. There are some ancient arts and practices we haven't tapped into. We need to look at our own practices more deeply.
- Legislation should specifically recognize and enable the activities of traditional healers.
- Governance structure should be community-based and rooted in culture.
- Land-based health programming is seen as an important component of First Nation health systems. Land-based healing practices provide access to traditional medicines and promote connections to community and culture.
- Indigenous Health Legislation needs to look beyond western models and reflect First Nations culture and contexts. This includes the incorporation of traditional medicines and

knowledge with western medicine to improve First Nation health. Elders and knowledge keepers are key to connecting individuals and communities to traditional ways of knowing and healing. It is imperative that Elders and Knowledge Keepers can be supported and compensated as part of a First Nations health system.

- Traditional medicines and healing practices need to be protected. For traditional medicines, this requires environmental protection and preservation. Likewise, Elders and knowledge keepers need to be supported in order to transfer knowledge on to future generations.
- Indigenous knowledge and perspectives can and should be integrated into evidence-based policy and decision-making in public health.
- There should be exemptions for traditional Healers from the standards of federal, provincial and territorial governments to increase access to cultural services by Indigenous Peoples.
- Traditional ways of dealing with health challenges need to be further explored and incorporated within First Nations health delivery. The way First Nations medicine People dealt with health challenges in the past and the lessons that could be learned through them are part of the solutions moving forward.
- Access to and promotion of nutritious foods both in urban and rural settings, on and off reserve. As well, housing is a key indicator of health outcomes.

**Inuit and Inuit Partners Messages**

- Traditional healing practices and Elder support can complement Western medicine. The health care system needs to be more inclusive of traditional medicine. Government and health systems need to value the knowledge and guidance of Elders and Healers.
- A loss of culture is linked to health issues among Inuit.
- Programs and services need to be culturally appropriate and based in culture. In order to bring Inuit culture into health care, investments are needed in spaces to practice culture, culturally appropriate country foods, and caregivers with culturally appropriate backgrounds.
- Land-based programming should be accessible to all and in response to many different areas of health and wellness. Access to the land is especially important for youth.
- It is key that cultural differences among and between Inuit communities be recognized. Inuit culture is distinct from other Indigenous cultures, and there are also unique distinctions between Inuit regions.
- There is a need to recognize, accredit, and compensate Inuit Healers, Elders, and others who can provide wellness support.
- Traditional healing practices cannot be criminalized.
- The inclusion of traditional practices and guidance from Elders is especially important in relations to birthing practices, mental health, and sexual and reproductive health.
- Local knowledge of those with lived experience is also important and should be respected.

**Métis Peoples and Partners Messages**

- Métis have a strong sense of cultural identity, and expressing this identity is connected to health and wellbeing of individuals and the community as a whole.
- Programming is needed to celebrate Métis identity, increase cultural pride, and foster the transmission of language, culture, and practices. Intergenerational teachings and opportunities for youth to engage cultural practices are also highlighted.
- Métis view connection to the land and nature as central to health and wellbeing. Place is intrinsically linked to strengthening community, family and identity, which are critical determinants of health.
- A plan to improve Métis' health and wellness must be culturally informed. The nuances of the Métis lived experience must be understood at all levels of implementation.
- There is a need for Métis cultural knowledge to be validated and recognized by provincial health systems.
- Many Métis Peoples use traditional medicines, however, there is a need to strengthen access to and use of traditional medicines and ways of healing.
- Programs are needed to foster relationships between Elders and youth and ensure traditional Métis knowledge is passed down to future generations.

**Intersectional Peoples and Partners Messages**

- Culture should be central to Indigenous Health Legislation. Many Indigenous Peoples are looking to cultural values and practices to restore a sense of wellbeing. Connections to culture, community, identity and language are especially important when supporting someone experiencing a health crisis.
- Participating in cultural activities are important aspects of and helps to build a strong cultural identity that leads to well-being for Indigenous communities, and interactions with Indigenous lands, cultural activities, communities, language, and Elders.
- Two-Spirit Peoples are in a unique position where their queerness is also tied to their Indigeneity and therefore need to be met with a cultural understanding from their counselling provider. Many Two-Spirit would benefit from having access to culturally relevant services like ceremony, smudging, and Elder consultation.
- There is a specific need for support in educating and creating space for Elders to learn how to engage with Two-Spirit Peoples and Trans kin, as well as to for youth and Elders to be able to share knowledge with each other and maintain a continuous connection.
- Inclusion of traditional Healers and Elders in the provision of services will not only increase access to culturally appropriate care, but will also reduce the burden on the mainstream health system and health professionals.
- Land based programming is especially important as a support for mental health and trauma. Land-based programing provides access to medicines, knowledge keepers, and tradition.
- Indigenous Health Legislation should explore giving personhood rights to the trees, fish, birds, insects. Otherwise we aren't being responsible in our role for protecting seven generations forward.

- Indigenous Health Legislation must enable the autonomy of Elders and traditional healing practices, and avoid interfering with or over regulating them. The health system needs to respect and balance traditional and modern medicine. Participants suggested looking to models in Alaska and Hawaii.
- Each community has unique traditions, ceremonies and knowledge. It is important that local and regional distinctions are recognized.
- Healthcare and healing are not synonymous. Healing is grounded in cultural health and wellness that recognizes ceremonial activities, language, and spiritual connection as foundational requirements.
- Our culture, traditions, and language transcend beyond reserve borders. It does not stop because the border of the reserve does. Traditions travel all the way down to the city and spreads wherever the people are. Just because I don't live on the reserve or have a status card doesn't mean I don't deserve the right to access my culture and traditions.

## 4. Health systems, health professionals, and governments take responsibility for actions and strengthen their accountability to Indigenous Peoples

**Summary**

Engagement highlighted the lack of true accountability and transparency to Indigenous Peoples within Canadian health care systems. It is well documented that Indigenous Peoples do not receive adequate, safe, nor culturally appropriate care in mainstream systems across Canada. These issues have been ongoing for many years. Promises and commitments have been made, yet participants note that little progress has been made.

> *"We need more than just performative reconciliations, actions speak louder than words."*

A dynamic shift to hold health systems and professionals accountable is needed moving forward. There is a need for ongoing evaluations related to the quality of services being provided to Indigenous Peoples. Further, the complaint process should be simplified, independent Indigenous-led investigation and reporting agencies should be established, and Indigenous communities and organizations should be involved in establishing accountability and mechanisms, including identifying Key Performance Indicators.

> *"While apologies may work in some instances, what Indigenous Peoples want is direct action, along with accepting responsibility for the ways in which their governmental systems actively affect Indigenous Peoples in all areas of life, not just regarding health."*

Indigenous organizations and communities indicated that Indigenous Health Legislation should create accountability mechanisms that are binding on all governments. The legislation should acknowledge the legacy of ongoing colonialism, eugenics, intergenerational trauma, and

genocide, and it should contain minimum standards of accountability to prevent discrimination and human rights violations from reoccurring.

## Take Action

### First Nations Peoples and Partners Messages

- We need to address the significant and long-standing gaps that persist in health outcomes between Indigenous and non-Indigenous Peoples in Canada, build trust in the health system for First Nations, re-imagine colonial systems, and achieve equitable health and wellness outcomes.
- First Nations have shared what they need to see changed, what needs to happen with numerous governments, through various inquiries and commissions, and yet, despite repeated calls for actions and promises, change has been slow.
- There is a pattern of unresponsiveness on the part of the government to act on addressing the health crises in First Nations communities. Over 25 years ago, the Royal Commission on Aboriginal Peoples brought forward the recommendation that the government create an action plan to address health inequities. This has gone unfulfilled and little progress has been made.

### Inuit and Inuit Partners Messages

- Language in policy and legislation should change from "supporting" to "ensure".
- Further, implement the Calls to Action from the Truth and Reconciliation Commission and provide monitoring and updates to demonstrate the steps taken to address the recommendations.

### Métis Peoples and Partners Messages

- Much of the recommendations, stories, directions, and discussions held during the engagement process are not new. In fact, a review of the health board documents shows a very consistent pattern for the vision of health for the Metis Settlements.

### Intersectional Peoples and Partners Messages

- As per the Truth and Reconciliation Commission's Call to Action # 18, federal, provincial, and territorial governments need to acknowledge that the current state of Indigenous health in Canada is a direct result of previous Canadian policies, including residential schools, and to recognize and implement the health care rights of Indigenous Peoples as identified in international law, constitutional law, and under the Treaties.
- The idea that there was never an implementation plan for past processes such as the one brought forward by the Royal Commission on Aboriginal Peoples, needs to be addressed in the co-development of Indigenous health legislation.

- The Government of Canada needs to take accountability and address the problems that happen between patients and health care practitioners immediately, and not let biases trickle into the type of care that Indigenous 2SLGBTQQIA+ Peoples receive.
- The co-development of Indigenous health legislation cannot happen unless Indigenous Peoples are guiding the conversations surrounding health needs, and integrating values and core principles into healing journeys. This has been a conversation that has been happening for decades and needs to be pushed forward to bring real action forward from these recommendations from the community.
- As per the MMIWG Calls for Justice, revised health policy must provide barrier-free, equitable, and consistent access to culturally appropriate health and wellness services in urban, rural, and remote areas.

**Regulate, Enforce, Investigate, and Evaluate Quality of Care**

**First Nations Peoples and Partners Messages**

- Federal and provincial governments must take their fiduciary duties to First Nations, First Nations Peoples and patients seriously. To encourage this, the nature of the Governments responsibilities toward Indigenous Peoples should be stated clearly in legislation and include standards of care, and address transparency, accountability and expectations around substantive cooperation.
- Legislation should provide safe reporting methods for Indigenous Peoples informing authorities of inadequate care. There is a need for a clear complaint reporting mechanism that allows Indigenous Peoples to report situations of mistreatment. The mechanism must be user friendly and include follow-up to the actions that were taken.
- There is a need for an ombudsman position in the medical field that is written into the legislation so Indigenous Peoples who are experiencing racism will have a place to report encounters. If there is a reason to believe that racism factors into service to Indigenous Peoples, then standard disciplinary measures must be followed.
- An integrated oversight body appointed by First Nations is needed to proactively evaluate the system, provide patient health care navigation support, investigate complaints, and navigate human rights processes.
- Further, there should be Indigenous representation on Health Boards and Departments.
- The Provincial Human Rights Acts and the Canadian Human Rights Act should be amended to require that notice be given to the appropriate First Nation or First Nation organization whenever a complaint is received that relates to First Nations health and wellbeing. The First Nation or First Nation organization that receives notice should also be given the automatic right to be added as a party to any proceeding, and the right to be informed of the existence and details of any settlement.
- Governments, both federal and provincial, in collaboration with First Nation organizations, should establish a system-wide measurement framework on cultural safety, First Nation Rights to health, and Indigenous-specific racism.

- Quantity of service in each community should be measured based on wellness indicators (e.g. measuring connection, building and repairing relationships, measuring historical trauma).

**Inuit and Inuit Partners Messages**

- There is a need for monitoring and evaluating of health services. Evaluations also need to address changing needs over time.
- Organization-wide reviews of systems, regulations, policies, and practices to identify and remove racist approaches are needed.
- Racism often underpins negligence and there is little accountability. Legislation must ensure that professionals are held accountable. This includes eliminating ambiguity that currently exists.
- The complaint process also needs to be improved and streamlined. Currently, the process is complicated, there is rarely an outcome from the complaint, and complaints that are recognized are typically given a token response. In addition, many people do not complain because they're afraid of being blacklisted.
- There is a need for an NIHB Ombudsman that is independent from the NIHB government system.
- The federal government should be more accountable to Inuit, and Inuit should be telling the federal government how their laws need to work, and not the other way around.

**Métis Peoples and Partners Messages**

- The legislation should require the Government of Canada to work with Métis to jointly prepare and implement action plans to achieve the objectives of health equity.
- The Government of Canada, in consultation with Indigenous Peoples through their respective Indigenous Governing Bodies, should undertake a review of the progress made towards these legislative changes.
- Ultimate accountability of Métis Nation Governments lies with the citizens they represent.
- Federal and provincial investments and legislation must enable Métis Governments, Settlements, and organizations to develop region-specific accountability mechanisms within their respective jurisdictions to support the implementation of health legislation as well as health care systems that are tailored to respond to community needs and local and regional realities.

**Intersectional Peoples and Partners Messages**

- The current lack of accountability makes it impossible to trust the health care system or the professionals within it.
- Indigenous Peoples' safety must be guaranteed in legislation through independent Indigenous-led accountability mechanisms and adequate funding, support, and resources that support access to high-quality mainstream services and traditional health services, delivered hand in hand.

- Accountability mechanisms must be accountable to all Indigenous Peoples, regardless of status or residency.
- There is a need to regulate health care professionals and set strict enforcement measures for penalizing health care professionals failing to meet safety standards by engaging in overt or subtle micro aggressions, coercion, stereotyping, and/or denial of care. Clear and impactful consequences need to be set to de-incentivize these behaviors (e.g. levers for funding or sanctions).
- When health care providers stereotype, they are allowing themselves to change the level of service and care they provide, based on what they believe Indigenous Peoples deserve. This needs to be stopped and heavily reprimanded. This also falls on the Colleges that regulate and medical education itself.
- There is a need to create accessible and accountable grievance/complaint processes for reporting unacceptable care, including racism/discrimination experienced during care. This could be in the form of a national helpline. All complaints made must receive a response within a reasonable timeframe for action. Currently, the process to make complaints regarding health services is often long, confusing, and results in families frequently not having their needs met.
- Regulating and enforcing quality of care also includes capacitating health care professionals to be able to do their job well. Tired, overworked health care providers are more likely to create a hostile environment rather than a healing one.
- Ombuds and advocacy functions are not enough, an independent Indigenous-led authority needs the power required to facilitate a solution to any difficult situation between Indigenous Peoples and governments, and to hold governments accountable for lack of action and/or discrimination.
- All complaints made by Indigenous patients must be brought to a Board of Indigenous individuals, selected by the Indigenous community in the area they are serving. The Board will also be a third party to both governments and health care systems. This Board will investigate and act on complaints in a timely manner, ensuring that any experiences of systemic racism, discrimination, and unsatisfactory care are addressed promptly and adequately.
- Need to ensure Indigenous representation on provincial and territorial health boards to design, evaluate and track indicators of accessibility and acceptability of programs and services.
- It is also essential to ensure that Indigenous governing bodies are resourced to lead and develop evaluation metrics.
- Other suggested accountability mechanisms included: consistent reporting on what efforts have been made to rebuild trust; working closely with Indigenous communities to identify Key Performance Indicators which can then be reported on at regular intervals; and establishing an Indigenous oversight body.
- This includes the use of data and systems that are knowledgeable about all Indigenous Identities. We cannot provide improved and culturally responsive processes if we do not know who we are responding to.

**<u>Seamless Services that Address Intergovernmental Jurisdictional Gaps</u>**

*"Health care should not be difficult to access, a commodity, dependent on being a registered or non-registered Indigenous person, or dependent on being an on or off reserve Indigenous person."*

**First Nations Peoples and Partners Messages**

- Defining health services as a provincial jurisdiction, while also having a vaguely worded health-related provision in the Indian Act creates an ambiguity over First Nations health and fails to provide clear legislative authority for Indigenous health to the federal government. This ambiguity has left First Nations forgotten within the health system and forced First Nations to muddle through jurisdictional quagmires when accessing health services at the detriment of their health. For example, the current legislative framework fails to adequately address the health care needs of non-status, off-reserve First Nations and has resulted in jurisdictional debates about which level of government should pay for health services in particular contexts.
- First Nations Peoples need to be able to access services and benefits, regardless of where they live.
- Co-development of Indigenous Health Legislation has the potential drawback of compartmentalize Indigenous Peoples so that Indigenous Health will only be found in an Indigenous law and could jeopardize emerging jurisdictional relationships.
- Access to health care can be improved by strengthening the relationship and partnerships between the Provincial/Territorial governments and First Nations, particularly at a local level. For example, the COVID-19 pandemic brought with it relationships and working tables looked beyond jurisdictions and worked collaboratively to address an immediate community health issue.
- Federal Indigenous Health Legislation should clarify that the Canada Health Act principles apply to First Nations health care access.
- Provincial and federal health laws should also be reviewed to identify which work and which do not.
- Jordan's Principle should be included in the preamble of any potential health legislation along with Joyce's Principle, as these principles indicate the importance of ensuring there is both funding and access to care. Further, all bureaucratic processes related to Indigenous health care should be reformed to align with Jordan's Principle. Participants also noted that the approach in Jordan's Principle should apply to all First Nations.
- Provincial Public Health Acts Provincial Health Acts should be amended to establish, within provincial public health portfolios, provincial First Nations Health Officers, and to both empower the FNHO and structure the FNHO's relationship with the provincial Health Officer.
- Amendments should be made to Provincial Hospitals Acts where provincial governments, in collaboration with the First Nations, must co-develop facility guidelines and measures around cultural safety, focusing on both architectural and behavioural elements. Provincial hospitals legislation and associated statutes should thereafter be amended to identify

physical and policy aspects of cultural safety with which all institutions subject to the Act must comply.

**Inuit and Inuit Partners Messages**

- Inuit need equitable access to health services, regardless of where they live. This includes more reasonable wait times, easier referral processes, and more mental health services accessible within communities to lessen the burden of travel and improve program success.
- There is a need to define the roles of provincial/territorial, federal and Indigenous governments as it relates to health care to keep everyone accountable.
- Health care workers are not always aware of the barriers and different regional/ territorial policies that exist within the system, which forces patients to advocate for themselves. Inuit specific challenges need to be recognized and considered.
- Forms and paperwork also create burdens on individuals and departments.
- There needs to be better organization at regional/provincial levels before Inuit can take over more services.
- Provinces and territories still have to fulfill their responsibilities related to the delivery of health care and health care services.
- There are language barriers when working with provincial governments (i.e. working in French with the Québec Government, as this is often a third language for Inuit).
- Participants also referred to jurisdictional issues and differing provincial/territorial midwife regulations, which create barriers to completing training and challenges in accessing midwives.
- Improved intergovernmental communication and partnerships through meaningful engagement with communities is needed. Currently, the lack of engagement results in systems that do not work and challenges with red tape, bureaucracy and accountability.

**Métis Peoples and Partners Messages**

- The legislative and policy environment for health services for Métis is inconsistent with UNDRIP.
- Jurisdictional disputes often exclude Métis Peoples from both mainstream and Indigenous-specific health care systems. Collaboration is needed across levels of governments and sectors to improve continuity of care, coordinate and dovetail initiatives, address barriers related to access, and leverage existing resources.
- Métis Health Legislation must direct federal and provincial governments to engage and build an intentional path to reconciliation with Métis Peoples and complement the work of Métis Governments, Settlements, and organizations.
- Federal legislation should also bridge the priorities action plan to provincial funding supports.
- Métis representation on provincial Health Authorities is needed to ensure a Métis lens on patient and family care and to advocate for system-wide cultural safety in care.

**Intersectional Peoples and Partners Messages**

- There is a long-standing phenomenon of jurisdictional wrangling, especially in the urban context. Clarification and resolution of historical and jurisdictional issues and conflicts between all levels of government and in partnership with Indigenous organizations is essential for the health, wellness, and safety of Indigenous Peoples.
- Siloes and lack of coordination between health systems present barriers and result in service gaps. The Federal government needs to work with provinces and territories to ensure that jurisdictional disputes do not disrupt the realization of rights and proper supports for Indigenous Peoples.
- The federal government's unwillingness to take responsibility or intrude on provincial/territorial roles has led to a number of past examples including Daniels decision. The Congress of Aboriginal Peoples-Daniels ruling offers a path forward, out of what the Supreme Court of Canada called a "jurisdictional wasteland", to recognize the Indigenous rights of all non-Status and Métis Peoples.
- Through Political Accords, Indigenous organizations can work to uphold the rights of its constituents, challenge discriminatory approaches to Indigenous policy, and hold governments accountability in their responsibilities to the non-status and off-reserve populations.
- Further, there may be a need to consider the Canada Health Act and how to overcome jurisdictional boundaries.
- An interconnected systems approach, built on innovation and collaboration, is required to facilitate the implementation of sustainable solutions and meet the needs of Indigenous communities.
- Health care also needs to be consistent and equitable meaning that distinct needs are recognized and that the same services are available everywhere, regardless of where they live.
- Legislation must recognize the portability of the rights of Indigenous Peoples.
- A rights-based approach to design and delivery of services should be seen as a practical way to address gaps in services and supports, support a prevention model that is cost effective, and ensure early interventions.
- Legislation must create consistency and ease within the system, and must be able to enforce governments to act when they don't want to and address jurisdictional gaps.
- Mainstream health organizations must be required to build relationships with Indigenous service providers to ensure more seamless access to safe and wholistic care.
- Legislation has to resolve Jordan's and Joyce's Principles, otherwise we fall in between the cracks.
- Further, Jordan's Principle should be extended to cover all Indigenous Peoples and be written into this legislation to ensure substantive equality in services, and to prevent jurisdictional disputes from restricting access to the highest possible standard of health.
- Some urban Indigenous organizations employ "Jordan's Principle workers" to assist families in navigating the messy jurisdictional landscape to access care for their children, but this is not a staple as it is dependent on available funding.

Issues in accessing health care in other provinces due to different processes between jurisdictions and processes specific to status and health cards. No one should be without

health care because of an expired health card or status card. There are also language barriers when working with provincial governments.

- With experience and in-depth knowledge of the realities of Indigenous Peoples in cities, Friendship Centres and other urban Indigenous community organizations should be leveraged to improve collaboration and coordination with jurisdictions in urban areas.
- The system has not changed because it has focused on law, but it needs to be a change of relationship. We are in the same place today, using legal ways instead of respectful relationships. We are looking again at legislation and the legal avenues to solve a human relationship issue. We all have a responsibility to the relationship, not the legislation, not the law.
- The concept of community-based must be expanded to include the Indigenous urban and rural multi-generational communities that are not legally defined as "reserves".
- To ensure healthcare is delivered barrier-free, funding and services must not be hindered by federal and provincial jurisdictional disputes or be distinctions based to ensure no Indigenous women, girl, or 2SLGBTQQIA+ community member is excluded because of location or legal status.
- Human right of access to good health and wellness care must be a priority. This requires a human rights approach and continue efforts to dismantle bureaucratic barriers, internal Indigenous discrimination, marginalization, and unequal distribution that currently hinders access.
- There is a lack of accountability for Indigenous health as the federal government negotiates with provincial governments on health care delivery that does not provide accessible and culturally appropriate care to Indigenous Peoples.

## 5. Respectful relationships between Indigenous Peoples and the Government of Canada

**Summary**

Jurisdictional issues continue to impact Indigenous Peoples and their health negatively as they try to muddle through the existing jurisdictional quagmires. Improved cooperation and coordination between federal, provincial, territorial, and Indigenous health services and systems is needed to improve service access for all Indigenous Peoples regardless of their status or where they live, work, travel or study.

Federal-Indigenous relationship building is needed on a distinctions + basis that is trauma-informed, gender-based, and culturally-relevant, to build trust and partnerships. Government approaches cannot be pan-Indigenous or one-size-fits-all. Treaties in Canada are constitutionally recognized agreements between First Nations and the Crown; their full Spirit and Intent must be honoured and implemented. Indigenous Health Legislation should further the implementation of, and meeting the standards set out in, UNDRIP, TRC Calls to Action, Jordan's Principle, MMWIG Calls for Justice, RCAP, and Joyce's Principle.

Eligibility for Métis Governments, Settlements and organizations was raised by Métis Partners, as well as urban Indigenous organizations, Indigenous youth organizations, and 2SLGBTQQIA+ organizations. Partners emphasized that Métis are one of three legally, politically, and culturally distinct Indigenous Peoples in Canada; however, they are excluded from existing federal health care policies and programs and forced to rely on provincial services that do not meet their needs. Calls for funding and/or expansion of programming were highlighted.

Intersectional people and Partners similarly called for funding and an expansion of programming, as well as more inclusion in decision-making. They emphasized that the current distinctions-based approach is insufficient and needs to be expanded in definition to be more inclusive and less discriminatory. Attention needs to be paid to who is being denied service access and governance to ensure that an inclusive approach is taken.

## Honouring Treaty

### First Nations Peoples and Partners Messages

- First Nation Treaties in Canada are constitutionally recognized agreements between First Nations and the Crown. Treaty provides an undertaking by each party to develop a relationship.
- First Nations have existing Treaty benefits, Treaty promises, Treaty Rights, and First Nation Natural Law, and a primary goal and priority of First Nations is to protect Treaty.
- Our ancestors entered into Treaty with the Spirit and Intent of ensuring continued provision of specific Treaty obligations on our part, and on the part of the British Crown. These obligations and responsibilities must be upheld by the Government of Canada as set out in International Law, British Law, Imperial Law and Canadian Constitutional Law.
- First Nations continue to assert a Treaty Right to Health as protected and upheld in Section 35 of the Canadian Constitution, the Medicine Chest Clause, and the Famine and Pestilence Clause. What remains is the complete implementation of this Right, with the full Recognition by the Government of Canada.
- First Nations' historical experience is that Treaty has not been respected and this continues today.
- Addressing the health needs of First Nations requires an approach that recognizes, respects and reconciles Treaty and inherent rights that are entrenched in the Canadian Constitution.
- Treaties need to be interpreted in an evolutionary way that reflects current realities. It is essential that the True Spirit and Intent of Treaty be implemented.
- Modern day treaties need to be honored and respected. All level of governments need to understand what treaty and a government-to-government relationship means. We are our own distinction-based group on par with the Government of Canada and provinces, and not another stakeholder or community group.
- The Government of Canada must uphold its obligation to provide health care services and engage with each Treaty Nation directly to discuss how Indigenous health care legislation can be developed in a way that respects the Treaty relationship, inherent rights, natural laws, and addresses the distinct urgent needs of each community.

- The federal and provincial governments continue to argue about jurisdiction even though both governments are entities of the Crown and responsible for Treaty Rights, as confirmed by the Supreme Court of Canada.
- First Nations, the Government of Canada, and all Canadians need to develop a collective responsibility to the Treaty process (i.e. through an Agreement or Action Plan).
- Indigenous voices should be designing and writing legislation. There must be an understanding of the *Indian Act* and relationships, past promises, treaty rights, autonomy and self-government.
- Some First Nations reject health legislation, calling on the Government of Canada to uphold its Treaty obligations through full implementation of Treaty.
- Treaty, including the Treaty Right to Health, cannot be legislated or altered through Canadian policy without our free, prior, and informed consent. Anything that abrogates or attempts to is act of dishonour to the Treaty Relationship with the Crown.
- The Assembly of First Nations's 14 Co-Development Principles (April 2022) should be considered before co-developing health legislation to support First Nations - this will promote the upholding and protecting of inherent, Aboriginal and Treaty Right to Health.

**Inuit and Inuit Partners Messages**

- Not a major theme for Inuit based on the engagement reports received.

**Métis Peoples and Partners Messages**

- Not a major theme for Métis based on the engagement reports received.

**Intersectional Peoples and Partners Messages**

- Treaties need to be at the centre of the health legislation as that is the original agreement with our Peoples and the Government of Canada.
- Our original treaties already contain information about our health needs, but are still not implemented.
- To jump to legislation before looking at our relationship through Treaties, no legislation will be able to include all of these unique relationships across Canada.

**<u>Recognition and Inclusion for Métis</u>**

**First Nations Peoples and Partners Messages**

- Not a major theme for First Nations based on the engagement reports received.

**Inuit and Inuit Partners Messages**

- Not a major theme for Inuit based on the engagement reports received.

**Métis Peoples and Partners Messages**

- Métis Peoples have been left out of existing federal Indigenous specific health care policies and programs. Métis must therefore access mainstream provincial services. However, these services often do not meet the specific health care, cultural or geographical needs of Métis communities. Further, jurisdictional disputes often exclude Métis Peoples from both mainstream and Indigenous-specific health care systems.
- For health care programs and services to be effective for Métis Peoples they must understand and reflect diversity and be distinctions-based or more preferably worded Métis specific. Métis perspective needs to be honoured and not lumped in with First Nations and Inuit Peoples; all Indigenous Peoples are not the same.
- Action is required of federal and provincial governments to amend legislation, develop, and implement additional policies to ensure that Métis Peoples are identified, so that adequate information is gathered, and appropriate services can be delivered.
- The Métis Nation's definition of Métis must be included in the policy. Stating: "Métis" means a person who self-identifies as Métis, is distinct from other Aboriginal Peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation."
- Defining who is Métis according to the Métis Nation definition in the health legislation is very problematic. This legislation should not be defining who Indigenous Peoples are. Our constitution is quite clear on three recognized indigenous groups in Canada, anything other than that is unconstitutional and discriminatory. The implication of a having an "in" group decide on the rights of the "out" group can be and will be devastating.
- Many people do not know the difference between Métis groups, confuse them, or think they are the same. The Metis Settlements General Council is separate and distinct and needs to be recognized. Saying the "Métis Nation" is not inclusive of the Metis Settlements of Alberta and the Metis Settlements General Council. The Metis Settlements General Council is often left out.
- Programs and services are sporadic across the Metis Settlements. They do not have a health department, facilities, office space to run programs, etc. Health services are very limited. Some communities don't even have a community health worker or Registered Nurse.
- The Federal Government must provide for priorities as identified and validated by Métis communities, such as, but not limited to, extended health benefits.
  It is critical that the development of Métis health services does not limit the ability for Métis citizens to receive care from the provincial health system. Métis health services must be in addition to existing provincial services.

**Intersectional Peoples and Partners Messages**

- The primary health care needs of Métis Peoples are considered to be a provincial responsibility. Any supplementary expenses, not covered by provincial service plans, are to be paid for by private or employer-based insurance, or out of pocket.
- The Government of Canada should create a new program, with funding, to cover the health needs of Métis and non-status Peoples, or expand FNIHB both in scope and resources to accomplish this.

## Nation-to-Nation Relationships

### First Nations Peoples and Partners Messages

- Adopting a pan-indigenous, one-size-fits-all approach to engagement risks perpetuating harmful misconceptions about the needs of Indigenous Peoples and runs counter to the Government of Canada's stated commitment to ensure that Indigenous Peoples have access to culturally relevant health care services. Consistent standards of care are needed, but with flexibility for communities to ensure their individualized needs are met.
- Direct conversations should occur with each of the Sovereign Nation in Canada.
- Listening, being flexible, and taking the time to build relationships is so important.
- The long history of broken promises, failed initiatives and inaction from the federal government means that many First Nations have a distrust of these legislative discussions.
- First Nations youth were particularly clear that health care reform, delivery, and negotiation must occur on a nation-to-nation level.
- UNDRIP, RCAP, MMIWG, TRC, Jordan's Principle, and Joyce's Principle need to be implemented and should guide the development of a distinctions-based health legislation, including a commitment in foundational language within the legislation.
- 'Co-drafting' approach should be used and the Assembly of First Nations' 14 co-development principles should be considered during the co-development phase. For instance, these could be used to create the principles that will shape the preamble of the legislation.
- Access to health care can be improved by improving partnerships and relationships with both the federal government departments of Indigenous Services Canada and Crown-Indigenous Relations and Northern Affairs Canada.
- This process needs to be decolonized, guided by meaningful engagement and learn the lessons from past legislative development processes by working directly with First Nations to:
    - define terms & processes such as 'co-development';
    - draft health legislation;
    - describe jurisdiction & roles;
    - improve negotiation and decision-making; and to,
    - set overall goals.

### Inuit and Inuit Partners Messages

- Looking for better, direct relationships between federal government and Indigenous organizations within Inuit Nunangat and outside.
- Inuit need strong partnerships to deliver programs and services. We need to work together to achieve common goals.
- There is a need for better community engagement when building program and service offerings, tailored to the community based on what works and what does not.

- Respectful engagement is asking "What do you need, what do you think?" and putting together a plan from that, then give time to plan and identify what is working and what is not - ask Inuit how much time they need to make health work for Inuit.
- Inuit shouldn't have to be forced to pick only some priorities to focus on.
- An advocacy body and consultation structure with regional health boards and independent organizations could assist in prioritizing health needs to guide federal spending and could aid Inuit-Crown partnership.

**Métis Peoples and Partners Messages**

- Meaningful and respectful Nation-to-Nation co-development in accordance with Articles 18 and 19 of the UNDRIP of health legislation is fundamental. Legislation must also align with the substantive rights to health affirmed in Articles 23 and 24 of UNDRIP.
- Some Métis experience fear and mistrust of governments, including health care systems. There is a need to see trust built and that requires action.
- Health Legislation must direct federal and provincial governments to engage and build an intentional path to reconciliation with Métis Peoples and complement the work of Métis Nation Governments, Settlements, and organizations.
- Métis Nation Governments, Settlements, and organizations will require agreements and structured relationships with other levels of government, community health bodies and other stakeholders and such agreements must not diminish, derogate, abrogate, or infringe any existing Indigenous treaty, legal or inherent rights, or any other rights of Métis Peoples.
- Bilateral/trilateral negotiations now underway with Métis Nation Governments must not be impacted by this new legislation.
- Building meaningful, collaborative working relationships with federal and provincial jurisdictions as well as First Nations and post-secondary institutions to co-develop a range of complementary and integrated services and supports to address Métis health needs and service gaps as well as facilitate service delivery.
- Building strong partnerships with provincial and First Nations health services, with universities and medical institutions for research, services and training opportunities, and overall to prioritize continuity of care for Métis Peoples.

**Intersectional Peoples and Partners Messages**

- Historically, Indigenous Peoples have been disempowered in their relations with governments.
- Every Nation should be viewed as their own nation, with their own traditions, culture and practices.
- Indigenous Peoples have diverse and differing identities, experiences, and histories. An inclusive and Intersectional approach is about respectful relationships, safe environments, celebrating one another, and honouring all Indigenous People's unique gifts and strengths.
- Need to recognize "Nation to Nation plus" that includes the voices of those on the ground doing the work, traditional governments, Indigenous women, youth, non-status, urban, girls,

Two-Spirit, transgender, and gender-diverse Peoples, and their families. Indigenous women, girls, and 2SLGBTQQIA+ must have equal voice and decision making power in the co-development process.

- Nation-to-Nation expectations regarding co-development are non-negotiable.
- Building trust and inclusion will lead to improved health outcomes for Indigenous women, girls, Two-Spirit, transgender, and gender-diverse Peoples, and their families.
- Co-development with Indigenous Peoples should be based on relationships of trust and power-sharing. Past experiences have created mistrust of "co-development" processes.
- The Government of Canada continues to present an image of meaningful co-development where it does not exist from the perspective of Indigenous Peoples. The Government of Canada continues to apply a narrow definition of meaningful engagement and co-development.
- Definitions or terms of reference for co-development should be developed and based on core principles of power-sharing and respect.
- Co-developed Indigenous legislation should be based on empowerment of Indigenous Peoples.
- Co-development must include adequate regional representation to ensure that communities from all directions are included.
- The Government of Canada has not engaged in a process that supports Indigenous Peoples and communities to identify who they consider legitimate representatives in Nation-to-Nation discussions. These are paternalistic and systemically racist tactics that have long contributed to Indigenous women being marginalized and silenced.
- There is a lack of trust, respect, equality, and power-sharing in government relations. Governments should commit to equity, fairness, respect, and relationship building before they advance any Indigenous legislation.
- Building trust between the Government of Canada and Indigenous Peoples would reduce tensions between communities and health services. This could be done through building relationships, acknowledging historical and current injustices, being action focused, honouring commitments to UNDRIP and existing calls to action and justice in the TRC and MMIWG reports, allowing for diversity of Indigenous Peoples, being actively anti-racist, listening, hiring more Indigenous Peoples, consulting Elders, and being truthful.
- UNDRIP can help to navigate future changes and provides a foundation for a rights-based framework for Indigenous Health Legislation to improve conditions for Indigenous Peoples living in Canada.
- Furthering the implementation of, and meeting the standards set out in, UNDRIP, TRC Calls to Action, Jordan's Principle, MMWIG Calls for Justice, RCAP, and Joyce's Principle are all seen as critical components to guiding both the process for co-development and content in Indigenous Health Legislation.
- Meaningful engagement is relationship building, and therefore governments need to engage more than once. Indigenous-led organizations require time for relationship-building, and their Partners across the country need enough time to put questions forward and consider their participation.
- Transformative change is tied to relationships between government and Indigenous Peoples (not tied to politics), and it requires partnership with individual communities.

- We request that the federal government establish a permanent bilateral mechanism to affirm its relationship and collaboration with the Native Friendship Centre Movement through its National Association.
- There is a lack of formalization of joint decision-making spaces to ensure adequate monitoring and linkage of services for Indigenous Peoples.

**Expanding Distinctions-Based +**

**First Nation Messages**

- Not a major theme for First Nations based on the engagement reports received.

**Inuit and Inuit Partners Messages**

- Not a major theme for Inuit based on the engagement reports received.

**Métis Peoples and Partners Messages**

- Not a major theme for Métis based on the engagement reports received.

**Intersectional Peoples and Partners Messages**

- A distinctions-based approach (to policy-making, co-development, legislation) is insufficient in scope, and it needs to be expanded to support self-determination and the Intersectional needs of Indigenous women, girls, Two-Spirit, transgender, and gender diverse people, as well as several other prominent distinctions including non-status and urban Indigenous communities.
- A purely distinctions-based approach to health care legislation will further widen and create more gaps in health care services for many First Nations, Inuit, and Peoples who do not fit within the current policy and practice approaches. When funding is based upon these delineated and often legalistic terms and applied to off-reserve urban and rural settings, it can become the very thing that bars access for some Indigenous Peoples who may not fit into current Crown definitions.
- Intersectionality challenges policy makers to consider the interplay of race, ethnicity, Indigeneity, gender, class, sexuality, residency, geographic location, age, and ability, as well as how these intersections encourage systems of oppression and, ultimately, target Indigenous women, girls, 2SLGBTQQIA+ Peoples, and urban Indigenous Peoples.
- An Intersectional lens must be applied when considering the systemic changes that this legislation represents, as the impacts of both racial and gender bias embedded within the Health System in Canada impact women, girls and 2SLGBTQQIA+ Indigenous Peoples exponentially.
- An Intersectional approach considers distinct needs, but is not limited by them, and does not define health care access or quality on the basis of these identities. This layered and nuanced approach would ensure better outcomes for all Indigenous Peoples.

- Data from the most recent census conducted by Statistics Canada (2021) clearly confirms the trend that the Indigenous population in cities is constantly growing. It is therefore essential to emphasize that the distinction based on place of residence perpetuates or exacerbates the disadvantages experienced by Indigenous Peoples living off-reserve. The result is double discrimination, both direct and indirect.
- The development of effective, inclusive and equitable public policy cannot exclude any segment of the Indigenous population in Canada. Legislation must not discriminate, and that it includes all Indigenous Peoples of all genders, sexualities, abilities, identities, no matter where they choose to live in Canada.
- Attention must be paid to the use of non-discriminatory and inclusive definitions within the law. Any and all definitions of "Indigenous" used in law and policy must be broad enough to be inclusive of all Indigenous Peoples' to access health care regardless of status or residency. They must also recognize freely chosen representative organizations. The definition of "Indigenous Peoples," is defined quite broadly in Section 35(2) of the Constitution Act, 1982, The terminology, however, has been interpreted to reflect certain collectives. This is problematic for individuals who have been excluded from categorized Indigenous collectives historically, systematically, and due to the discriminatory provisions of the Indian Act. It would also amount to the government selectively ignoring the Daniels Decision and continuing to exercise its jurisdiction without considering non-status Indian individuals.
- Some participants noted that Indigenous organizations have been denied a place at the table because they are not considered to be a "rights-bearing group."

## 6. Equitable, adequate, sustainable, inclusive, and flexible funding is available to Indigenous Peoples

**Summary**

Inadequate funding was emphasized across distinctions-based + groups, particularly when considering the need to address the many existing gaps and inequities between Indigenous and non-Indigenous Peoples' health. Indigenous communities and organizations also highlighted that Indigenous communities cannot exercise self-determination over the health and wellness of their communities without equitable, adequate, sustainable, inclusive, and flexible funding.

In addition, current funding arrangements are seen as paternalistic, complex, and burdensome. Indigenous communities and organizations should not have to create bidding proposals or jump through hoops to access funding. Indigenous groups are also interested in more direct funding models with fewer reporting burdens (i.e. funding distributed to Indigenous communities and organizations directly from the Federal Government for community health care services and programs).

Distinction-based Indigenous health legislation is viewed as an opportunity to re-design the existing Indigenous health funding models to include a distinctions-based + and needs-based approach, and it is also viewed as an opportunity to secure sustainable, adequate, long-term funding in legislation.

*"Sustainable, sufficient and predictable funding needs to be included in legislation."*

*"Policy is not law and therefore can be changed and funding cannot be protected."*

## Flexible Funding Models

### First Nations Peoples and Partners Messages

- Flexible funding has led to some improvements in the delivery of First Nations health services.
- First Nations expressed the need for sustainable, predictable, and flexible funding that could be directed to health priorities and programming needs as determined by First Nations.
- Legislation should facilitate access to global health budgets and enable First Nations to set their own health care priorities, shape budgets, and should streamline access to health care funds.
- Current funding formulas have led to underfunding First Nations because of poor data. There is a need for Indigenous-led research to develop an evidence-based and equitable funding formula. Resource allocations must be based on community needs, the social determinants of health, and other factors beyond population that First Nations considered to be important in determining the wellness of a community or population.
- Similar to the Canada Health Transfer to provinces/territories, the Government of Canada could provide a transfer to First Nations.
- Incentive-based models in health care should also be encouraged. Any community care centre that meets specific standards should be eligible for enhanced public funding.
- Another option would be to explore a First Nations' Social Determinants of Health Funding Act that would erect clear guidelines with outcome measures to improve disparities between First Nations Peoples and non-First Nations Peoples. The critical aim of this act should include public health and preventive medicine and healthcare, improved long-term care and homecare, and increased number of First Nations health care professionals.
- Health Leaders shared that they are not opposed to reporting on the 'how and why' the resources are spent, but focus should be on learning from their work and being accountable to the communities they serve through meaningful and continual engagement, rather than to government.

### Inuit and Inuit Partners Messages

- Reporting requirements and application process are complex and burdensome. The application processes need to be simplified (e.g. one proposal to access multiple pots of funding) and Inuit need spending authority for service delivery.

- Restructuring the federal funding distribution to provide Inuit with direct, need-based funding for some health care services, advocacy, and program support is essential to improving the delivery of health care services throughout Inuit Nunangat (e.g. fund directly communities for community-level programs).
- Funding should be provided based on actual costs of delivery and should consider the number of people served.
- Funding also needs to be equitable and take into consideration the different realities between the provinces and the territories.
- There is a need to negotiate an agreeable funding formula to address service gaps between provinces and territories. The Government of Nunavut received funds from the federal government, but the allocated amounts do not cover the costs.
- Funding needs to be non-partisan i.e. not based on current government priorities, which party is in office, etc.

**Métis Peoples and Partners Messages**

- The Government of Canada should engage with Métis Peoples and move towards establishing a funding agreement in short order.
- Canada must also acknowledge Métis authority and be obligated to allocate dedicated funding to support Métis authority and control of their health and well-being systems.
- Funding design needs to be a hybrid model that includes distinctions-based and needs-based design. Additionally, a degree of collaborative autonomy for funding use would allow for distinct community planning and shifting due to changes or arising needs.
- Regional statistics models for funding does not support community diversity and need. Statistical funding models often do not align with a needs-based funding approach, since they are reliant on limited demographic data that do not take into consideration remoteness and various community needs.

**Intersectional Peoples and Partners Messages**

- Current funding arrangements are colonial and based on paternalistic ideals.
- The government should provide sustainable, adequate, long-term lump sums to Indigenous Partners, so they can decide how to use the funding at a grassroots-level, based on community needs. This would also reduce administrative burden. When funding is sent in silos, for priorities identified by the government, in short bursts, long-term change is more difficult to sustain or create. A third party auditing system would be best where the government stays out of it entirely.
- Call for proposals/requests require significant time and effort from Indigenous organizations. This diverts staff from program delivery and advocacy work, which is a considerable cost for organizations that already work tirelessly to meet the needs of many with few resources at their disposal. The Government's distinctions-based approach to funding is a bare-minimum approach. Distinction-based funding should be inclusive of cultural distinction non-status and off reserve Indigenous. The Federal government needs decolonize approaches to Indigenous identity throughout the implementation of no-

barrier funding of health care services regardless of jurisdictional authority, residency, and status designation.

- Many Indigenous women's organizations, lack sustainable, long-term funding to provide ongoing services, in part due to the distinctions-based only approach that the federal government continues to assert.
- Two-Spirit Peoples, and organizations, need to be in control of their own funding at local, regional and national funding levels.
- Urban Indigenous organizations receive proposal-based funding through multiple rounds over the course of months, whereas Indigenous governments received funds based on population, remoteness, and community. In general, the charitable and not for profit sector was left out of many federal government financial announcements.
- The government needs to carve out specific budgets for all of the distinctions without taking from other groups. All of the Indigenous distinctions deserve their portion of funding without having to fight for it.
- Programs must be barrier-free and must apply regardless of status or location and inclusive of all Indigenous cultural traditions.
- New partnership and investment models should be developed between communities and government (provincial and federal) based on reconciliation policy and legislation which acknowledge the importance of cultural infrastructure within Indigenous communities.
- The approach to funding should develop local/community/ regional/Nation-based health models.
- Indigenous communities need trained administrators that can co-develop funding models with government finance departments.

**Equitable, Adequate, Sustainable and Inclusive Funding**

**First Nations Peoples and Partners Messages**

- The legislation must be supported by stable, adequate, and long-term funding.
- Funding should also be holistic and support the social determinants of health.
- First Nations health programs continue to face a very challenging fiscal reality. Federal funding for First Nations' core programming has not kept up with the rate of growth - creating substantial pressures on First Nations health delivery systems and the essential services provided under NIHB.
- There is also a need to improve health care funding allocations to local Indigenous health centres (i.e. on and off Indigenous lands).

**Inuit and Inuit Partners Messages**

- Sustainable, sufficient and predictable funding is needed to have healthier communities and keep communities clean.
- A holistic view of the costs associated with accessing services outside of the community is needed.

- Current funding is not sufficient to provide culturally relevant programs in the north, especially in remote communities, considering the high cost of health care. Most of the funding is spent on medical transportation.
- Inadequate funding prevents regional delivery of programs. Further, piecemeal funding creates uncertainty in programming, and is not sufficient to afford staff.
- Unlimited funding is needed to deliver programming and services without the need for supplements and top-ups.
- There is also a need for long-term funding arrangements (i.e. five years or more) that can be carried forward. The current contribution agreement approach makes it difficult to plan in the short-, medium-, and long-term with only annual funding that may or may not be extended.
- Inuit need to access supplementary funds from federal/provincial/territorial governments.
- Construction budgets also need to reflect the reality of the costs in the north.

**Métis Peoples and Partners Messages**

- The Government of Canada must provide funding to Métis that is consistent with the principles of substantive equality in order to secure health equity for Métis.
- Legislation will need to provide long-term, sustainable, and equitable multi-year funding for Métis Governments and should include standard clauses to address liability and immunity.
- Funding would support Métis Partners in building capacity for both infrastructure and human resources and would support health care systems for Métis Peoples in each jurisdiction.
- There is a need for substantial operating funding for each Settlement. Current health operational funding at the Settlement-level is being utilized to subsidize individual community members' health-related service needs.
- Métis have concerns about financial costs and affordability, which impacts all aspects of health, including limiting access to programs and services or covering health-related costs.

**Intersectional Peoples and Partners Messages**

- Funding is a huge barrier to accessing rights because it is often delivered for short-term projects. Sustainable funding is thus a huge gap to ensuring accessibility. When funding for community-valued and trusted health programs is cut, the health of individuals is made vulnerable.
- In line with the MMIWG Calls for Justice, adequate and sustainable funding is required to close the many inequities that exist between the health of Indigenous and non-Indigenous communities. Adequate resourcing means sufficient, sustainable funding to enhance capacity to meet the needs of the community members they serve.
- Resources can be best used by directly, sustainably, and adequately funding Indigenous service providers to deliver culturally grounded, community-based, trauma-informed, and gender focused health services to community members, regardless of status

- Indigenous-operated health centres and clinics need permanent, stable and flexible funding to enable them to provide effective programs and services within an adequate infrastructure.
- As do urban Indigenous community organizations independent of First Nations governments or other Indigenous political bodies. It is important that these organizations be involved in the management and delivery of health care for First Nations Peoples as they help to reduce the existing inequities between Indigenous and non-Indigenous health.
- The health care system has been systematically underfunded, underappreciated, and overextended in Canada, and health care providers are not compensated fairly, nor have been given the opportunities to learn properly. They have extensive burnout, and are often not supported in the systems in which they operate. This has only been exacerbated due to the COVID-19 pandemic.

## 7. Indigenous Peoples control their data and information is available to support wellness

**Summary**

Many Indigenous communities and organizations have highlighted the importance of better access to data to improve the development and delivery of health services and crisis response (such as during the COVID-19 pandemic), evaluate and monitor progress on health initiatives, advocate for their needs, plan for the future, and address issues of systemic racism.

> *"Data related to deaths by suicide are available, but not about mental health, trauma, or suicide attempts – things that would help with targeted programming."*

Existing data systems and data collection approaches across all levels of government do not adequately support the management of health data in a manner that meets the needs of Indigenous Peoples. There continues to be a lack of coordination between provincial, territorial and federal health systems (i.e. different data standards between jurisdictions). Further, the process to access data is complex, there are many limitations to data collection, each jurisdiction has its own legislation for protecting the privacy of personal information or personal health information, and Indigenous Peoples have little or no control over the data collection processes, as well as how the information may be stored, interpreted, used or shared. In addition, current data systems and norms are western-based and not typically culturally relevant.

Data sovereignty is connected to the right of Indigenous Peoples to have authority over the management, preservation, control, and protection of their own knowledge. For Indigenous organizations to collect accurate, inclusive, far-reaching, and impactful data requires capacity building, funding, and resources.

> *"We are using incomplete data and research that isn't Indigenous-led, this data is what we are using for solutions and it is not going to work this way."*

Distinctions-based + Indigenous Health Legislation is seen as an opportunity to enable the flow of health care data, administered by provinces, territories or the federal government, back to Indigenous communities and organizations, including through data sharing agreements. It is also an opportunity to ensure Indigenous Peoples have control over their own data, and to secure commitments and investments in Indigenous-led research, data capacity and systems (i.e. capacity to collect, analyze, use data) to address data gaps.

**Data Sharing, Access, and Privacy**

**First Nations Peoples and Partners Messages**

- There is a need to legislate the gathering of heath data and the sharing of data with First Nations.
- Information is essential to the effective operation of any government. Federal public bodies hold a lot of information that could assist First Nations in the delivery of programs and services for the benefit of our members, communities, and territories.
- There is a need to develop shared data priorities and data sharing agreements between different levels of governments to bridge the jurisdictional challenges, and learn from successful data sharing agreements, such as that of the First Nations Health and Social Secretariat of Manitoba and the Province of Manitoba, which allowed them to monitor how Covid-19 was impacting First Nations Peoples in their region.
- Improve access to community, regional, or national level First Nations data and create a process for First Nation governments to easily and quickly access their own membership lists and other information collected by ISC in the Indian Registry and other systems. Considerations related to privacy laws would need to be examined.
- Restrict the disclosure of information that identifies specific First Nation communities or groups of communities, permitting disclosure only where the informed consent of each affected First Nation has been given.
- Amend Provincial Personal Health Information Acts to recognize First Nation health centres as custodians of personal health information for the purposes of sharing, and especially receiving personal health information for public health, and other health purposes.
- Amend the federal Access to Information Act and Privacy Act to improve data management in accordance to ownership, control, access, possession (OCAP®) principles. For example:
    - the Access to Information Act should be amended to deny access to anonymized First Nations data and information to non-First Nations Peoples and organizations that has not been approved by First Nations;
    - the Access to Information Act should also be amended to increase opportunities for First Nations and their institutions to collaborate with the federal government in the conduct of health surveillance and research, and improve health outcomes;
    - the Privacy Act, should be amended to prohibit the de-identification of personal information about First Nations Peoples for the purpose of conducting research/surveillance on First Nations, without the prior consent of each affected First Nation;

    - the Privacy Act should also be amended to create a separate process for First Nation governments to easily and quickly access their own membership lists and information.
- Ensure OCAP principles are respected and used to protect data.
- Further, Canada should recognize self-governing Nations with appropriate protections in place for personal information and allow disclosure of health data for any purposes.

**Inuit and Inuit Partners Messages**

- A streamlined and centralized process to access Inuit health data needs to be established, as the current process is complicated (e.g. need to go through a national organization to get local data).
- Data sharing agreements need to be established to flow data related to care administered by provinces or territories back to Inuit so that they may access and own their own health care data. This would facilitate more consistent health care and alleviate pressures on Inuit patients by equipping health care providers with patient histories and other information necessary to support quality health care.
- Inuit need to feel safe that their information is used in a way that is meaningful and productive, and to inform change for their family and community.
- Privacy and confidentiality concerns need to be addressed. Many Inuit communities in Inuvialuit, Nunavut, Nunatsiavut, and Nunavik are small. This creates significant challenges around the right to privacy and confidentiality. For example:
    - Inuit women may face a situation where seeking a pregnancy test or abortion information means going to a clinic where they may be recognized. This leads to fear and reluctance to seek services they may not want their community to know about. The fear is that judgment will be passed on them and becomes a significant barrier to preventative care.
    - Reporting sexual assault and any related sexual health issues can be a safety concern with inadequate mechanisms for maintaining confidentiality. For some survivors, knowing that they are not able to maintain privacy can result in them not seeking services or requesting help.

**Métis Peoples and Partners Messages**

- Métis Partners must be supported by provinces and stakeholders to have information sharing agreements for baseline assessments and to measure against for improved health.
- Métis Partners must have stewardship over joint reporting, ensure a strengths-based approach, and establish agreements with the province and other stakeholders to ensure access to Citizen information is protected through stewardship of information.

**Intersectional Peoples and Partners Messages**

- The health data of all Indigenous individuals must be collected, compared with "other Canadians," and reported. It must be disaggregated and inclusive of those individuals who continue to be excluded based on outdated criteria of colonial structures.
- Due to the jurisdictional complexities of health care delivery and the absence of detailed health information systems, it is difficult to accurately describe health inequities, represent differences between communities and evaluate services.
- Equal access to raw data that is vitally important to the design and delivery of Indigenous health services and programs inclusive of non-status and unaffiliated Indigenous Peoples. .
- It is necessary to build data infrastructure, governance and data sharing agreements to address these issues.
- In small towns, participants repeatedly brought up the issue of confidentiality breaches as a huge deterrent to seeking health care.
- Data is often used against Indigenous women, girls, Two-Spirit, transgender, and gender-diverse Peoples. This needs to be taken into consideration when developing any data policies.

**Data Systems and Capacity**

**First Nations Peoples and Partners Messages**

- There are many gaps in services due to lack of data and information. There is a need to support capacity to grow First Nation systems.
- Investments are needed for data governance and information management, technology, and infrastructure capacity, including human resources.
- Health Centres need the ability and capacity to gather and understand data, to analyze that data with their community; and to develop new or adapt existing interventions based on the newly acquired knowledge.
- Data on mental health as well as First Nations living off-reserve is needed.

**Inuit and Inuit Partners Messages**

- Building capacity for research, analysis, and data collection is needed. Inuit have little to no access to medical data and the information that is available is inconsistent, incomplete, outdated, and lacks Inuit identifiers.
- Improved data collection would help with reporting for funding applications, enable a better understanding how Inuit access health services, inform decision-making, and prevent delays to services/care. Without access to current, complete, and Inuit-specific data, Inuit will lack the tools they need to establish targeted priorities, understand specific needs, leverage funding and resources to drive change, and ultimately improve health care programming and service delivery.
- Inuit-specific data on health and health-related indicators is needed to show a full picture (e.g. emergency room visits, client relation complaints, suicide rates, smoking rates, cardiac conditions, cancer, etc.).

- Participants called for collection of reliable and accurate data that can be compared to Inuit Health Survey data collected in 2004 and 2007/2008. In addition, there is a need to change current data collection processes from tracking trends in Inuit Nunangat (a geography inhabited by both Inuit and non-Inuit) to gathering of Inuit-specific data.
- With respect to self-identifying on provincial/territorial health cards, participants agreed that more consistent collection of Inuit-identifiers in health data is needed; however, there are concerns that collection of identifiers might increase of racism or discrimination in the health care system.
- The establishment of a national data system (e.g. data repository/database), developed by the federal government in partnership with Inuit, provincial and territorial governments, is needed to help close data gaps and to facilitate better health care delivery to Inuit over time.
- Positions need to be created to be able to assess and analyze data (e.g. epidemiologist, data management, data analyst).

**Métis Peoples and Partners Messages**

- The current data systems are not able to identify Métis Peoples. Data limitations suggest that most available statistics underestimate the degree of social determinant of health disparities for Métis. For example, the lack of Settlement-specific data makes it difficult to demonstrate the need and secure funding.
- Métis-specific data is needed to inform a priority setting process and a vision for healthy communities, which would drive a health plan.
- Analysis and data collection from a local context would be more informative for long-term health planning at the provincial and local levels.
- Research on the link between arthritis and types of work is need. Further, Métis-led research in women's and gender diverse People's health is of particular importance and could be addressed through a Centre for Excellence.

**Intersectional Peoples and Partners Messages**

- Culturally appropriate disaggregated data and evidenced-based research pertaining to the health and health care experiences of First Nations, Métis, and Inuit women, girls, Two-Spirit, transgender, and gender-diverse Peoples, urban Indigenous Peoples, non-status, and youth is urgently required to inform the development of suitable, needs-based solutions. Lumping the data continues to systematically marginalize individuals from accurate support and funding.
- Data should also be disaggregated by prominent distinctions such as gender, class, sexuality, geography, age, status and ability in order to meet the needs of diverse Indigenous communities.
- The number of missing and murdered Indigenous women, Two-Spirited Peoples and gender diverse Peoples in Canada is unknown because of insufficient data. Provincial, territorial and national systems need to improve data collection.

- Further, national data sets rely on survey respondents having permanent addresses which underestimates health inequities by failing to account for mobile and homeless individuals who often experience negative health issues.
- Data on the mental health status of Indigenous Peoples remains deficit-based, and immoderately focused on addictions and suicide rates.
- Data management capacity support is needed to enable First Nations, Inuit and Métis Peoples to collect, store, analyze and control their data.
- With sufficient resource capacity to build data infrastructure, Indigenous organizations can help to ensure that information is reliable, policy and practice relevant, and that programming is based on evidence in a timely and sensitive manner. This will have the added effect of providing experts with tangible skill assets and empowers and centres community members as the leaders and expertise carriers.

**Data Sovereignty**

**First Nations Peoples and Partners Messages**

- First Nations data sovereignty requires that all levels of governments respect First Nations inherent rights, Aboriginal and Treaty rights, which are protected under Section 35 of the Constitution Act (1982) and Section 5 of the *United Nations Declaration on the Rights of Indigenous Peoples Act*.
- Data/privacy acts should be aligned to ensure they respect Aboriginal and Treaty rights and promote data sovereignty.
- First Nations' rights to data sovereignty extends to their citizens as individuals, as well as their collective rights as Nations and governments, and applies regardless of where the data is held or by whom.
- Funding should be provided for First Nations owned and controlled Regional Data Centres, legislate First Nations control over data, enable the transfer First Nations data currently held by the federal government to First Nations' control, and set clear protocols for the government in dealing with such centres.
- Further, First Nations should be engaged before the Crown collects and uses health data.
- In the longer-term, the Crown must repatriate or at least divest itself of ownership of First Nations data and answer to First Nations for its use.
- The Government of Canada should consider a First Nations Regional Information Centres Act which would to provide funding for First Nations owned and controlled Regional Data Centres, legislate First Nations control over data, enable the transfer First Nations data currently held by the federal government to First Nations' control, and to set clear protocols for the government in dealing with such centres.

**Inuit and Inuit Partners Messages**

- There is a need to develop an Inuit-specific national health data system. Inuit should lead the data collection process and own the system. Further it should be based on what is important to them and the indicators they want to know.

- This would require strong data governance, including clear roles and responsibilities around ownership, and access. It should be controlled by the population that the data is collected on.
- The Inuit Health Survey could be helpful when launching this. The system could have a similar structure as the Public Health Agency of Canada, where each province/territory collects and reports data to one system.
- Inside and outside of Inuit Nunangat raises complexity.

**Métis Peoples and Partners Messages**

- The Canadian government, the provincial health care systems and any agencies thereof must be accountable to Métis Partners in terms of data collection and health surveillance. Métis Partners should have the capacity to collect, analyze, use, own and protect Métis data.
- There should an ability to identify as Métis on all medical documentation for statistical and billing purposes. This should include the recording of registry identification for Métis data sovereignty. Further this data should be housed by Métis and affiliated institutions.

**Intersectional Peoples and Partners Messages**

- Indigenous Peoples have had negative experiences with government supported data collection which has led to a distrust of process.
- According to UNDRIP, Indigenous Peoples have a right to governance and management of their own health and social data.
- Indigenous data governance and data sovereignty within health care should be approached with more care and consideration, given that it is central to maintaining the privacy of patients, tracking trends, setting benchmarks, and identifying policy needs.
- Cultural and wellness centres should be considered as community infrastructure and supported as appropriate areas of investment that will support data sovereignty.
- Systems will be most useful if there is Indigenous community involvement at all stages of development, implementation, and ongoing use; if they are reflective of local priorities and context; and if they incorporate Indigenous understandings of health.
- Indigenous data sovereignty should be embedded in the legislation. It also has to be written into the Canada Health Act in order to compel provinces, and prevent provinces from taking advantage if they aren't providing the services.

## 8. Critical health service needs are met

**Summary**

The need to fill critical gaps and improve existing health services was highlighted across distinctions +. Across all service areas, the specific needs of Elders, youth, women, 2SLGBTQQIA+, neurodiverse individuals, those living with disabilities, loss of autonomy, chronic conditions and those experiencing homelessness, amongst others, need to be considered. The input received was

so significant that an overview is provided below, **but we have also appended more detailed information on each service area mentioned in the Annex below:**

1. Continuing Care
2. Mental Health & Wellness
3. Remote and Rural Services
4. Urban Services
5. Gender-specific Services
6. Midwifery, Maternal, Parental & Child Health
7. Translation & Language Services
8. Auxiliary Services
9. Sexual Health Services
10. Internet Access, Telemedicine & Virtual Technology
11. Non-Insured Health Benefits (NIHB)
12. Capital & Infrastructure
13. Health Navigators and Advocates

**First Nations Peoples and Partners Messages**

- There are significant gaps related to continuing care, long-term care, palliative care, home and community care, as well as a need to bring care closer to home.
- Increased funding for and access to mental health services within community is vital. These services have to be designed and implemented by people who understand the history and trauma faced by First Nations.
- There are ongoing issues related to health care access in northern and remote communities. Strategies and investments are needed to address this (for example, mobile clinics).
- There is a need to support members who no longer live in community given the increased urbanization of First Nations individuals.
- Marginalized communities, including those with physical challenges, mental health challenges, and the 2SLGBTQQIA+ community, require safe access to supports specific to their needs.
- To improve maternal health and maternity experiences, First Nations women need access to modern medical care, as well as services incorporating tradition and culture.
- Health care services need to be delivered in Indigenous languages.
- The disproportionate burden of chronic and infectious diseases in Indigenous populations must be addressed by sharing knowledge and fostering dialogue on sexually transmitted infections.
- Different modalities (in person and virtual) should be used to support access to health providers, and internet connectivity needs to be improved.
- Through legislation, NIHB should be streamlined along with benefits and sustainability increased.
- Legislation must ensure that the health infrastructure required to house administration and support delivery of services is strengthened and maintained.

- There is a need for more Indigenous Patient Navigators and Advocates as a means to better meet the needs of Indigenous patients, especially those who have to travel off-reserve for care.

**Inuit and Inuit Partners Messages**

- Provincial home and community care programs are difficult to access. There is a need for infrastructure, qualified caregivers, and accessible services and supports in community.
- Mental health supports should be enhanced to include wrap-around and trauma-informed care, inclusive of health promotion and illness prevention, family and community-style supports, and care rooted in Inuit-specific experiences and needs.
- The lack of access to health care in Inuit Nunangat is pushing some Inuit to move to southern Canada, often leading to increased marginalization and fatal outcomes.
- Investments are required for 2SLGBTQQIA+ specific services and educational programs that focus on diversity, gender equality, and 2SLGBTQQIA+ issues.
- A holistic approach to pregnancy where there is support throughout the childbirth process is needed. Midwives are seen as vital in returning tradition to Inuit communities.
- A significant part of creating and accessing culturally appropriate health care relies on access to health services in Inuit languages.
- Legislation must build an equitable foundation for Inuit sexual and reproductive health.
- Internet access and faster service, could help to improve health service delivery as it would enable telehealth services.
- Inefficiencies surrounding the current delivery of the NIHB need to be rectified, as a significant number of Inuit still face out of pocket expenses, have their claims denied, or forego receiving necessary medical treatment or benefits.
- A lack of health infrastructure within community increases travel costs, isolates people from communities, and can contribute to the displacement of families to southern destinations.
- There is a need and move to embed Inuit patient navigators and advocates in certain regions to assist Inuit in navigating the system, establishing that medical care is their right, and addressing language barriers; however, some feel this is a Band-Aid solution.

**Métis Peoples and Partners Messages**

- There must be increased access to long-term care services for elderly Métis and Métis living with disabilities and/or chronic conditions, as well as increased access to respite care, palliative care, caregiver support, and home support.
- Participants highlighted a need for mental health specialists who understand Métis culture.
- Barrier-free primary health and specialist care is required, especially for more targeted populations such as those living in rural and remote communities.
- Increased access to culturally safe health services for Métis Peoples, including more targeted populations such as 2SLGBTQQIA+, women, men, and gender-diverse people are needed.
- Métis community–led models of maternity care are vital, as is increasing and diversifying the maternity care workforce (e.g. midwives and nurses specializing in women's health).

- Health care systems that provide culturally respectful health care include those that respect local language.
- Investments in culturally safe prevention, education and awareness initiatives, developed and led by Métis, are needed to facilitate access to sexual health and reproductive care and support.
- Enhancing existing telehealth and online platforms to increase access, enhance health service delivery, and improve continuity of care is a priority for Métis health and well-being.
- Legislation must recognize the urgent need for Métis extended health benefits.
- Building on existing Métis Government infrastructure, investment is needed to create a series of multi-purpose, multi-functional, family-centered Métis Comprehensive Community Health Centres should be created that bring health services and supports to the community.
- Métis-specific health care navigators and advocates are needed to guide Métis Peoples through the health care system and to ensure they receive proper care in the interest of achieving health equity with other Canadians.

**Intersectional Peoples and Partners Messages**

- Coordinated and accessible senior and home care is vital.
- Increased quality and availability of culturally-relevant mental health services are needed (e.g. land-based programming, trauma supports, initiatives that root people in their traditional roles within our society, etc.).
- Instead of bringing health seekers to the services, services need to be taken to those in need.
- Urban Indigenous Peoples experience challenges due to a lack of appropriate or accessible health care (e.g. insufficient staff numbers, clinics that were not available 24/7, services that were not addressed in a comprehensive wraparound manner, difficulties navigating an urban colonial system, lack of transportation options within urban settings, etc.).
- Two-Spirit, transgender, and gender-diverse people and communities are distinct, and they require equitable supports to self-determine their own health models.
- Indigenous Peoples have a right to have health care providers who speak their Indigenous language.
- Indigenous youth must be able to access safe, high-quality sexual health care. In addition, sexual health resources and education needs to be accessible in elementary and middle school, so that children and youth can understand the complexity of their own personhood.
- NIHB should be reformed and expanded NIHB to cover all Indigenous Peoples including Métis and non-status.
- Indigenous communities require core, sustainable, and ongoing funding for capital investments and quality buildings. This includes investments to prevent health issues (clean water, housing, etc.) as well as the creation of services on-reserve (health centres, hospitals, etc.).

- Allocate resources for Indigenous health navigator positions at the local level and ensure that there is 24 hours liaison support at hospitals, especially for those who live along, away from relatives and/or need to travel for care.
- Indigenous women and families must have a right to an Indigenous advocate within the mainstream system who will ensure access to quality, respectful, culturally safe healthcare.

## 9. Supporting and building capacity in health human resources

Summary

The Government of Canada has an obligation to ensure that the health sector is trained about Indigenous Rights, Values, Traditions and Belief Systems, with a focus on the unique spectrum of considerations of local Communities where services are being delivered.

> *"A step toward acknowledging truth is requiring cultural competency training for all mainstream health staff, led by Indigenous organizations and communities who are provided resources to do so."*

In describing their most recent health care visit, one respondent explained that it was "short, to the point, invalidating, informative, and condescending," calling attention to a lack of both consistency and person-centered approaches to health care. In order to have positive interactions, health care must be consent-based; and Indigenous Peoples must be listened to, spoken to respectfully with straightforward language, not be rushed, and must have needs met and questions answered.

Efforts are needed to make health care more Indigenous-centered, so that Indigenous Peoples are encouraged to seek care and to prevent health care interactions from causing further harm or trauma. It is recommended that careers in health professions be promoted for Indigenous students; that recruitment efforts for Indigenous health professionals increase; that training programs be developed and offered locally; and, that appropriate training be provided for non-Indigenous health professionals.

**Health Provider Education and Training**

> *"When providers find out that someone is sexual or gender diverse, their lines of questioning become interrogative, and extremely invasive and irrelevant, and needs to be addressed with proper training, education and accountability."*

**First Nations Peoples and Partners Messages**

- Doctors, residents, and other health care workers need to engage in mandatory and ongoing professional development around First Nation's history, culture and worldviews, and need to be held accountable for their actions.It should be noted that hands-on experiential learning is also critical.

- Health care providers must also recognize Nations, communities, individuals are constantly grieving and recovering from centuries of oppression.
- All university students and administration need to be introduced to Indigenous cultural history and sensitivity, as recommended by the Truth and Reconciliation Commission.
- Provincial Health care Professions Regulation Acts and provincial statutes governing specific health care providers should be amended to ensure the presence of First Nation appointees on Councils or Boards (as full members).
- In addition, governing and regulatory bodies, in cooperation with First Nation representatives, must amend their respective professional Codes and Standard Operating Procedures so they better reflect First Nations understandings of health, and more explicitly instruct their members on how to interact with and treat First Nations patients in appropriate, respectful, and culturally appropriate ways.

**Inuit and Inuit Partners Messages**

- Indigenous-led training on cultural safety and Inuit health and culture should be mandatory for all health care workers and included during staff onboarding.
- There is currently a cultural barrier which gets in the way of Inuit receiving equitable health care. The absence of culturally competent, informed, and safe care is a common complaint amongst Inuit. The lack of education on Inuit culture, language and history is causing many issues, including experiences of racism and discrimination.
- Remote communities require special consideration. The medical professionals they do receive are often underqualified, recent graduates, or not trained to work in remote communities, creating a lack of confidence in the competency of the medical professional providing care. These factors highlight why local training for Inuit is critical.
- In addition to those accessing services, we also need to facilitate culturally safety in care environments to ensure that Inuit health professionals feel safe at work.
- As it relates to NIHB education, health care providers have some challenges in understanding NIHB rules. Inuit can be deemed difficult patients when using NIHB because it takes more time, prevents access to service.
- Further, many medical items tend to drop off of the NIHB list (usually medications), discrepancies with pharmacy coverage, and a lack of understanding surrounding NIHB coverage.Health care providers need to stay on top of these things.

**Métis Peoples and Partners Messages**

- For the health care system to begin to meet the needs of Métis Peoples, health care practitioners need to understand the unique and diverse perspectives of Métis Peoples. These unique needs are rooted in Métis cultural traditions and impacted by historical and ongoing trauma and colonialism.
- There is a need to develop a curriculum, in partnership with Métis Partners to train health care workers and professionals in the federal and provincial health systems to be culturally safe and to understand unique health issues experienced by Métis Peoples and their root causes. This cannot be a simple course, but rather a process of on-going

learning, self-reflection, and gained competencies that are measured through health regulators (e.g. colleges for Nurses and Physician/Surgeons).

- Training should focus on intergenerational and contemporary trauma care support, Métis identity and history (including historic and ongoing racism), the Métis social determinants of health and population health, traditional and cultural knowledge, and ensure that all policies affecting Métis Peoples are viewed through a "health lens". Doing so will increase understanding, thus reduce discrimination, racial profiling, and bias. In addition, each community is distinct in its approaches to Indigenous health and wellness. There is a need to build training capacity at the community-level to address health sector staff's ongoing partnership training needs.
- Training programs must be evaluated on an on-going basis by Métis communities, Elders and Knowledge Keepers to ensure efforts are making a difference to Métis families accessing frontline services.
- Specific recommendations that Métis participants felt could be embedded within Indigenous Health Legislation include a commitment to relational trust, community and culture, and professional learning specific to Metis Settlement culture.
- Specific recommendations that Métis participants felt could be embedded within Indigenous Health Legislation include a commitment to relational trust, community and culture, and professional learning specific to Metis Settlement culture.

**Intersectional Peoples and Partners Messages**

- Health care professionals need mandatory, ongoing and comprehensive anti-racism, anti-oppression, Indigenous cultural competency, and trauma-informed care training that starts in school and carries through every level of their career.
- This education and cultural competency training should be standardized and Indigenous-led. A cultural centre could be used as a hub to educate health care providers.
- Training and education that included historical context (including an overview of colonization and colonial policy), trauma-informed approaches, and empathy would be a natural first step to reducing tensions.
- Two-Spirit and LGBTQQIA+ safety training should also be included. Health care providers need to have awareness, understanding, and education of Indigenous 2SLGBTQQIA+ folks and their health needs from a holistic lens. There is also a need for health care providers to be educated on the language and pronouns used within the Two-Spirit communities. With a lack of education, there breeds violence against two-Spirit Peoples.
- An understanding of trauma and its impacts on health require the development of wholistic and trauma-informed strategies, programs and services. It was also noted that this history and reality has had an impact on all Indigenous Peoples, whether they are patients, clients, health staff or professionals.
- A knowledge exchange framework could be implemented to support cultural competency training and to track and identify best practices in Indigenous health care.

## Recruitment and Retention

### First Nations Peoples and Partners Messages

- There is a need for more doctors, nurses, nurse practitioners, unified health teams, x-ray technicians, personal support workers.
- Recruitment and retention issues have resulted in long wait times and inconsistent care.
- A First Nations health care system needs the authority and ability to establish human resources development strategies. Those strategies would facilitate individual contributions to community well-being, and provide individuals with a sense of purpose, self-confidence, personal growth, and good health.
- Determining whether individuals are qualified or have the knowledge to support healing needs to be determined by First Nations and be recognized with appropriate compensation. First Nations health systems would recognize that there are many ways of knowing, gathering knowledge and building skills. Some people have not been successful in their western schooling but are natural caretakers and should have a meaningful roles within a First Nations health care system.
- Practitioners expressed their gratitude for the establishment of professional associations that understand the reality of providing health care within First Nations. They allowed professionals to continue to expand their knowledge base, learn what was new in the delivery and management of health services, and allowed for the establishment of supportive peer networks. Specific professional First Nations organizations would also need to be part of First Nations-led health systems.
- Health leaders shared how tired they were, how they had been working non-stop since the start of the pandemic, and how little supports there were for them. They emphasized the need for mental health supports for workers, health care professionals and leaders to support retention in their communities.
- Many people working in the health care workforce, and in particular in the mental health and addictions workforce are getting older. Strategies to incentivize, recruit, train, place and retain a new mental health and addictions workforce need to be supported moving forward.
- Indigenous visibility in health care settings would improve the health care experience for Indigenous Peoples.
- Strategies to improve recruitment and retention and Indigenous representation within the health system include: creating Indigenous streams for health careers within post-secondary institutions, providing stipends for rural students, developing policies to support Indigenous promotion, ensuring adequate housing, and providing tuition free education.

### Inuit and Inuit Partners Messages

- There are many gaps and barriers in recruiting and retaining regulated health professionals. Inuit communities have difficulty retaining health care staff, and as a result, operate understaffed or rely on short-term personnel who have limited knowledge or experience with Inuit culture. This constant turnover and change erodes trust and prevents Inuit from accessing health services.

- Further, the current system causes health care professionals to burnout. Burnt out employees are not able to provide compassionate care to the degree that is needed.
- Within communities, there is a need to recruit and train technicians, qualified teams (e.g. mass x-rays during tuberculosis outbreaks), speech language specialists, personal care attendants, dentists, midwives, doctors, nurses, community health aids, home support workers, and health managers and leaders.
- Communities cannot get a permanent nurse. Nurses are on call for 24 hours for weeks to months. A second nurse would help reduce burn-out, provide security and safety for the nurses and for the community (there is no mandate to have two nursing staff in each community to ensure safety; while the RCMP does have a mandate to have two staff in each community to ensure safety).
- Barriers that Inuit face in accessing education (e.g. lack of local training and education opportunities, need for childcare, culture shock, isolation etc.), compensation inequities for Inuit working within the medical field, poor internet access, as well as licensing and legislation barriers for certain professionals to enter the system and work within their area of specialty, impact recruitment and retention and Inuit representation in health care.
- Further, there is currently a gap in availability and adequacy of health care services provided in Inuktut and there is a need to train and retain professionals fluent in Inuktut to assist in health care delivery. Inuit and non-Inuit professionals that are proficient in Inuktut are often asked to interpret in addition to their work with no added compensation. This work can be emotionally draining, making it difficult to recruit and retain Inuktut-speaking workers.
- More support is needed for Inuit who want to pursue health care education and roles, and to encourage Inuit to enter these fields. This includes: childcare to reduce barriers for parents accessing opportunities, housing, cultural support, funding for the cost of tuition, ensuring seats are set aside for Inuit in universities and with professional bodies, youth mentorship programs, student support programs, job application support, developing Inuit-specific hiring policies, legislating health care positions, and better employment packages following graduation.
- Further, there is a need to develop partnerships with colleges and universities to offer programs in the Northern region and/or land claim organizations to develop Inuit-specific programs. This includes: management training (support Inuit managers working within the health system); nursing college diploma; midwifery, sexual and reproductive health programs; pharmacist assistant programs; and, certificate programs for those already in health roles.
- These programs need to be transferable within the northern and southern regions and need to be flexible on timing and offering the program in stages (e.g. certificate then full degree).

**Métis Peoples and Partners Messages**

- There is a need to provide funding to increase the number of Métis health professionals, specialists, navigators, and advocates within the health system to address the critical shortage of physicians, improve continuity of care, and to enable safer experiences.

- More incentives are needed to ensure that Métis' participation in providing health care remains proportional to the community's needs.
- To increase Métis representation in the health care, we must prioritize hiring for trained Métis in their home communities, fund Métis students to pursue health/medical training, ensure seats are set aside for Métis students in universities and in various health care positions, develop programs that provide opportunities for advancement, develop programs that allow Métis with families (including single parent households) to attend and succeed in schooling, and in return contract graduates to commit to working x number of years in a local or Métis-run health facility.
- Strengthening the use of IT to support access as well as the training of health care workers and professionals may also help with recruitment and retention.
- Accountability measures and evaluation of effectiveness should be implemented for this training.

**Intersectional Peoples and Partners Messages**

- Several youth described having one doctor on reserve meant to be a specialist in everything, including mental health, with one youth sharing that the doctor on their reserve was in the habit of quickly writing a prescription when approached by youth about mental health concerns. Other youth cited misunderstanding and dismissiveness from physicians, and general difficulty finding a therapist who is culturally safe.
- The quality of health and wellness care is largely based upon the quality of the service providers who deliver it. This begins with the recognition that Indigenous Peoples, First Nations, Metis, and Inuit, including 2SLGBTQQIA+ Peoples, are the experts in caring for and healing themselves. That health and wellness services are most effective when they are designed and delivered by the Indigenous Peoples they are supposed to serve.
- Safe health care is having health care within community, and seeing diversity reflected on health care provision team (including seeing other Indigenous Peoples, women, and 2SLGBTQQIA+ People in those roles). For example, representation of two-Spirit specific doctors, nurses, health care aids, etc. would help to foster trust and understanding between folks receiving care and the ones providing it.
- Building on the concept that Indigenous Peoples are the best leaders in their own health and wellness care, the development of opportunities for Indigenous Peoples to be educated and trained to deliver care is a priority. With a growing off-reserve population, this is a very important priority in the urban and rural landscape where there is a chronic problem with underfunding of health and wellness programs and services for Indigenous Peoples, that negatively impacts the ability to retain health care workers. All governments, educational institutions, and health and wellness professional bodies to encourage, support, and equitably fund Indigenous Peoples to train and work in the area of health and wellness.
- Funding and recruitment programs are needed to get more Indigenous Peoples into the health care field at all levels. This includes more Indigenous Peoples both in health service delivery (e.g. Indigenous staff in hospitals, health navigators, Elders, those with expertise in neurodiversity and disabilities, etc.), and in decision-making positions related to health

care for Indigenous Peoples. Indigenous experts and professionals should oversee this funding.

- In particular, funding is needed to support Indigenous mothers in pursuing careers in health care. Special consideration would have to be child care services to prevent barriers to participation.

**Relationship Building Between Providers and Individuals or Communities**

> *"Among participants, there was a general consensus that the 'pushing' of prescription medications was a chronic issue within the Western medical model. The idea that doctors could prescribe medication when patients felt unheard, neglected, and rushed, did not align with their ways of understanding healing and wellbeing."*

**First Nations Peoples and Partners Messages**

- Health care workers need to be respectful, non-judgemental, and should not make assumptions.
- There is a lack of trust in doctors, nurses, hospitals, and other health care facilities that must be rebuilt if we are going to improve outcomes for our citizens. Citizens need to be respected. Choices about how to meet their health need to be respected.
- Another important aspect of health care is ensuring that health professionals have the time needed to meet with clients. Too often visits from nurses are rushed, and with challenges in travelling to community, can be interrupted and sporadic. To build trust, health care professionals need to spend time developing relationships and there needs to be continuity of care within the system.
- Partnerships with organizations that have an in-depth of knowledge about the issues and that hold the trust of community members could help make existing health care spaces less traumatizing and more able to provide quality care.
- A network of health centres can increase the overall capacity of the system to support one another in times of crisis or when there are staff shortages.

**Inuit and Inuit Partners Messages**

- Better care comes from building relationships and trust with the community. Service providers would have better relationships with their patients if they were from the community or understood Inuit language and culture.
- There needs to be an emphasis on ensuring medical professionals use plain language to minimize opportunities for misunderstanding.
- Health care providers need to address the root causes of a health issue, instead of pushing Tylenol as a fix-all.
- More doctors need to trust and believe Inuit. Sometimes Inuit are not believed and taken seriously and are met with barriers to medical services.

**Métis Peoples and Partners Messages**

- Indigenous Peoples maintain a fundamental value concept of 'all my relations.' Communication is a necessary component of upholding this need.
- A values statement of respect for the culture and cultural beliefs is necessary.
- Successful relationships between service providers and Métis are based on relational trust, shared responsibility and is developed over time.

**Intersectional Peoples and Partners Messages**

- Health care services need to be consent-based, recognizing the power imbalance present in health care interactions. No Indigenous Peoples should be forced or coerced into procedures they do not or cannot consent to.
- The acceptability of health services is based on the fundamental shift in the power imbalances between patients and their care providers, and the way in which health care is delivered to improve their health outcomes.
- There is a need for health providers who recognize the intersecting health effects of violence and other forms of inequity, understand the social context of health, respect people's lived experiences, and work to ensure that patients are not re-traumatized by their encounters with the health system.
- Staff and health care facilities need to have the time and resources to communicate with patients effectively.
- There is a lack of both consistency and person-centered approaches to health care. Visits are often too short, to the point, invalidating, informative, and condescending.
- Health care providers should work in collaboration with Indigenous communities to ensure health and wellness programs are holistic and inclusive of local Indigenous healing practices.
- The youth also expressed appreciation for the health care providers who took the time to listen, and respected their cultural practices (such as welcoming processes that need to be followed when a community member was on their deathbed) and gender identities.

# 5) Conclusion and Next Steps

In conclusion, First Nations, Métis, Inuit and Intersectional Peoples share a similar vision in some areas for health legislation, but there is also diversity within and between each of these groups. With respect to Indigenous Health Legislation, this is particularly seen within First Nations, as some First Nations fundamentally do not support the proposed legislation, while others see opportunities for advancing First Nations' interests through this initiative.

It will be challenging to balance the interests of such a diversity of cultures and groups within national legislation. Even on subjects where there is a consensus, the legislation will need to consider the different realities experienced by different communities across the multitude of provincial and territorial jurisdictions in Canada. The legislation will need to be flexible enough to honour and celebrate the different visions of health that Indigenous Peoples have across the

traditional territories of Canada. It will need find ways to offer flexibility to support different interests and levels of readiness without leaving anyone behind. For example, one way to move forward may be to combine:

1. **Taking action on areas of consensus: Working with Indigenous Peoples and Provincial and Territorial Governments, the Government of Canada could position legislative options that take action on areas of consensus such as:**

    - Eliminating Indigenous-specific racism and acknowledging the current and historic realities that led us to the current health inequities and status of Indigenous Peoples.
    - Recognizing the right to self-determination in health and supporting Indigenous Peoples to exercise this inherent right (such as in recognizing Indigenous Peoples' data sovereignty and/or jurisdiction over traditional medicines).
    - Supporting the equitable inclusion of traditional medicines and practices in health care.
    - Address urgent health needs through more equitable and sustainable sources of funding.
    - Changing funding provisions to make them more flexible.
    - Establish greater accountability of health systems, health care professionals, and the Government of Canada to Indigenous Peoples.
    - Supporting Indigenous Peoples to become health care providers.
    - Improving the cultural competency of health care providers.

2. **Offering flexibility and tailored approaches where interests diverge:**

Working with First Nations, Metis, Inuit and Intersectional Peoples, the Government of Canada could explore opt in models and other flexible, tailored approaches, such as pursuing multiple pieces of legislation on a distinctions basis, or making policy changes in parallel to legislative approaches. This would also ensure legislation supports or does not interfere with current processes and negotiations underway between Indigenous Peoples and the Government of Canada regarding self-government, health and social service transformation and transfer, and/or other Accords, Agreements, discussions or pursuits.

The next phase of the Indigenous Health Legislation initiative is the co-development of legislative options. In this phase, the interests identified in this report will be collaboratively prioritized and translated into possible legislative options with representatives of First Nations, Metis, Inuit and Intersectional Peoples, officials from the Departments of Indigenous Services and Justice, and, where relevant, Provinces and Territories. This phase is anticipated to result in fully costed legislative options by the spring of 2023, when they will be sent to Cabinet for decision-making.

Many of the elements of this report are not new or surprising – in many cases, this report calls for action on things that have gone unaddressed or undone for many years. Input received from Partners reflects hope that IHL can support Indigenous-led approaches to taking steps towards the goals of upholding sovereignty and improving health equity.

# 6) Annex

## Critical Health Service Needs are Met (Theme 8)

**Continuing Care**

**First Nations Peoples and Partners Messages**

- Critical gaps in continuing care, long-term care, home and community care need to be addressed.
- Participants spoke about their aging populations and the need to create programs and services so that Elders can live independently with support for as long as possible (e.g. transportation, home maintenance, income supports, etc.).
- Long-term care homes should include a central body with knowledge of service provision at all levels. Further, facilities should incorporate Indigenous practices including natural plant medicine, and natural approaches to holistic health and medicine.
- Further, First Nations require the ability, resources, and equipment to provide palliative and end of life care closer to home. People do not want to go to the neighboring towns or city, but rather, stay close to home when they approach the end of their journey.
- Health care providers in larger cities often assume there is access to homecare and other necessary resources to patients when they have been discharged – this is often not the case.

**Inuit and Inuit Partners Messages**

- There is a lack of infrastructure, qualified caregivers, and accessible services in community. Elders are often sent south to receive specialized care, which is harmful to the Inuit way of life.
- Further, culturally appropriate programming must be integrated into care facilities and the facilities themselves should be more culturally appropriate by incorporating art, furniture, Indigenous language use/services, etc.
- With respect to the home and community care program, it is supposed to support/enhance the provincial program, but because those are difficult to access, they are the primary program.
- It is critical to prioritize continuing care center plans in communities where they are most needed, as opposed to implementing decentralization policies. Long-term care models that allow 3-4 residents in a home would be beneficial.
- There is also a need for standardized coverage as it pertains to long-term care.

**Métis Peoples and Partners Messages**

- Supports, including funding, should be put in place to ensure access for all Métis in need of home and community care.

- There must also be increased access to long-term care services for elderly Métis and Métis living with disabilities and/or chronic conditions, respite care, palliative care, caregiver support, post-hospital care, senior advocates, and chronic illness support/prevention including travel support, disease management, follow-up care and education.
- Métis Elders struggle to maintain their health when they are removed from their community and their family to receive care. Services that address physical, mental, emotional, and spiritual well-being for Elders with no family nearby are needed.
- Métis-run and Métis-controlled community health centres may be a means in which assisted living and home care services could be provided to keep Elders close to their families and in local communities.

**Intersectional Peoples and Partners Messages**

- Indigenous women are often discharged from hospital with no support. The siloes and lack of coordination between systems result in service gaps that create acute health emergencies and make Indigenous women unsafe. Better connections must be made between service providers (primary care, long-term care, home care, and community-based care including Indigenous organizations).
- Senior care and home care need to be accessible.

**Mental Health & Wellness Services**

**First Nations Peoples and Partners Messages**

- The legacy of colonization and oppression, loss of culture and language, and the resulting intergenerational trauma experienced by many First Nations Peoples has significantly impacted health and wellbeing and has resulted in a high prevalence of substance use disorder amongst First Nations communities, and youth.
- The COVID-19 pandemic has further exacerbated mental health issues.
- Increased funding and access to culturally safe mental health services and treatment for complex needs within community is critical.
- Further, access to substance use supports and counselling is required. The National Native Alcohol and Drug Abuse Program (NNADAP) has massive waitlists and does not meet needs. Many First Nations do not have the means to find support and in many cases have nowhere to go to get help. If they are fortunate to get help, it is often away from home. Further, when they do return home, there is no aftercare or support within the community, which often leads to recidivism.
- Increased access to therapists, counsellors, social workers, mental health workers, as well as on the land, traditional, cultural and language reconnection is vital. These services have to be designed and implemented by people who understand the history and trauma faced by First Nations.
- It is also recommended that culturally appropriate in-patient services including traditional healing, detox, long-term coping mechanisms, mental health and medical services be developed and expanded.

- The goal of distinctions-based health legislation should include developing a mental health strategy to address critical gaps in service.

**Inuit and Inuit Partners Messages**

- One of the major themes raised during engagement sessions was the need for mental health and wellness to be a health legislation priority of its own.
- Many participants brought up the need for individual and collective healing from the long-standing effects of colonialism. Links between mental wellness and healing were drawn, with participants explaining that trauma can manifest as physical impacts in one's body. Inuit Elders believe that once Inuit are mentally well, their physical health will also improve.
- Mental health supports should be enhanced to include wrap-around and trauma-informed care, inclusive of health promotion and illness prevention (e.g. on the land programming), family and community-style supports, and care rooted in Inuit-specific experiences and needs.
- Like many other priority areas, participants also stressed the need for more reasonable wait times, safe spaces, easier referral processes, increased communication about services, and more mental health services within communities to lessen the burden of travel and improve program success.
- The link between food security and mental health was emphasized and many participants voiced support for the community freezer programs.
- Participants also highlighted the importance of recognizing the role of, and enhancing support for, social workers who provide mental health care within communities.
- Some of the Inuit regions also noted a desire to take over jurisdiction of mental health services.

**Métis Peoples and Partners Messages**

- There are mental health crises in communities, especially for 2SLGBTQQIA+ Métis. Citizens who live with mental health vulnerabilities and addictions, including substance abuse and suicidal ideation, need support. Treatment and health education must support families, be readily available, Métis-specific, and trauma-informed.
- Current service delivery has a noticeable lack of culturally appropriate supports that are not readily accessible when needed. Participants highlighted the need for mental health specialists to understand Métis culture and heritage. Cultural competency on the part of health care workers would go a long way to avoid the pitfalls of misunderstanding.
- The stigma surrounding mental health challenges was also cited as a critical reason for non-participation in preventative measures. Programs and resources such as the Métis crisis line and Métis Counselling Connection aim to address the issues surrounding stigma and continue to be valued by the community. However, these are not enough in the eyes of the participants.
- Local resources to address addictions are severely limited, with service being impacted by wait times, distance, and financial ability.

- Further, as it relates to the provincial health system, the Health Information Protection Act limits families from supporting loved ones with mental health struggles.
- Métis-run and Métis-controlled community health centres may be a means in which addictions treatment (healing centres and programs), culturally relevant mental health support, including youth suicide prevention, could be provided in community.
- Legislation must recognize the urgent need for mental health and wellness supports and funding.

**Intersectional Peoples and Partners Messages**

- Increased quality and availability of culturally-relevant mental health and addiction services are needed (e.g. land-based programming, trauma supports, mobile trauma and addictions recovery teams and prevention programs, cultural activities, initiatives that root people in their traditional roles within our society while also continuously having equitable access to western psychology that considers complex identities, etc.).
- As it stands, it appears that there are no specific two-Spirit counselling services for two-Spirit Peoples. Two-Spirit Peoples are in a unique position where their queerness is also tied to their Indigeneity and therefore needs to be met with a cultural understanding from their counselling provider.
- Community programs/activities, safe spaces, as well as volunteer or work exchanges were also emphasized as ways to support youth mental health.

**<u>Remote & Rural Services</u>**

**First Nations Peoples and Partners Messages**

- A key gap identified by health leaders are the ongoing issues of health care access in northern and remote communities. Strategies and investments are needed to increase access to health services in these communities, with an emphasis on bringing care closer to home.
- Bringing services, screening, and diagnoses closer to home via mobile clinics would increase local health care presence, health screening, trust in health care services and positive outcomes.
- Emergency services were specifically highlighted as an issue for rural and remote communities. People must travel a long distance to get to an emergency centre, which is traumatizing and can also impact the outcomes for the patient.
- Further, as part of these legislative discussions, public health measures and strategies need to consider the people, the place and history of First Nation communities. Northern and remote First Nations public health strategy requirements are different from those designed for the southern or road access communities.

**Inuit and Inuit Partners Messages**

- The distance and length of travel, the cost of operating in the north, health human resources issues, as well as delays to receive health care services were highlighted as barriers.
- There is a significant need for mobile health clinics as a means to provide structural supports to alleviate the process of getting help (e.g. support for chronically ill, prescription pick-up, caregiver support) and to improve accessibility of services (e.g. vaccines).
- The lack of access to health care in Inuit Nunangat is pushing some Inuit to move to southern Canada, often leading to increased marginalization and fatal outcomes. Powerful language including "Health care migrations", and "immigration" becoming "urban Inuit" is being used to describe this changing landscape and should be reflected in policies and legislation.
- It should be noted that there will always be a need for access to a large, centralized health centres given the presence of remote fly-in communities.

**Métis Peoples and Partners Messages**

- Métis Peoples in rural and remote communities face unique challenges.
- Transportation and financial assistance for health-related travel, as well as improved access to appropriate, culturally sensitive, and specific health programs and services in rural and remote communities is required.
- Mobile service delivery could also help to address the current transportation gap and expand access to primary care. This service could be delivered via Métis-run and Métis-controlled community health centres.

**Intersectional Peoples and Partners Messages**

- The remoteness of one's area of residence and other geographic factors can create barriers to accessing health care services.
- Indigenous Peoples on-reserve, in rural and remote areas remain underserved and often have to travel long distances to access health care. This can become incredibly expensive, especially when considering accommodations. Given the cost and time needed to travel for care, Indigenous women are forced to wait until there is a dire need before accessing services. This could be avoided if people had to access care within their communities or better access to transportation services. More frequent care could even lead to life-saving diagnoses.
- Instead of bringing health seekers to the services, the services should be taken out to those in need using mobile clinics. The role of urban Indigenous organizations as service providers delivering services within the centre or via mobile clinics was also highlighted.
- The need for Two-Spirit-specific programming in rural health facilities was also emphasized.

**<u>Urban Service</u>**

**First Nations Peoples and Partners Messages**

- Participants highlighted an interesting disparity between citizens accessing limited services on treaty lands (at home) and citizens accessing services in urban centres. For example, in an urban setting, citizens are often placed on waitlists or forced to pay out packet for extra fees.
- Their need to support their members who no longer live in community.
- It was recommended that additional urban service delivery hubs be created to reflect the increased urbanization of First Nations individuals and that First Nations, federal, and provincial governments support those that already exist.

**Inuit and Inuit Partners Messages**

- Inuit who migrate to southern Canada often experience further marginalization in the health care system than in their home communities. Participants identified barriers to accessing care based on language, lack of information, inhumane treatment when dealing with government systems, and a lack of access to culturally safe and responsive health care.
- Southern Urban Inuit Associations have indicated that they would like to continue to receive funding for programs and to support health delivery.

**Métis Peoples and Partners Messages**

- Not a major theme for Métis based on the engagement reports received.

**Intersectional Peoples and Partners Messages**

- The majority of Canada's support for Indigenous health care has been limited to registered First Nations on reserve and Inuit living in the North. Urban Indigenous Peoples are expected to make use of provincial services, which are not as culturally-relevant.
- Urban Indigenous Peoples experience challenges due to a lack of appropriate or accessible health care (e.g. insufficient staff numbers, clinics that were not available 24/7, services that were not addressed in a comprehensive wraparound manner, difficulties navigating an urban colonial system, lack of transportation options within urban settings, lack of support for medical expenses, etc.).
- There is a need to ensure balanced and equitable access to health care and traditional healing in urban environments.
- The importance of urban environments that are conducive to connecting with nature, urban waterways, and urban hospitals that combine western and traditional approaches was stressed.
- Specific services needs for the urban Indigenous community include mental health, diabetes care, Elder care, maternity support, child care support, safe supports for two-spirit Peoples.
- Suggest learning from existing, strong Indigenous-led urban health centres models.

**Gender-specific Services**

**First Nations Peoples and Partners Messages**

- Marginalized communities including the 2SLGBTQQIA+ community require safe access to health and wellness supports and services specific to their needs.

**Inuit and Inuit Partners Messages**

- Little is happening to educate youth about 2SLGBTQQIA+ issues. Currently, there are no designated services for 2SLGBTQIA+ Peoples. An investment is required to build educational programs that focus on diversity, gender equality, and 2SLGBTQQIA+ issues.

**Métis Peoples and Partners Messages**

- To improve outcomes and ensure equity and equality in health care for 2SLGBTQQIA+ Peoples, the underlying focus of all health care systems, policies and legislation must, among other things, incorporate a gender intersectional lens.
- Further, greater representation and further inclusion of 2SLGBTQQIA+ Peoples during policy development is essential to better care for their physical and mental health.
- Increased access to culturally safe health and mental health services for Métis Peoples, especially for more targeted populations such as 2SLGBTQQIA+, women, men, and gender-diverse Peoples are needed.
- Consideration should also be given to resource transportation, accommodation, and emergency funding, including housing and shelter opportunities for Métis women and gender diverse Peoples and their families fleeing domestic abuse.
- Métis-run and Métis-controlled community health centres may also help to provide safe spaces for abused citizens (e.g. 2SLGBTQQIA+, women, men, children, Elders).

**Intersectional Peoples and Partners Messages**

- The systemic health frameworks in which Two-Spirit Peoples are forced to participate in, have not and will never work. Participation in these systems is forced and are premised on the binary gendered and sexual health needs of Canadians.
- Two-Spirit, transgender, and gender-diverse Peoples and communities are distinct, and they require equitable supports to self-determine their own health models.
- There is a lack of representation within the intersection of 2SLGBTQQIA+ health and Indigenous health. The complexity of health needs get overlooked, and continues to be underrepresented, lost, and failed by the Canadian health care systems.
- Many two-Spirit, non-binary, and/or transgender youth noted having to navigate incredible barriers in asserting their gender identity. In order for the health system to be safe, gender and sexual identities must be are respected and gender-affirming cultural supports must be accessible and available.
- Gender and beauty standards must be decolonized and education on Indigenous gender queerness and engagement in learning must be present within the health care system.

## Midwifery, Parental & Child Health

### First Nations Peoples and Partners Messages

- Programs and services for children, women, expectant mothers, and families are required.
- First Nations women need access to modern medical care, as well as services incorporating tradition and culture close to home and family, to improve maternal health and maternity experiences.
- It was also recommended that a comprehensive maternal fetal health program, administered by regional First Nations health centres, be developed to support the delivery of culturally appropriate care.

### Inuit and Inuit Partners Messages

- Pre-natal, labour and delivery, and post-natal care for Inuit women is a "top-down" and "medicalized" process where childbirth is managed through a physician-centered and emergent care approach. Home birth is unsupported and midwifery is only available in limited areas.
- Insufficient infrastructure for childbirth is a serious concern. Inuit women often must leave their communities for extended periods of time to access medical services for labour and delivery in an unfamiliar city, even when not medically necessary. This shortfall means Inuit families incur expenses and endure the trauma of being separated from one another at an extremely critical time in their lives.
- The issue is compounded by the fact that medical transportation is difficult to access. Family and/or support people for expectant mothers travel separately and must wait, at times, for several days before taking a commercial flight to be present at their loved one's birth.
- The isolation and stress triggered by these traumatic birthing experiences has led or contributed to increases in suicides and mental health challenges among Inuit women before and after labour and delivery.
- The necessity of back-and-forth medical evacuation for health care creates significant barriers to preventative care as well. Health complications that would otherwise be detected, diagnosed and treated on routine prenatal checkups are not discovered until many weeks later, which can amplify the risk to the mother and child.
- Post-partum support for infant feeding (i.e. lactation/breastfeeding services) and the need for consistency and collaboration (i.e. addressing turnover, building trust), and were highlighted as other areas requiring improvement.
- A holistic approach to pregnancy where there is support throughout the childbirth process is needed. Midwives are seen as vital in returning tradition to Inuit communities, as community births align with Inuit culture. It is broader than just delivery, includes healthy baby supports, lactation support, etc. However, there is limited availability to local midwifery services (funding, burnout, jurisdictional issues, etc.).

- Non-Indigenous people have to learn from Indigenous communities to ensure that services are culturally appropriate and sensitive.
- A policy should be developed to recognize Inuit midwifery and to garner support from medical professionals to increase midwifery service provision.
- Some Inuit regions expressed an interest in taking on the delivery of midwifery services.
- Distinctions-based Indigenous Health Legislation must:
    - Facilitate and fund access to culturally safe and substantively equal midwifery and sexual reproductive health care services in Inuit communities; and
    - Facilitate and fund program development to return control, certification, and service provision of sexual and reproductive health care services, including midwifery to Inuit communities.

**Métis Peoples and Partners Messages**

- Providing adequate pre-and post-natal care and maternal health services to Métis communities was highlighted as a priority. This includes Métis community-led models of maternity care, as well as increasing and diversifying the maternity care workforce by providing greater federal /provincial financial resources for midwives, doulas, and nurses specializing in women's health.
- It is also critical to ensure Métis gender and sexually diverse people's health, reproductive, and wellness needs are recognized and respected, including family planning, 2SLGBTQQIA+ supports in chosen medical therapy and surgical procedures and culturally safe and affordable fertility treatment.
- Métis-run and Métis-controlled community health centres may also help to provide access to birthing care, including pre-natal and natal clinics, midwives, doulas, traditional and spiritual options, and space for "non-hospital" births.

**Intersectional Peoples and Partners Messages**

- Traveling to access health care is especially taxing on pregnant Indigenous women in rural and remote communities, who often have to leave home to safely give birth.
- Important conversations surrounding child-rearing must be had, and safe spaces should be created for folks to learn how to become pregnant or carry a pregnancy while on testosterone; or receive appropriate care for their pregnancy while presenting as a gender that doesn't align with that is considered as "female."
- Further, we need to be more conscious of is how we talk about family planning, with parents who are 2SLGBTQQIA+, and ensure they have accurate, and safe information to make informed and educated decisions that are best for them and their families.

**<u>Translation & Language Services</u>**

**First Nations Peoples and Partners Messages**

- Language is being lost with every new generation. Languages must be preserved.
- There is a need for health care services to delivered in Indigenous languages.

**Inuit and Inuit Partners Messages**

- Participants expressed that a significant part of creating and accessing culturally appropriate health care relies on access to health services in Inuit languages.
- Participants shared that the inability to access health care services in Inuit languages leads to poorer health outcomes for Inuit. For example, sometimes individuals avoid seeking medical care due to language barriers or receive a lower level of care due to communication issues during diagnostic and treatment processes. These barriers are most prevalent amongst Elders, who are less likely to be fluent in either English or French. Participants advocated for improved accessibility for Elders, stating that health care professionals fluent in Inuit languages and interpreters who are familiar with medical terminology are essential to assist in Elders' understanding of treatments, procedures, and medications, as well as to provide general support, especially while patients are away from their home communities to receive care.
- Participants suggested general language revitalization supports to increase the number of Inuit language speakers and to improve representation in health care. A participant also recommended more consistent implementation of the bilingual bonus incentive for medical professionals who speak Inuit languages.
- Fluency in Inuit languages was highlighted as an important ability for a variety of roles including client-liaisons, medical travel navigators, Elder coordinators, mental health counsellors, long-term care workers, midwives, sexual health professionals, and more.
- Interpreters should be part of health care teams and support is needed to improve their recruitment and retention. Opportunities to cross-train interpreters and physicians should also be explored.
- Further, Inuktut and Inuit culture should be embedded across health care settings by developing Inuktut signage and health care materials.

**Métis Peoples and Partners Messages**

- Health care systems that provide culturally respectful health care include those that respect local language. There is a need for translators for language support.
- Métis Peoples often ignore going to the doctor due to various language barriers (e.g. confusing health care lingo, translation issues, etc.).
- Métis-run and Métis-controlled community health centres were highlighted as mechanism in which patient navigators could help community members navigate the system and provide translation services if needed.

**Intersectional Peoples and Partners Messages**

- At the heart of the mobility of rights, is language.
- The lack of translation and interpretation services has been cited as a reason health needs go unmet. Indigenous Peoples have a right to have health care providers who speak their Indigenous language. Language should not be a barrier to accessing health care.

- In order to for the health system to be accessible, staff and health care facilities must have the time and resources to communicate with patients effectively (language translation, ASL interpretation).
- There should also be support for training in Indigenous languages.

**Auxiliary Services**

**First Nations Peoples and Partners Messages**

- Increased access to chiropractic care, physiotherapy, massage therapy, reiki, acupuncture, occupational therapy, specialists, health promotion, diabetes prevention, and dialysis is needed within communities.

**Inuit and Inuit Partners Messages**

- Increased support for auxiliary health services required (e.g. physiotherapy, orthodontics, speech-language pathologists, dental, ear nose and throat (ENT) specialists, etc.).

**Métis Peoples and Partners Messages**

- Increased support for auxiliary health services required (e.g. physiotherapy, chiropractic, dietary services, diabetes prevention, massage therapy, dental, optometry, foot care, ENT specialists etc.).

**Intersectional Peoples and Partners Messages**

- Include auxiliary health services (eye care, mental health, dental, etc.) into the universal health care model.

**Sexual Health Services**

**First Nations Peoples and Partners Messages**

- Sexual and reproductive health includes cultural teachings, coming of age initiations.
- From a government perspective, achieving health equity for First Nations Peoples involves addressing key priority areas defined in accordance with the National Collaborating Centre for Indigenous Health (NCCIH). One of these priorities is addressing the disproportionate burden of chronic and infectious diseases in Indigenous populations by sharing knowledge and fostering dialogue on sexually transmitted infections.

**Inuit and Inuit Partners Messages**

- Education, community awareness and prevention programs are missing from Inuit sexual and reproductive health care services. This education gap goes hand-in-hand with

misconceptions about sexual health, sexually transmitted infections, cancer screening, contraception, family planning and access to health services for youth and young mothers.

- The health services that are available locally to Inuit women are limited to those offered by registered nurses. There are no permanent doctors or medical residents. There is also limited access to sites to obtain prescription medication. In most communities there is no pharmacy and no pharmacist.
- There is a need for sexual and reproductive health education programs and training programs in community so that Inuit can become certified as midwives and other medical professionals that can service their own communities. This would also help to ensure culturally safe care.
- To build an equitable foundation for Inuit sexual and reproductive health, distinction-based Indigenous Health Legislation must facilitate and fund:
    - access to culturally safe and substantively equal midwifery and sexual reproductive health care services in Inuit communities; and
    - program development to return control, certification, and service provision of sexual and reproductive health care services to Inuit communities.

**Métis Peoples and Partners Messages**

- Investments in culturally safe prevention, education and awareness initiatives developed and led by Métis Partners and communities are needed to prevent sexually transmitted infections and to facilitate access to ongoing sexual health and reproductive care and support.

**Intersectional Peoples and Partners Messages**

- It's important for people of all genders and sexualities to receive comprehensive sexual health education. Otherwise, it leads to feelings of ostracization, and alienation. A lack of awareness in sexual health, and sexual relationships, can even manifest into things like manipulation, and assault by Partners because we are not taught that same-sex or gender diverse Partners are capable of these behaviours since they are only taught to us as opposite-sex cis-hetero-normative behaviours.
- Indigenous youth must be able to access safe, high-quality sexual health care, regardless of where they live. In addition, access to sexual health resources and education needs to be accessible, for example in elementary and middle school, so that children and youth can understand the complexity of their own personhood.
- The needs for funding for free and/or discounted menstrual products and contraceptive for Indigenous youth with bodies that menstruate was also highlighted.

**<u>Internet Access, Telemedicine & Virtual Technology</u>**

**First Nations Peoples and Partners Messages**

- Internet access was identified as an area where more investment is needed (e.g. for bandwidth, hardware requirements, administrative capacity, etc.) to accessibility to health care services.
- The pandemic brought with it an increase in the delivery of virtual health and mental health services, which was shown to increase access to health providers. Participants spoke about the need to learn from both worlds and draw on the strengths of different modalities (in person and virtual) to support the needs and wellness of First Nations.

**Inuit and Inuit Partners Messages**

- There is limited internet access and funding is needed to bring Inuit communities up to the standards of other Canadian communities.
- Improved internet access, bandwidth, telephone lines and cell coverage could help to improve health service delivery as it would enable telehealth services.
- Increased virtual and telehealth services would help to reduce health centre visits, fill gaps when there are no upcoming doctor visits, enable access to training, and support more frequent follow-ups (given current reliance on air travel).
- There are some disadvantages associated with telehealth (i.e. can lose the human part of health services, getting a full and proper assessment over the phone is difficult). Videoconferencing addresses some of these factors by allowing providers and patients to view body language, facial expressions, eye contact, all of which are important aspects of communication in many Indigenous cultures.
- It should also be noted that current provincial legislation is barrier to providing more telehealth and virtual services.

**Métis Peoples and Partners Messages**

- Although the internet has improved access to information, cell dead zones and internet problems contribute to isolation and lack of safety.
- Enhancing existing telehealth and online platforms to increase access, enhance health service delivery, and improve continuity of care is a priority for Métis health and well-being.
- Telehealth and helplines are another potential service that could be delivered via Métis-run and Métis-controlled community health centre.

**Intersectional Peoples and Partners Messages**

- Internet/broadband/virtual care inequities impact access to health care services.
- More options for telehealth would reduce the need for travel.

**<u>Non-Insured Health Benefits (NIHB)</u>**

**First Nations Peoples and Partners Messages**

- Federal funding for First Nations' core programming has not kept up with the rate of growth - creating substantial pressures on First Nations health delivery systems and the essential services provided under the Non-Insured Health Benefits program.
- Further, there is a need for improved insurance, as the coverage provided by FNIHB is restrictive.
- As with most programs that support First Nations communities, NIHB services exist without a legislative base or governing framework. Instead, the government maintains the position that health care is provided to First Nations as a matter of policy and not a legal obligation. Health policies are not laws and as such, they are not enforceable. This makes them easily changed unless they become entrenched as policy objectives in legislation.
- Streamlining and increasing NIHB services through legislation was highlighted as a key priority.
- The failure to equitably translate NIHB, access to prescription medications, and transportation were also cited as common issues with the NIHB program.
- The creation of a national network of First Nations NIHB service delivery administrators was proposed as a way to assist First Nations in navigating the program.

**Inuit and Inuit Partners Messages**

- Participants noted the inefficiencies surrounding the current delivery of the federal NIHB means that a significant number of Inuit still face out of pocket expenses, have their claims denied, or forego receiving necessary medical treatment or benefits.
- Both the burdensome application and claims processes for NIHB were flagged as major barriers to care among participants. Many participants shared experiences in which they or other Inuit struggled to navigate the program due to the complexity of the application process, misunderstanding of application requirements and eligibility, and a lack of support within the system.
- Furthermore, participants experienced ongoing issues with submitting claims for a variety of different benefits (e.g. dental, orthodontic, and prescription medication). In many instances, participants had difficulty accessing or receiving reimbursements for benefits, as many service providers were unfamiliar with how to invoice NIHB directly, and beneficiaries were unfamiliar with which service providers are registered and able to invoice NIHB directly. Federal reimbursement policies need to be strengthened.
- Changes in the coverage for drugs and prescriptions was another issue raised by participants. With eligible drug lists being reviewed periodically, some beneficiaries shared confusion and frustration at accessing and understanding the changes in eligibility for coverage, particularly in situations where they were previously eligible for coverage and then lost that coverage due to changes in eligibility.
- Coverage and/or improved, flexible coverage for interpreters, navigators, counselling services by Inuit counsellors, travel escorts/compassion support, and specialist services were highlighted as needs. As was support for urban Inuit and an independent NIHB ombudsperson.
- Participants suggested the NIHB program be formally legislated as a means of regulating changes to the program, enforcing transparency, and standardizing program delivery.

- Other suggestions to improve the program included: having Inuit regions administer NIHB (where there is interest); simplifying coverage; and legislating NIHB to cover for wraparound reproductive health services, provide comprehensive coverage for equipment; define a standard of care for incarcerated beneficiaries; and standardized coverage for long-term care residents.
- Several participants also suggested engaging Inuit on how to improve the NIHB program would be a valuable step towards improving trust, transparency, and success of the program.

**Métis Peoples and Partners Messages**

- The Federal Government has long understood its responsibility for supplementary health benefits and emergency services for First Nations and Inuit. However, many federal health services available to other Indigenous Peoples are not available to Métis Peoples.
- This priority links to access and affordability of health care. The lack of coverage is a significant funding obstacle to essential health support.
- Legislation must recognize the urgent need for Métis extended health benefits. The most heard priority for all Métis Peoples in each jurisdiction was coverage for services that are not covered through social programs, private plans and provincial and territorial health insurance. This includes, but is not limited to medical, travel, emergency coverage, medical travel, physiotherapy, prescription drugs, dental/vision/hearing care, special medical equipment, and primary and specialist care).
- Where provincial/territorial Métis Extended Health Benefit programs exist, like in the Northwest Territories, it is critical to transfer the program and funding to the care and control of Métis Partners. Further, the program should be supplemented with federal funding to support the expansion of the program.

**Intersectional Peoples and Partners Messages**

- Indigenous Peoples on-reserve and in rural and remote areas remain underserved, and Métis and non-status First Nations Peoples are excluded from NIHB.
- Further, while the NIHB program provides funding and support for registered First Nations in urban contexts; this this support is not distributed in a fair and equitable manner. Many First Nations Peoples who relocate to urban spaces find that certain NIHB-supported services that they were able to access on reserve are no longer covered in their new location.
- The Government must work closely with communities and existing Indigenous health organizations on reforming NIHB. Recommendations were as follows:
    - Create a guideline for navigating the health care system;
    - Streamline and clarify processes related to NIHB;
    - Increase funding and expand NIHB to cover all Indigenous Peoples including Métis and non-status, as well as gender-affirming care for Indigenous 2SLGBTQQIA+ Peoples; and
    - Standardize education for health care providers about what is and isn't provided for under NIHB.

- Legislation must include access to barrier-free health benefits.

**Capital & Infrastructure**

**First Nations Peoples and Partners Messages**

- First Nations lack the required infrastructure to house the administration and delivery of health care. Participants spoke about the need for hospitals, clinics, nursing stations, emergency rooms, healing centres, a dialysis centre, pharmacies, addiction treatment centres, and health programming space in community.
- Legislation needs to ensure that health infrastructure is strengthened and maintained. Health infrastructure includes everything from physical buildings, communications to trained professionals, and an educational lane for young First Nations students to enter the health field. Strong First Nations health infrastructure is only possible if the determinants of health are addressed, including employment, housing, and education.

**Inuit and Inuit Partners Messages**

- Participants identified many interrelated and compounding challenges associated with a lack of health infrastructure, as well as ailing and aging infrastructure.
- Participants identified a lack of assisted living infrastructure, local transportation infrastructure, holistic care centres, long-term care homes, accessibility-related infrastructure, addictions or trauma treatment centres, childbirth-related infrastructure, shelters, dental health infrastructure, and infrastructure necessary to support reliable, affordable broadband. This in turn, increases travel costs, isolates people from communities, and can contribute to the displacement of families to southern destinations.
- Participants living outside Inuit Nunangat also identified a lack of Inuit specific health infrastructure in the provinces (e.g. only one Inuit-led health centre outside of Inuit Nunangat).
- Water quality and delivery are concerns for Inuit, as Boil Water Advisories are frequent and water delivery infrastructure is in disrepair in some communities.
- Participants also spoke of inadequate and poor quality of housing and described many secondary and compounding effects of poor housing such as overcrowding, impacts to health, and challenges retaining medical professionals.
- Transportation infrastructure solutions included updating airport infrastructure to support larger planes and increased capacity for air travel, more frequent connections to southern suppliers and destinations, improvements to port infrastructure to allow more efficient food delivery between communities, and improvements to, or expansion of, road infrastructure to enhance affordability and accessibility to food, supplies, and services.
- It is essential to address infrastructure and equipment needs to improve the capacity for health care services and programs and deliver additional health services locally (e.g. dialysis, tuberculosis diagnostic services, etc.).

**Métis Peoples and Partners Messages**

- Building on existing Métis Government infrastructure, investment is needed to create a series of multi-purpose, multi-functional, family-centered Métis Comprehensive Community Health Centres that bring health services and supports to the community. Each Centre will provide the services established by the Métis Government Health Authority/Department and could include a variety of services depending on local needs and available capacity.
- Infrastructure investments are also needed for urban Métis and Metis Settlements.
- Citizens also need greater access to medical diagnostic equipment.
- Community infrastructure would help to promote healthy living in place.

**Intersectional Peoples and Partners Messages**

- Core, sustainable, and ongoing funding for capital investments and quality buildings is required. This includes investments to prevent health issues (clean water, housing, etc.) as well as the creation of services on-reserve (health centres, hospitals, etc.).
- Within government frameworks, cultural and wellness centres should be considered as community infrastructure and supported as appropriate areas of investment. This community infrastructure must have funding inclusive of Metis, non-status and off reserve Indigenous Peoples.

**Health Navigators and Advocates**

**First Nations Peoples and Partners Messages**

- There is a need for more Indigenous Patient Navigators as a means to better meet the needs of Indigenous patients, especially those who have to travel off-reserve for care. This is important in addressing language barriers, identifying resources, navigating system complexities, and reporting incidences of racism, particularly where cultural safety in not embedded in health care.
- Local First Nations health managers may be able to identify where health navigators are needed and where resources can be allocated to aid health access in a specific community or region.
- There is a need to have more navigators available in the evenings and on weekends.

**Inuit and Inuit Partners Messages**

- There is a need and move to embed Inuit patient navigators in certain regions to assist Inuit in navigating the system, establishing that medical care is their right, and addressing language barriers; however, some feel this is a Band-Aid solution.
- When accessing care there are issues with knowing what is available and understanding NIHB; receiving a health care card and proof of status, and limited assistance in navigating the system.
- Patient Navigator positions need improvement, as interpreters are not paid well and are difficult to recruit. The job requires highly specialized skills to translate medical terms and the position needs to be paid accordingly. In addition, French to Inuktut

translation/interpretation is challenging, often need to translate to English first before Inuktut.

- Positions that are needed are – client liaisons at the hospital who bring patients to appointments and speak Inuktut; patient navigators when people leave the province, and Elder coordinator positions.

**Métis Peoples and Partners Messages**

- Métis-specific health care navigators are needed to guide Métis Peoples through the health care system and to advocate for them to ensure they receive proper care in the interest of achieving health equity with other Canadians.
- Métis navigators are needed in hospitals, but also for community-level services.
- Métis navigators should be hired to facilitate access to services and resources; ensure Metis Peoples feel more comfortable within the medical system; bridge the gap between western medicine and Métis perspectives, advocate for patients, and provide translation services.
- People called for strengthened recognition and support of Métis-specific services and service providers, including providing cultural navigators across the health care spectrum.

**Intersectional Peoples and Partners Messages**

- Health navigators are often addressing a distrust for accessing the health care system because of past governmental policy.
- We need to have spaces within the western colonial health care facilities where Two-Spirit Peoples can access Two-Spirit-specific liaisons who can ensure cultural relevance; assist in navigating the system and ensuring equitable and safe care is received; assist with translations and interpretation; and act as advocates, when needed.
- Indigenous youth have had to be extremely resourceful and resilient in learning to navigate the current health care system, a truth that is highlighted even further for youth whose identities fall at multiple intersections of marginalization.
- Allocate resources for Indigenous health navigator positions at the local level and ensure that there is 24 hours liaison support at hospitals.
- Urban Indigenous organizations are often called upon to help their clients understand the health care service options that are available to them and support them with making and travelling to those appointments. However, in Quebec and Newfoundland and Labrador, these support services are expanded upon and given more formal recognition as health care Navigators.
- The health care navigator role is especially important for People who may live alone or distant from their relatives or community; for First Nations and Inuit Peoples from remote communities who travel to urban environments to access health services.
- Indigenous women and families must have a right to an Indigenous advocate within the mainstream system when navigating their healthcare journey who will ensure access to quality, respectful, culturally safe healthcare. Legislation must ensure access to an Indigenous advocate in mainstream health systems that helps with navigation and holding systems accountable to provide quality care to Indigenous women and families.

- Navigators should also be used to assist health care workers to navigate Indigenous health and wellness in a holistic-centered manner.
- The option of having a navigator accompany those who have to travel for health care should be covered by NIHB and the navigator should not count as their additional support person.
- Funding is also required to assist Indigenous families navigating Jordan's Principle, the Inuit Child-First Initiative and NIHB.