

Indigenous Health Strategy

Ontario Health West Region

Indigenous Leaders Model
April 2025



Ontario Health
West

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About this Strategy

A Note on the Use of Indigenous Concepts, Language, and Teachings

In creating an Indigenous Health Strategy with the intention to decolonize health care systems, spaces and services, it was important to include concepts, principles and values that are grounded in Indigenous worldviews. While some teachings and concepts are derived from specific Nations, we hope those who are reading this will take the teachings and embrace their applicability to a wider audience where appropriate.

To support readers and users of this document with a shared understanding of terminology, a glossary of terms is provided in Appendix E. When speaking to a specific group (e.g. a First Nation), specific wording is used to most accurately describe the group. When collectively describing First Nation, Inuit and Métis populations the term 'Indigenous' or 'First Nation, Inuit, and Métis' are used interchangeably throughout the document.

The Indigenous Leaders Model (ILM) team sought the collective wisdom of the Indigenous Health Strategy Leadership Circle by creating pathways for inclusion of Indigenous culture, knowledge and teachings. Through discussion, it was widely agreed upon that including First Nation, Inuit and Métis teachings were key, as many of the ideas described and recommended for action are grounded in Indigenous ways of being, doing and knowing. However, direction was received from the Leadership Circle to not use any Indigenous language in the strategy, as it was viewed as having the potential to be exclusionary.

Messages From Indigenous Health Leaders

Alethea Kewayosh, Director, Indigenous Health Unit

Indigenous Peoples in Ontario have always had a strong voice, stating clearly and consistently who they are and what their communities need and what they expect from the government of Ontario, Ontario Health and the health care system. We acknowledge that the diversity of Indigenous communities and contexts across the province necessitates locally specific and responsive strategies. As such, Ontario Health West has developed this Strategy to better serve Indigenous Peoples in the region specifically. Further, we recognize the importance of creating and establishing relationships before we undertake initiatives, like this Strategy, so that Ontario Health can effectively and collaboratively address the health needs and issues impacting Indigenous Peoples, families, communities and nations. At Ontario Health, we are committed to striving for Indigenous health equity, and we look to First Nations, Inuit, Métis and urban Indigenous partners to inform, direct and guide us on what that means, and how we can work together to achieve it. This Strategy is the culmination of the discussions the Indigenous Leadership Model team at Ontario Health West has been having with First Nations, Inuit, Métis and urban Indigenous leaders, people, communities, health tables, networks, and organizations in the region. It is important to us that this Strategy has been informed and guided by Indigenous voices so that we can move forward together. Indigenous Peoples, families, communities and nations deserve the very best health care that can be provided and to live healthy and safe lives. Indigenous Peoples deserve the very best through this process and we have always strived toward that throughout Ontario Health West. Chi Meegwetch!

Sara Plain, Manager of Health Services, Aamjiwnaang First Nation

Ontario's most recent health care system reform introduced an opportunity to change the way the system responds to the needs of First Nation, Inuit and Métis people. Local Indigenous health leaders voiced the need for strong representation within the new system. Ontario Health West responded with the development of the Indigenous Leaders Model under our guidance. This model is our voice within the regional planning system to ensure patient safety, culturally responsive health care, and equitable access to funding and services. We have been working together to develop this strategy, which is so important because our communities and our people know what we need. As we move forward, we will continue to build relationships and work in partnership to improve health care for First Nation, Inuit and Métis people.

Acknowledgement

Acknowledgement

Creating a community-informed Indigenous Health Strategy for the West Region was a significant undertaking that was possible due to an incredible level of leadership and participation from Indigenous Peoples, organizations, and communities. The amount of people who made themselves available to be engaged and the depth in which they did was both inspiring and humbling. We stand in deep gratitude to all who participated and would like to take this moment to acknowledge them.

We want to acknowledge the Indigenous Health Strategy Leadership Circle, who provided ongoing leadership in helping us choose the right methodology, helping us understand who we needed to engage, and encouraging us to ensure the work now and moving forward is grounded in diverse Indigenous worldviews.

Committee Members

Grandmother Renee, Rebecca Guitard - Métis Nation of Ontario, Shelley Cripps - Métis Nation of Ontario, Melissa Deleary - Indigenous Health Unit, Alessia Borgo - Indigenous Health Unit, Eric Hendrick - Chippewas of the Thames/Middlesex London Ontario Health Team, Heather Talbot – SOAHAC, Arlene King - Windsor Regional Hospital/IHPC, Vallee Trudeau - SOAHAC, Jessica Durand – Fort Erie Native Friendship Centre, Kelly Cimek - Ontario Health West, Sarah May Garcia - Ontario Health West; Nikki George, Joe Antone, Brady Williams, Jeanette Smith, Aleksa Swackhamer - Ontario Health West Indigenous Leaders Model.

Participants

We would like to acknowledge and thank those who courageously and graciously gave their time to share their stories and wisdom during our engagements. Many partners contributed, including Indigenous health leaders and professionals from over 30 organizations, First Nations and Métis partners, Elders, Knowledge Keepers, Indigenous youth, Indigenous Peoples who identify as two-spirit, Indigenous Peoples who access the health system, and non-Indigenous health professionals working as allies.

We acknowledge with the utmost humility and appreciation the family of Heather Winterstein for inviting us into their home to learn, listen, and for your ongoing pursuit to build a better world for Indigenous Peoples in the face of tragedy.

We want to give a big thank you to several people and all the teams within Ontario Health. This includes the Provincial Indigenous Health Unit for blazing this trail and for their support during co-design. To the Equity, Inclusion, Diversity and Anti-Racism team at Ontario Health West for their close partnership and ongoing support around data interpretation and support facilitation during the community co-design process. To the other West Region portfolios for their engagement in the process and for their facilitation support during the community co-design. To West and Central Chief Regional Officer Susan De Ryk, Vice President of Health Equity and Systems Transformation Nicole Robinson, and former Vice President of Health Equity and Priority Populations Lynn Hinds for their

leadership in supporting and sustaining the Indigenous Leaders Model and the strategy. Another massive thank you to our Indigenous Leaders Model team - Nikki George, Brady Williams, Jeanette Smith, Aleksa Swackhamer, and Allie Benson, the amount of heart and work you put into this was incredible, it simply would not have been done without your hard work and leadership.

Lastly, we want to acknowledge all those who came before us, those who are here now, and those who are yet to be; for doing the work to advance Indigenous health.

Joe Antone, Director, Indigenous Health Strategy

Executive Summary

Prelude

With the formation of Ontario Health West’s Indigenous Leaders Model team came the need for a regional strategy that can serve as a roadmap for Indigenous Health efforts over the next 3-5 years. Prior to this strategy, efforts to apply a strategic Indigenous health planning and implementation lens were largely confined to wider provincial contexts such as Ontario’s Indigenous Healing and Wellness Strategy¹, and were often implemented with a sole Indigenous lead role in health system regions, resulting in work that was often disjointed and not fully supported. Ontario Health West’s investment in the ILM team provided the region an opportunity to take a more strategic approach to the work of Indigenous health systems planning and implementation, predicated on robust community engagement, and unifying the region around a common set of goals.

“We are working towards 7 strategies, and if we all know what everyone was working towards then we could build connections and relationship to see what others are doing and create connected strategies.”

-2023/24 Gathering Participant

¹ <https://www.ontario.ca/page/Indigenous-healing-and-wellness-strategy>

Methodology

The strategy design was guided by the Indigenous Health Strategy Leadership Circle. This circle included Indigenous community leaders, an Elder, the ILM team, Ontario Health’s Provincial Indigenous Health Unit team, and Ontario Health West’s Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) team.

Between the autumn of 2023 and autumn of 2024, the ILM team engaged a total of 144 Indigenous Peoples and allies through a co-design process to gain expert perspectives from Indigenous health care leaders, frontline health care disciplines, Knowledge Keepers and Elders, and Indigenous Peoples with lived experience from several identity groups. The data from these engagements was interpreted by Indigenous-led understanding and perspectives using a thematic approach which was supported by quantitative data analysis (Appendix D) and a literature review. Much was learned through this process, while some validated what was already known, it also revealed new information, including the increased need for Indigenous navigation and uptake in digital and virtual health care solutions.

Comprehensive internal engagements were also completed with Ontario Health West teams and programs to understand priorities and how to best leverage them to support an organization-wide approach to actioning the strategy. This engagement work, combined with the literature review and quantitative data served as the data set that was used to develop a baseline strategy.

The Strategy

The result of engagements and analysis revealed five distinct goals and associated actions:

1. Taking Relational Approaches to Advancing Indigenous Health

To build meaningful and purposeful relationships required to support Indigenous health planning and investment

Example action items include:

- Routine site visits and presence at community events
- Building foundations of relationality
- Work with Individual Nations and urban communities to be aware of distinct needs

2. Braiding Indigenous and Western Health Systems

Collaboration that ensures Western Health Service Providers and system partners have the knowledge, history, policies, and relationships required to support Indigenous-informed,

“Build relationships, don’t just rely on directors or managers, involve every level and not just the managers or people in charge.”

“Having every level involved, and consider grassroots movements, which make the biggest impact in the communities.”

-2023/24 Gathering Participants

distinctions-based, culturally safer health care, and employment experiences for Indigenous Peoples

Example action items include:

- Increased access to cultural safety training
- Recognition of the role of traditional healing
- Supporting culturally safe and trauma-informed Indigenous recruitment and retention strategies

3. Investing in Indigenous health in Indigenous hands

Indigenous health service providers have the ability to provide wholistic, integrated & barrier free Indigenous-led care to those who require it

Example action items include:

- Develop an Indigenous health funding and allocation model that includes traditional healing, transportation, data support, and navigation
- Increase timely access to culturally safe care, to primary care, Indigenous navigators, mental health and addictions, palliative care, and other health services
- Grow Indigenous health systems leaders through mentorship and internship opportunities

4. Improving Indigenous Data Collection, Analysis, Quality, and Governance

Ontario Health West has the capacity to ethically collect and share Indigenous health data following established Indigenous research, data collection and usage principles to support evidence-based decision making, including internal Indigenous Governance Matters processes

Example action items include:

- Support the culturally safe coordinated collection and use of high-quality Indigenous health data
- Support increased use of data governance practices
- Increase adoption of digital tools within Indigenous communities

5. Advance Métis Health in the West Region

Building relationships and sharing information required to advance Métis-led health services in the West Region

Example action items include:

- Build equitable and productive relationships with Métis leaders and service providers
- Understand the scope and current capacity of Métis specific health services in the West Region
- Increase access to Métis-led care

The Ontario Health West Indigenous Health Strategy is designed to weave together priorities raised by Indigenous communities with current government priorities and to mobilize a whole of West Region response. This harmonized approach will best position the organization to match current resourcing opportunities to needs identified directly by Indigenous communities and organizations.

Implementation will also take a phased approach, building in flexibility to focus on new community-identified priorities and meet them as new resourcing opportunities become available. This approach will help Ontario Health West achieve the goal of continuing to improve the care and health outcomes of Indigenous Peoples in the West Region, while serving as a replicable example for other regions across the province.

Distinctions-Based Approaches

A distinctions-based approach to this work supports self-determination, avoids a pan-Indigenous approach, and accounts for the different priorities, capacities, and gaps of various Indigenous groups. Additionally, the need to recognize First Nations, Inuit, and Métis as distinct peoples are also grounded within legislation where the Supreme Court confirmed that Section 35(2) of the *Constitution Act*. (1982) includes a recognition of the “distinctive societies” of Indigenous Peoples, with “their own practices, traditions, and cultures”². This need for distinctiveness is also noted in the United Nations Declaration on Indigenous Peoples (UNDRIP) where article 5 notes, “Indigenous Peoples have the right to maintain and strengthen their distinct political, legal, economic, social and cultural institutions...”³.

To uphold the distinctions-based principle, focused discussions were held with Métis leaders and service providers, First Nations service providers, and Indigenous-led service providers who work off Nation in urban settings. For example, one of the key inclusions in the strategy is a focus on Métis health care planning and relationship building. The co-design process revealed that regional efforts to date were largely focused on working with First Nations and urban Indigenous populations, identifying a need for a distinct and equitable approach with Métis leaders and structures to better understand and address Métis health. Aside from one out-of-region Inuit consultation, we were unable to identify and consult with any other Inuit service providers before launching the first strategy.

² Constitution Act, 1982, to the Canada Act 1982 (UK), 1982, c 35 (2).

³ (*United Nations.*, 2007., Pg. 9).

Where we Came From

The Need for a Regional Indigenous Health Strategy

First Nations, Inuit, and Métis people have significantly poorer health outcomes than almost any other group in Ontario. This includes a life expectancy of 10 years shorter than non-Indigenous Ontarians⁴, much higher rates of chronic disease and chronic disease mortality including cancer⁵, and alarming rates of suicide and other mental health concerns.

Colonial systems and structures reinforce these staggering disparities between Indigenous-specific health outcomes compared to non-Indigenous counterparts. The reasons for this are complicated, including the legacy impacts of hundreds of years of oppressive policy aimed at dismantling Indigenous communities and assimilating them into Canadian culture. Policies, which flowed principally from the Indian Act included: residential schools, the outlawing of traditional ceremony and communal gatherings, and assimilationist tactics aimed at removing Indigenous Peoples from the national registry. Additionally, the reserve system resulted in forced relocations which disrupted natural cycles of movement, forcing a more sedentary lifestyle removed from the land and a traditional way of living. These new locales often lacked opportunities for economic development, access to food and drinking water, suitable housing, and notably, access to health care. These colonial policies led to the erosion of culture and language, introduced highly destructive cycles of intergenerational trauma, all of which led to the decimation of family and community systems that once served as the bedrock for a healthy and vibrant collection of Nations across Turtle Island.

Early attempts at providing health care took the form of Indian hospitals and other forms of care that were typically segregated, poorly funded, fraught with racism, and are early examples of what Dr. Billie Allen and Dr. Janet Smylie describe with *First Peoples, Second Class Treatment*⁶. Additionally, Indigenous health within First Nations communities was provided by a grossly underfunded National strategy predicated on a public health model, lacking access to primary care, acute care, and specialized care. Only within the past 25-30 years has the Provincial health care system began meaningfully overlaying the National model with Provincial resources, greatly improving access to care in many communities.

While progress has been made, there remains significant issues within the health care system that serve as barriers to Indigenous Peoples being able to "make sure people get the right care in the right place at the right time"⁷. These barriers include:

⁴ (Ministry of Indigenous Relations and Reconciliation, 2007., Pg. 11)

⁵ (Public Health Ontario, 2019., pg. 36)

⁶ Dr. Allan, B., Dr. Smylie, J., 2015

⁷ (Our Work –Transforming Health Care – Ontario Health., 2024)

- Racism⁸ which leads to not accessing or delaying access to health care, leading to exacerbated health issues that become more difficult and costly to treat
- Colonial conceptions of health services and health planning lead to systems of care that are underfunded, fragmented, and do not always account for common access barriers such as transportation, access to current technology, and access to traditional healing
- Models of care that are not Indigenous-led
- Models of care that do not account for the Indigenous social determinants of health, including racism, self-determination, social exclusion, education, food security, and housing access

Beginning in 2023, the West Region took the unprecedented step of investing in the Indigenous Leaders model, an Indigenous-led team at Ontario Health West Region. The ILM was tasked with, among other things, building a strategic framework that will guide the organization's Indigenous Health efforts over the next three to five years. The vision is to work collaboratively to improve health outcomes for Indigenous Peoples by building Ontario Health's capacity to meaningfully advance Indigenous Health, with the model being guided by a dual accountability to both Indigenous communities and Ontario Health West.

The initial work of the ILM has focused on three distinct areas of work:

- 1) Build deep and lasting relationships between Ontario Health West and First Nations, Métis, and Inuit communities and organizations
- 2) Capitalize on existing opportunities to advance Indigenous health with a focus on improving access to Indigenous-led and culturally safe care
- 3) Build a strategic framework that will guide Ontario Health West's Indigenous Health efforts over the next three to five years.

For more information about the Ontario Health First Nations, Inuit, Métis, and Urban Indigenous Health Framework, or the development and implementation of the Indigenous Leaders Model, please see Appendix B.

⁸ Impacts of racism can also manifest as sub-optimal care, uncomfortable or unsafe conditions, direct harm, which can result in exacerbated health issues that become more difficult and costly to treat, or in some cases death

Provincial Health System Transformation

An opportunity to enhance the health system's ability to advance Indigenous health

Ontario's health system is in a period of structural transformation. This began with the evolution from the Local Health Integration Networks (LHIN) and Local Health Systems Integration Act (LHSIA)⁹ to Ontario Health and its new guiding legislation, the Connecting Care Act¹⁰. Restructuring continued with the implementation of Ontario Health Teams (OHTs), and the recent amalgamation of Home and Community Care Support Services into Ontario Health at Home, a subsidiary organization that is overseen by Ontario Health.

This period of transformation presents a valuable opportunity to enhance the health system's ability to advance Indigenous Health. Here, the ILM team is working closely with system partners and health service providers to ensure that these new or evolved systems and elements continue to improve the ability to mindfully and properly account for Indigenous health equity. Links to learn more about Ontario Health's period of transformation are available in Appendix B.

Transformation in the Hearts and Minds of Ontarians

In addition to these structural systemic transformations, the last five years have seen palpable shifts around the experience of Indigenous Peoples in the hearts and minds of Ontarians, including Ontarians working in the health system. There is a deeper and more accurate understanding of undue hardships experienced by Indigenous hosts on Turtle Island, and this deepened understanding has seen an increased motivation to collaborate and implement Indigenous health equity by guests on Indigenous lands. This is partially a result of 10-plus years of provincial investment in Indigenous cultural safety training for Health Service Providers, the tireless work of Indigenous advocates and their allies to produce calls to action through the Truth and Reconciliation Commission (TRC)¹¹ and the National Inquiry into Missing and Murdered Indigenous Women and Girls¹², and tragic events such as the discovery of mass burial grounds of Indigenous children adjacent to former residential school sites and unnecessary loss of life in hospitals. The ILM team is already experiencing the impacts of this increased motivation and spirit of collaboration on work within Ontario Health West, and it is beginning to produce tangible benefits for Indigenous communities.

⁹ Local Health Systems Integration Act, 2006

¹⁰ Connecting Care Act., 2019

¹¹ National Centre for Truth and Reconciliation, 2025.

¹² National Inquiry into Missing and Murdered Indigenous Women and Girls, 2016-2019

West Region Indigenous Health Strategy

The foundation for the strategy was grown through the lens of an Indigenous research approach which informed the qualitative data collection and analysis process. Participants shared their profound experiences and understanding of health system gaps, capacities, needs, and priorities which were key in shaping the strategy. Once the foundation was set via community co-design, a series of internal engagements with regional and provincial Ontario Health partners were held to enhance and align the strategy to support seamless implementation and resource alignment.

Data was collected and analyzed through a systematic process to identify themes and trends throughout the co-design and engagement sessions conducted in 2023 and 2024. Contributions to the data collection were attributed to 144 Indigenous participants and their lived experiences as professionals, patients, or both. (See Appendix C for more information on the methodology).

Through this process, five strategic petals were formed to encompass the following concepts:

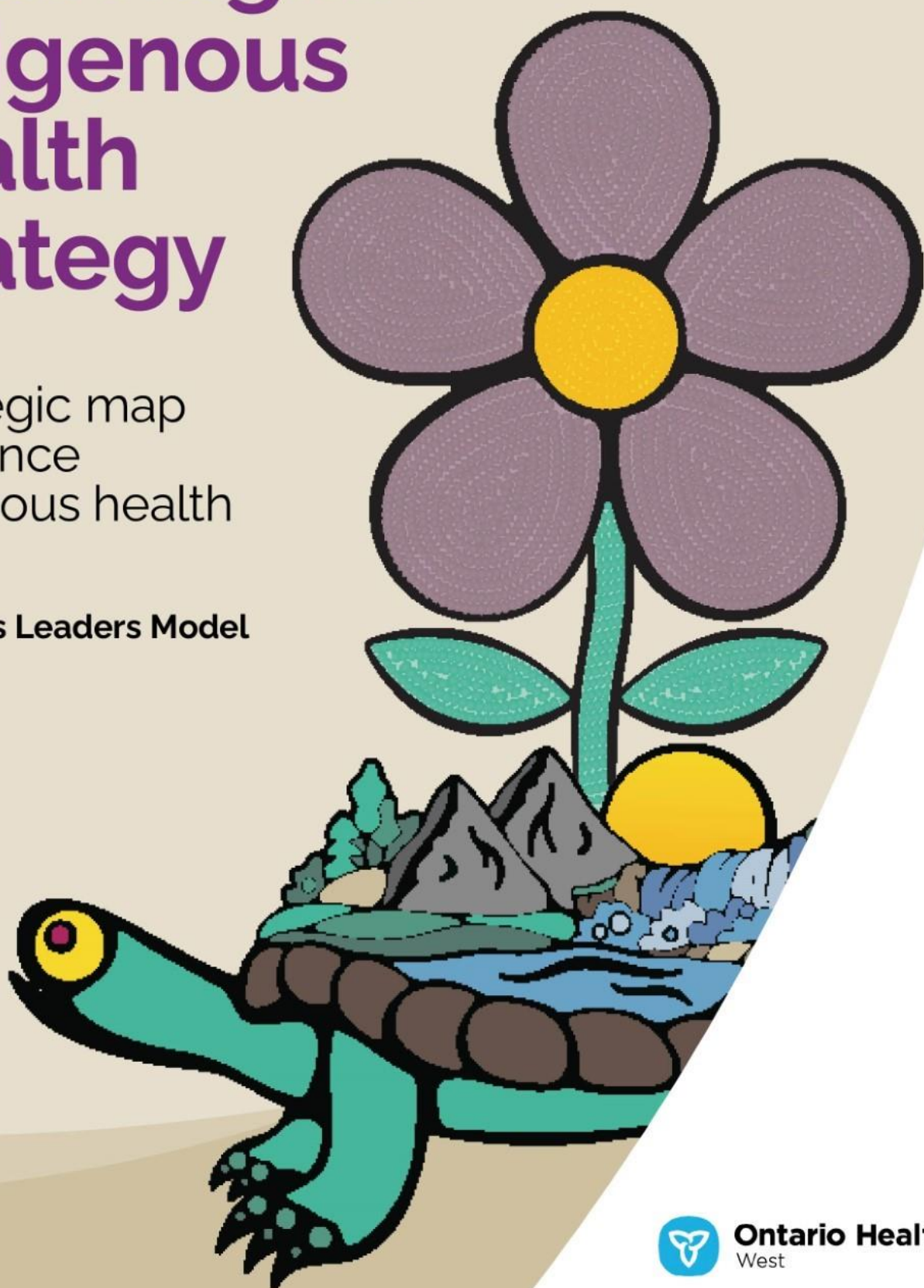
1. **Taking Relational Approaches to Advancing Indigenous Health:** The strategy embeds Indigenous ways of being, knowing, and understanding into health systems in a culturally safe and appropriate way. This ensures Indigenous-led initiatives are actioned to enable systems level change in a good way.
2. **Braiding Indigenous and Western Health Systems:** Braiding represents strength, connectedness, and spirituality further exemplifying interconnection and collaboration. Braiding ways of understanding together, such as Western and Indigenous perspectives, creates pathways for intentional systematic change, the need for paradigm shifts in understandings, and the need for creating space for Indigenous models of healing.
3. **Investing in Indigenous Health in Indigenous Hands:** Addressing Indigenous health issues must be done through the autonomy of Indigenous Peoples. Self-governance allows for culturally appropriate solutions while promoting system level change. Indigenous voice and representation are critical at all stages of planning that involve Indigenous Peoples' health.
4. **Improving Indigenous data collection, analysis, quality and governance:** Utilizing Indigenous principles that assert ownership and control over research processes and how information is accessed and possessed (OCAP)¹³ is paramount. Knowledge gathering from an Indigenous perspective allows for the understanding of community-specific baselines, strengths, and targeted approaches that generate community growth and wellness.
5. **Advance Métis Health in the West Region:** A more intentional approach to working directly with the Métis community that aligns with the wider direction of a more distinctions-based approach is critical. While Métis people do access urban Indigenous health services aimed at serving all First Nations, Métis, and Inuit people, the need is present to build direct partnerships with the Métis community, understand gaps in care, and to work in partnership to improve access to culturally safe care for Métis community members.

¹³ First Nations Information Governance Centre (2010)

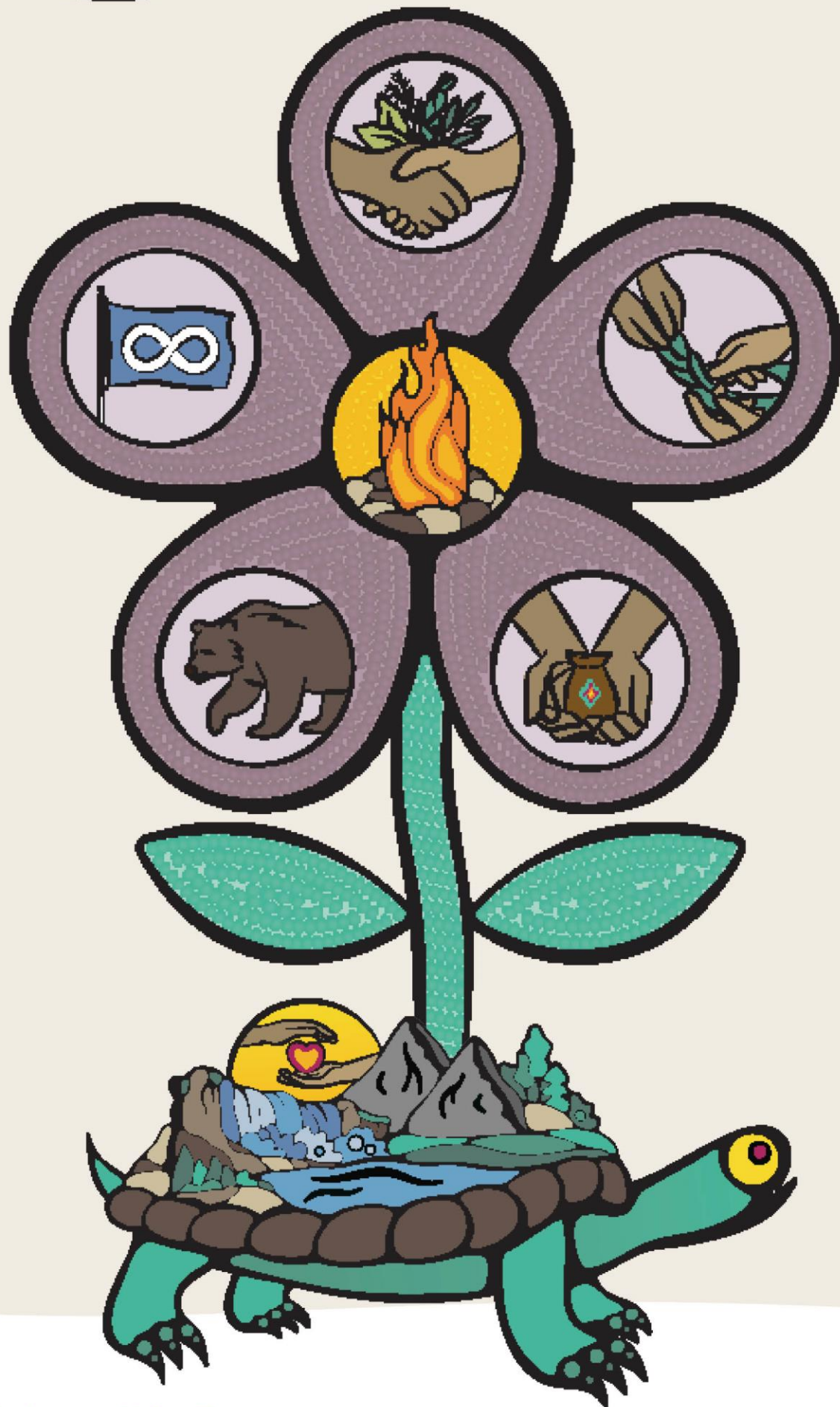
Visualizing the West Region Indigenous Health Strategy

A strategic map
to advance
Indigenous health

Indigenous Leaders Model
April 2025



Ontario Health
West



Purpose of the West Region Indigenous Health Strategy

The Ontario Health West Indigenous Health Strategy is designed to weave together priorities raised by Indigenous communities across the West Region with current government priorities and to mobilize a whole organization response and action plan to drive implementation and improvement.



Turtle Island

Turtle Island is the name given by many Indigenous Nations to what is presently described by Western society as North America. The turtle itself also carries significant meaning and varies from Nation to Nation. The idea of the turtle representing land is found throughout many Indigenous creation stories. From the turtle's back, life began.



Community

We look to community for knowledge and guidance in advancing Indigenous health and wellbeing. Believed to be derived from the Iroquoian word "Onguiaahra" which means "the strait" or "thundering waters", Niagara Falls, a very special landmark in the West region, has served as a gathering place for Indigenous communities for thousands of years. A place of deep cultural and spiritual significance, it welcomed different Nations who would gather to discuss peace, trade, and resolve conflicts..



Wholistic Health

Balancing physical, spiritual, emotional and mental aspects of health across the life span and between government and Indigenous community-level needs.



Sacred Fire

Where we gather and are connected; the heart of the strategy, centred in tradition.

Strategic Petals

Taking Relational Approaches to Advancing Indigenous Health

To build meaningful and purposeful relationships required to support Indigenous health planning and investment



1. Relationship Building with Ontario Health West Communities

- Relationship building with Ontario Health
- Relationship building with Ontario Health Teams (OHTs)
- Relationship building with health service providers (HSPs)

2. Build partnerships to walk together in a good way

3. Honour teachings, protocol and ceremonies of all Nations

4. Create individualized assessment needs with community driven feedback (workplans, review landscape, and understand unique needs)

5. Plan and establish a community visit schedule that is meaningful to both community & the Indigenous Leaders Model (ILM)

Braiding Indigenous and Western Health Systems

Collaboration that ensures Western Health Service Providers and system partners have the knowledge, history, policies, and relationships required to support Indigenous-informed, distinctions-based, culturally safer healthcare, and employment experiences for Indigenous people



1. Knowledge Translation

- Increased Indigenous Cultural Safety Training
- Recognition of traditional knowledge (incorporate traditional healing into practice i.e., smudging in hospitals, cedar water)
- Knowledge dissemination of SDoH & role it plays in Indigenous Health

2. Policy & Procedure

- Evolve Ontario Health procurement policies and other financial processes to support consideration of Indigenous cultural practices and norms
- Supporting the development of safe and accessible feedback and complaints processes

3. Systems Change

- Recognition of Indigenous histories through the adoption of cultural safety mechanisms for both clients, families, & staff
- Health Human Resources:
 - Increased recruitment, & retention strategies for skilled Indigenous workers
 - Support system wide Indigenous cultural safety through mandatory Indigenous reporting for Service Accountability Agreements
 - Policies/Procedures that support cultural safety & Implementation of inherent rights as Indigenous Peoples (access to traditional medicines & practice of it)



Investing in Indigenous Health in Indigenous Hands

Indigenous health service providers have the ability to provide wholistic, integrated & barrier free Indigenous-led care to those who require it



1. Develop an Indigenous health funding allocation model that includes traditional healing, administration, transportation, data support, and navigation

- Work with individual First Nations to understand gaps in care models and develop a costing analysis for each

2. Develop an Indigenous health investment and impact scorecard to track and report on investments year over year

3. Implement less intensive but more meaningful reporting mechanisms for those within Ontario Health control

4. Grow Indigenous health systems leaders through mentorship and internship opportunities

5. Increase access to evidence-based integrated Indigenous-led care models within indigenous communities to support timely and culturally safe access to:

- Primary care
- Indigenous navigators
- Community support services
- Palliative care services
- Mental health and addictions care
- Land-based healing
- Community paramedicine services
- Sustainable 2SLGBTQIA+ services
- Pediatric and youth-based Indigenous services
- Diagnostic imaging
- Emergency health evacuation responses
- Alternate Level of Care (ALC)
- Surgery

Improving Indigenous data collection, analysis, quality and governance

Ontario Health West has the capacity to ethically collect and share Indigenous health data following established Indigenous research, data collection and usage principles to support evidence-based decision making, including internal Indigenous Governance Matters processes



- 1. Support the coordinated collection and use of high quality and culturally safe Indigenous health data**
- 2. Support increased use of data governance wise practices**
- 3. Increase opportunities to fund platform and digital capacities within Indigenous health services**
- 4. Increase adoption and use of digital tools within Indigenous communities**

Advance Métis Health in the West Region

Building relationships and sharing information required to advance Métis-led health services in the West Region



- 1. Build equitable and productive relationships with Métis leaders and providers**
- 2. Understand the scope and current capacity of Métis-specific health services in the West Region**
- 3. Increase access to Métis-led care**

Looking Forward

Connecting the health system to drive improved and equitable health outcomes, experiences, and value

Improving health outcomes for Indigenous Peoples

The primary purpose of the strategy is to build a roadmap for Ontario Health West that aligns community need with organizational and government priorities and resources, with the end goal of improving health outcomes for Indigenous Peoples in Ontario Health's West Region. The strategic goals will be nested with teams throughout the Ontario Health West Region, producing a comprehensive and integrated approach to implementation. This strategic alignment between community and government priorities, along with team mandates, will provide a synergistic effect that we hope will maximize impact.

In addition to this primary purpose, the strategy has the potential to serve additional purposes:

- The West Indigenous Health Strategy can serve as an exemplar intended for replicability both provincially and within other regions
- There is a role to play in advancing access to Indigenous health in Indigenous hands through thoughtful and integrated resourcing and health systems planning
- In a time of flux and transformation, there is a distinct opportunity to provide leadership that will allow Ontario Health West's health care system to effectively emerge out of a settler-colonial context and arrive at a place of shared power and increased Indigenous autonomy
- There is an opportunity to continue to dismantle anti-Indigenous racism in the health care system via training, the implementation of policy, and the process of co-learning through robust collaboration between system partners, Indigenous health service providers, and non-Indigenous health service providers

Taken together, opportunities exist to move the needle in improving the health outcomes of Indigenous Peoples, as Ontario Health seeks to achieve its mission "to connect the health system to drive improved and equitable health outcomes, experiences and value"¹⁴.

¹⁴ Ontario Health, 2024

Indigenous Health and Wellbeing

“The fire, the water, the nature that will impact them first, being outside will impact them first, that fire takes away that blockage that humanize, when you go there to get things (fire to purify). When they feel the wind, sun, moon, that relationship is important because we can’t do this by ourselves, and the ancestors will support us as well.”

-2023/24 Gathering Participant

Indigenous Peoples often view health care more holistically, generally preferring a two-eyed seeing¹⁵ approach that includes both Western medicines together with traditional health and healing practices. Alongside primary care, acute care and other western care methods, many Indigenous Peoples view land-based approaches, traditional healing and medicine, and access to language as essential health care. This emphasis on culture has served as the bedrock for community resilience despite years of atrocities and attempted assimilation, with an estimated 75% of Indigenous Peoples surveyed having strong identity

affirmation scores for ethnic identity¹⁶. While Ontario Health West already invests in land-based and other traditional approaches, an opportunity presents the region to address how health care is viewed and funded; to reorient efforts to align funding with how Indigenous communities prefer to receive care given there is strong evidence to proceed using a two-eyed approach.

7 Generation Thinking: Fully Realizing the Goal of Indigenous Health in Indigenous Hands— A Health System for Indigenous Peoples, By Indigenous Peoples

Combining data, literature and community - Principles for an Indigenous-Led Health System

Across the world, Indigenous Peoples, Nations and communities are reclaiming their inherent right to self-determination in health care through processes of decolonialization. In some places, governments have heeded this call, and through significant partnership and planning several autonomous and semi-autonomous Indigenous health care systems have emerged, including British

¹⁵ Bartlett, C. et al., 2012

¹⁶ Firestone et al., 2023

Columbia's First Nations Health Authority¹⁷, Alaska's Nuka model of care¹⁸, Australia's Aboriginal Community Controlled Health System¹⁹, and most recently New Zealand's Māori Health Authority²⁰.

A review of extant literature related to current Indigenous-led models provided six broad themes that could serve as foundational elements to initiate the early work required to truly live out reconciliation in a health care context in Ontario, including working to address the TRC *Calls to Action*²¹.

The community has made several important recommendations, which fall under six broad themes. The engagement themes included Indigenous self-determination, knowledge sharing, 7 generation thinking, adoption of cultural safety in HHR, traditional knowledge, two-eyed seeing/two row wampum, health service providers/clinicians, system change and health monitoring, culturally appropriate care, funding (including pay equity). While some related to what can be done within the current context to help advance Indigenous health and wellbeing; many participants advocated passionately for the Province of Ontario to truly emerge out of a settler colonial state and begin taking steps towards building an autonomous Indigenous health system.

Indigenous-Led Health System Themes

Emerge out of a common settler colonial context: Canada, Australia, the United States, and New Zealand share similar settler colonial histories and relationships between governments and Indigenous Peoples including policy attempts to assimilate Indigenous Peoples which shape ongoing experiences of anti-Indigenous racism and discrimination within health care contexts (*Webb, et al, 2022*). An opportunity is present for Ontario to chart a similar path, using blueprints that already exist and localized to Ontario's context. Health leaders who were engaged spoke at length about the need to emerge out of colonial power structures and into truly self-determined systems and structures.

Assertion of a rights-based movement: Indigenous Peoples across these contexts are commonly advancing collective rights to self-determination in health care systems. Many contexts draw on the United Nations Declaration of Indigenous Rights Article 26 that "asserts Indigenous Peoples rights to traditional medicines and to maintain their health practices...and right to access, without discrimination, all social and health services"²². Within this global rights-based movement among Indigenous communities is the pursuing of rights to actively engage in health reform, participate in ongoing governance and authority in decision-making processes related to Indigenous health care²³. As part of this rationale toward Indigenous self-determination in health is evidence that demonstrates that by increasing Indigenous Peoples' abilities to exercise greater control over health leads to improved Indigenous health outcomes²⁴. Health leaders engaged spoke often of getting back to the Principles of the Gusweñta or Two-Row Wampum, which enshrined the rights on Haudenosaunee people to have self-determination and to live in equal power in peace and friendship forever. Those engaged for the strategy reminded us that the Gusweñta treaty and similar ones are still active today.

¹⁷ <https://www.fnha.ca/>

¹⁸ <https://scfnuka.com/>

¹⁹ <https://www.naccho.org.au/>

²⁰ <https://www.teakawhaiora.nz/>

²¹ National Centre for Truth and Reconciliation, 2025

²² UNDRIP, 2007

²³ Poirier et al, 2022

²⁴ Salinsky, E., 2017

Community-based and informed policy approaches support and sustain self-determination²⁵: Here, the building of a highly relational system with the free flow of information between systems, service providers and community is a requirement. Providing the opportunity to Indigenous-led systems will allow Indigenous worldview to permeate policy and practice, which would lead to systems of care and practice policies that better care for Indigenous Peoples, and workplaces and workplace policy that better care for Indigenous employees.

Wholistic approaches to health and wellbeing: Across Indigenous Nations around the world, there is general agreement that Indigenous health care needs must be broader and more culturally grounded including holistic ways of understanding health. In 2014, the World Health Organization (WHO) launched a broad-based strategy for bringing together traditional and Indigenous medical perspectives into health care approaches²⁶. For example, British Columbia's First Nations Health Authority defines wellness as: *"a strengths-based and wholistic approach to achieving health and well-being that is identified by self-determining individuals, families, communities, Nations, and organizations."* (British Columbia's First Nation Health Authority. 2025). Those engaged reinforced this message many times over. Leaders spoke to a version of health and wellness care that places equal value in western and traditional approaches to care, underpinned by robust inclusion of traditional healing, land-based approaches, and intentional efforts to address the social determinants of health.

Anti-Indigenous racism and cultural safety: Many Indigenous health care approaches recognize that reform processes must proactively educate and train the dominant system and workers in Indigenous cultural safety. This development work is not just about educating individuals, but also proactively dismantling colonial structures and systems to be more responsive to Indigenous rights, cultures and community needs²⁷. Those engaged spoke to the need to educate practitioners to ensure culturally safe care, but also the need to train human resources staff and organizational leaders around providing culturally safe employment experiences for Indigenous employees.

Ongoing administrative barriers and limited funding: These barriers persist in many Indigenous health care systems including limited time and capacity for engaging Indigenous Peoples in health planning and ongoing instable funding²⁸. Those engaged spoke to implementing a 7 generations perspective, where we make decisions aimed at keeping future generations well, including sustainable funding, enough funding, and more robust inclusion of preventative care, including social determinants such as food sovereignty, housing, and environmental stewardship.

Due to the complex interplay of funding agreements, legislation, and mandates, any work in this area would need to be highly planned out, iterative, and require a broad collaborative of leaders, organizations, and communities to initiate discussions on a path forward. However, the fact that other entities, including a Canadian province that has already completed this work, provides Ontario the opportunity to borrow the work of other jurisdictions and apply it to the current context in Ontario. Additionally, there exists a unique opportunity right now to align Provincial efforts at increasing autonomy with National efforts, as Indigenous Services Canada is currently in the process of transforming the federally funded health system for First Nations people with a lens on building

²⁵ Webb et al, 2022

²⁶ WHO, 2014

²⁷ Webb et al., 2022

²⁸ Webb et al., 2022

more autonomy to the Nations. It was evident in our conversations this work is the next logical step in the work of reconciliation.

Next Steps

Under the leadership of the Indigenous Health Strategy Leadership Circle, the ILM team will work with all teams within Ontario Health West, and in some cases with Provincial and other partners, to develop operational plans designed to mobilize a whole organization response directed by community-level guidance. The annual West Region Indigenous Health Leaders Gathering will provide an opportunity to update partners on the progress of the strategy. This approach to the work will fully unlock the immense potential of Ontario Health West to address Indigenous Health in a way that is comprehensive, collaborative, and makes use of the full bundle of gifts the staff and organization carry.

“Indigenous ways of knowing, we do best with having conversation. If we bring back numbers, it will create trust issues with the community – spotlight presentations are more meaningful”

“Show progress with storytelling – you can’t put this work into numbers, it would be disingenuous and doesn’t align with Indigenous ways of knowing”

-Participants feedback, 2nd annual West Region Indigenous Health Leaders gathering, 2024

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Appendix A

Strategic Petals, Goals, and Pathways

Petal	Taking Relational Approaches to Advancing Indigenous Health
Goal	To build meaningful and purposeful relationships required to support Indigenous health planning and investment
Pathway	<ol style="list-style-type: none"> 1. Relationship Building with Ontario Health West Communities <ul style="list-style-type: none"> • Relationship building with Ontario Health • Relationship building with Ontario Health Teams (OHTs) • Relationship building with health service providers (HSPs) 2. Build partnerships to walk together in a good way <ul style="list-style-type: none"> • Honour teachings, protocol and ceremonies of all Nations 3. Create individualized assessment needs with community driven feedback (workplans, review landscape, and understand unique needs) 4. Plan and establish a community visit schedule that is meaningful to both community & ILM
Petal	Braiding Indigenous and Western Health Systems
Goal	Collaboration that ensures Western Health Service Providers and system partners have the knowledge, history, policies, and relationships required to support Indigenous-informed, distinctions-based, culturally safer health care, and employment experiences for Indigenous Peoples
Pathway	<ol style="list-style-type: none"> 1. Knowledge Translation <ul style="list-style-type: none"> • Increased Indigenous cultural safety Training • Increased Efforts on Building cultural safety into Educational Curriculum • Recognition of traditional knowledge (incorporate traditional healing into practice i.e., smudging in hospitals, cedar water) <ul style="list-style-type: none"> • Knowledge dissemination of SDoH & role it plays in Indigenous Health 2. Systems Change <ul style="list-style-type: none"> • Recognition of Indigenous histories through the adoption of cultural safety mechanisms for both clients, families, & staff • HHR <ul style="list-style-type: none"> ○ Increased recruitment, & retention strategies for skilled Indigenous workers ○ Support system wide Indigenous cultural safety through mandatory Indigenous reporting for Service Accountability Agreements

	<ul style="list-style-type: none"> o Policies/Procedures that support cultural safety & Implementation of inherent rights as Indigenous Peoples (access to traditional medicines & practice of it) <p>3. Policy & Procedure</p> <ul style="list-style-type: none"> • Evolve OH procurement policies and other financial processes to support consideration of Indigenous cultural practices and norms • Supporting the development of safe and accessible feedback and complaints processes
Petal	Investing in Indigenous Health in Indigenous Hands
Goal	Indigenous health service providers have the ability to provide wholistic, integrated & barrier-free Indigenous-led care to those who require it
Pathway	<ol style="list-style-type: none"> 1. Develop an Indigenous health funding allocation model that includes traditional healing, administration, transportation, data support, and navigation <ul style="list-style-type: none"> • Work with individual First Nations to understand gaps in care models and develop a costing analysis for each 2. Develop an Indigenous health investment and impact scorecard to track and report on investments year over year 3. Implement less intensive but more meaningful reporting mechanisms for those within Ontario Health control 4. Grow Indigenous health systems leaders through mentorship and internship opportunities 5. Increase access to evidence-based integrated Indigenous-led care models within Indigenous communities to support timely and culturally safe access to: <ul style="list-style-type: none"> • Primary care • Indigenous navigators • Community support services • Palliative care services • Mental health and addictions care • Land-based healing • Community paramedicine services • Sustainable 2SLGBTQIA+ services • Pediatric and youth-based Indigenous services • Diagnostic imaging • Emergency health evacuation responses • Alternate Level of Care (ALC) • Surgery • Emergency

Petal	Improving Indigenous data collection, analysis, quality and governance
Goal	Ontario Health West has the capacity to ethically collect and share Indigenous health data following established Indigenous research, data collection and usage principles to support evidence-based decision making, including internal Indigenous Governance Matters processes
Pathway	<ol style="list-style-type: none"> 1. Support the coordinated collection and use of high quality and culturally safe Indigenous health data 2. Support increased use of data governance wise practices 3. Increase opportunities to fund platform and digital capacities within Indigenous health services 4. Increase adoption and use of digital tools within Indigenous communities
Petal	Advance Métis Health in the West Region
Goal	Building relationships and sharing information required to advance Métis-led health services in the West Region
Pathway	<ol style="list-style-type: none"> 1. Build equitable and productive relationships with Métis leaders and providers 2. Understand the scope and current capacity of Métis-specific health services in the West Region 3. Increase access to Métis-determined and led care

Figure 1. Petals, Goals and Pathway of the West Region Indigenous Health Strategy

Appendix B

Health System Transformation in Ontario

Please use the following links to learn more about different elements of Ontario Health's period of transformation:

- [Ontario Health Systems Transformation: Improving health care in Ontario | ontario.ca](#)
- [Ontario Health Teams: https://www.ontario.ca/page/ontario-health-teams](https://www.ontario.ca/page/ontario-health-teams)
- [Ontario Health at Home: https://ontariohealthathome.ca/](https://ontariohealthathome.ca/)
- [Transition from LHINs to Ontario Health: https://news.ontario.ca/en/release/54585/ontario-taking-next-steps-to-integrate-health-care-system](https://news.ontario.ca/en/release/54585/ontario-taking-next-steps-to-integrate-health-care-system)
- [Ontario Taking Next Steps to Integrate Health Care System | Ontario Newsroom](#)

Ontario Health's First Nations, Inuit, Métis, and Urban Indigenous Health Framework

The foundation of the West Region Indigenous Health Strategy

The First Nations, Inuit, Métis, and urban Indigenous (FNIMUI) Framework developed by Ontario Health Indigenous Health Unit (IHU) together with FNIMUI partners launched in 2024²⁹.

The Framework is intended to provide a foundation upon which discussions with FNIMUI partners and other health system partners regarding the development of longer-term health plans and strategies can take place. Please explore the Framework here: [Indigenous Health Framework – Ontario Health](#)

The five areas of focus are:

- Build and Sustain Productive Relationships
- Equitable Access to Culturally Safe Care
- Build and Enhance Capacity and Education
- Measure, Monitor and Evaluate
- Coordinate Regional and Provincial Programs and Services

²⁹ *First Nation, Inuit, Métis, and urban Indigenous Health Framework.*, Ontario Health., 2024.



First Nations, Inuit, Métis and Urban Indigenous Health Framework

There is an urgent need for action to address the health outcomes and access to health care among Indigenous peoples in Ontario, and we know this can only be done effectively in partnership with First Nations, Inuit, Métis and urban Indigenous leaders, organizations, communities and nations. This Framework outlines the commitment Ontario Health is making to First Nations, Inuit, Métis and urban Indigenous partners and to Ontario to initiate this work in partnership.

Vision

To provide a platform to build upon in the discussions and development with First Nations, Inuit, Métis and urban Indigenous partners of a First Nations, Inuit, Métis and Urban Indigenous Health Plan.

Areas of Focus



Build and Sustain Productive Relationships

Building and sustaining productive partnerships and continuing to honour established relationships with First Nations, Inuit, Métis and urban Indigenous leaders, communities, organizations and nations based on trust, accountability and mutual respect.



Equitable Access to Culturally Safe Care

Strengthening access, quality, and safety of health services and the health system with and for First Nations, Inuit, Métis and urban Indigenous people, families, communities and nations.



Build and Enhance Capacity and Education

Building and enhancing the capacity of First Nations, Inuit, Métis and urban Indigenous partners, health system partners and Ontario Health to understand, respond to and meet First Nations, Inuit, Métis and urban Indigenous health needs and priorities.



Measure, Monitor and Evaluate

Supporting and promoting effective data collection, analysis, evaluation and governance that impact First Nations, Inuit, Métis and urban Indigenous people, communities, organizations and nations and collaboratively address their priorities.



Coordinate Regional and Provincial Programs and Services

Coordinating, communicating and aligning programs and services to best serve First Nations, Inuit, Métis and urban Indigenous people, communities, organizations and nations across the health system in partnership with First Nations, Inuit, Métis and urban Indigenous partners.

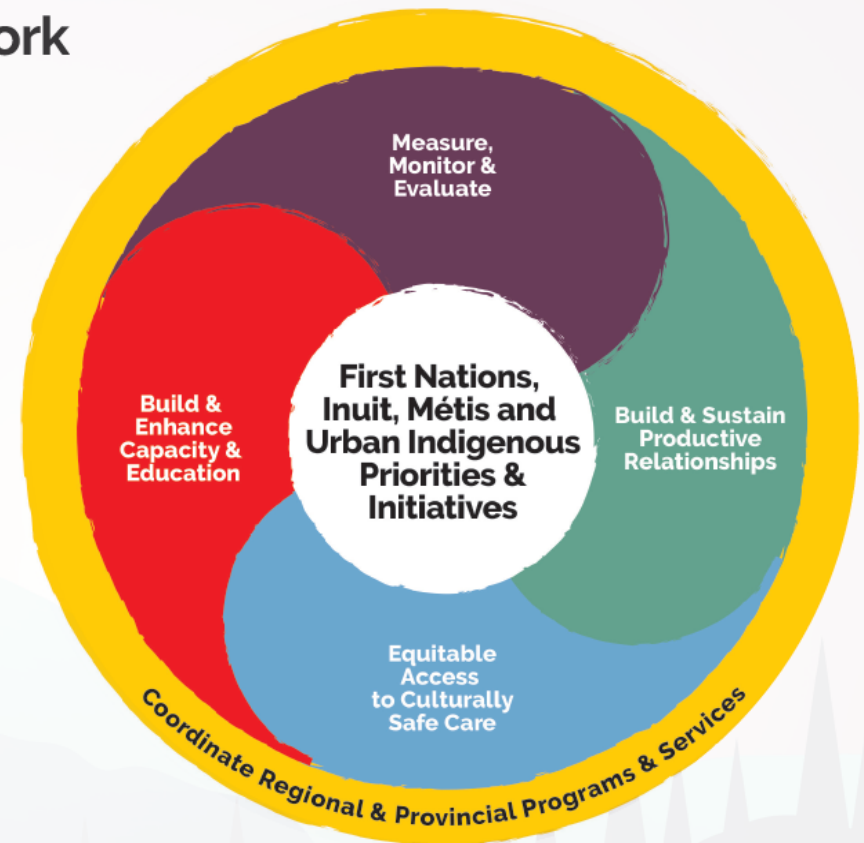


Figure 2. First Nations, Inuit, Métis and Urban Indigenous Health Framework

The Indigenous Leaders Model

A comprehensive approach to Indigenous Health in the West Region

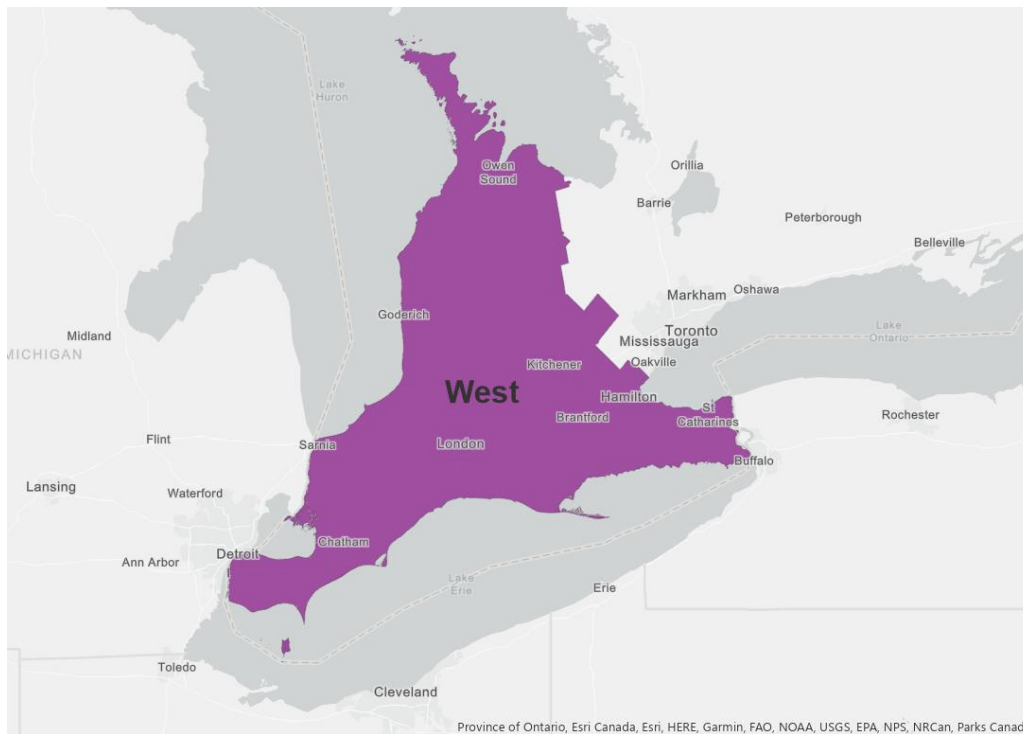


Figure 3. Ontario Health West regional map

The outcome of robust regional engagement with Indigenous health leaders resulted in the Indigenous Leaders Model (ILM). The ILM is an Indigenous-led team, within Ontario Health West's region, intended to work collaboratively with community and with Ontario Health West to advance Indigenous Health priorities.

Several priorities were raised by Indigenous health leadership which have evolved to become the core mandate of the team:

- Initiate and maintain a relational approach to health systems work with Indigenous communities and organizations, including regular presence in community.
- Create and action an Indigenous health strategy.
- Codesign and implement accountability mechanisms to increase transparency, collaboration, and continued investment in Indigenous health.
- Mobilize a West Region approach to comprehensively address Indigenous Health.

- Make decisions with ‘Indigenous Health in Indigenous Hands’ in mind.
- Continue the work of dismantling anti-Indigenous racism in health care.
- Work to improve the system's ability to measure Indigenous health including Indigenous health outcomes.

Community consultations also yielded recommendations related to staffing for the ILM team. Recommendations included that team-based approaches were preferred as opposed to one single decision maker, emphasizing a need for additional roles to include director level positions with lived experience and connections to Indigenous communities. Director level roles were requested to encompass: a policy role, a strategy role, and a data role. In addition to these three roles, helpers are necessary. There is also a lead, a specialist, and an administrative assistant. The model has been in place since May 2023, and tangible results have already been observed, including several key investments that have increased access to mental health and addictions supports, primary care, diabetes supports, assisted living, and investments in community based Indigenous cultural safety training.

Appendix C

West Region Indigenous Health Strategy Methodology

Mixed Methods Data Collection and Analysis

A mixed methods design was carried out through the lens of Indigenous research approaches to adapt culturally safer practices using qualitative and quantitative methods and a literature review. This supported a better understanding of the story behind available statistics, and an opportunity to build on successful strategies to improve Indigenous health outcomes. The data sets were combined and served as the foundation for creating the strategy.

Quantitative Analysis

A quantitative analysis of the demographic and population health data for Indigenous Peoples residing in Ontario Health's West Region was completed. Principal data sources included the Canada Census and Our Health Counts London data sets, as well as internal data from Ontario Health West's Performance, Accountability, Funding and Allocation (PAFA) team. This information was analyzed to assess areas within OH West where greater resources are needed.

An intersectional approach was taken to create maps with data available from Statistics Canada³⁰ and the PAFA team in Ontario Health West. The Equity, Inclusion, Diversity & Anti-Racism (EIDA-R) team supported with consultations, a weighted risk analysis based on available statistics for social determinants of health, and the development of the maps to create a visual representation of areas within the Ontario Health West Region where attention is needed to create equitable health care opportunities.

Literature Review

An Indigenous consultant was procured to complete a literature review of existing work that focused on autonomous or semi-autonomous Indigenous health systems through the lens of strengths, weaknesses, opportunities and threats. The results were weaved into the strategy.

Qualitative Analysis: Co-Designing the Strategy with Community

³⁰ <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=Brant%20County%20Health%20Unit&DGUIDlist=2022A00073527&GENDERlist=1,2,3&STATISTIClist=1,4&HEADERlist=0#Note39>

<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/ipp-ppa/details/page.cfm?Lang=E&SearchText=Bruce&DGUID=2021A00033541&GENDER=1&AGE=1&RESIDENCE=1&HP=0&HH=0>

Ontario Health West ILM team created a two-day, in-person event that aimed to capture Indigenous voices and representation from West Region communities. The ideas, stories, knowledge, and wisdom became the seeds for the strategy to grow. Table discussions were the primary data collection source; however, participants were also invited to write ideas on cards and submit them.

What we Asked

In relation to each of the five areas of Ontario Health’s FNIMUI Framework, table discussion participants were asked:

- 1) What are the current strengths?
- 2) What are the current weaknesses?
- 3) What are the current opportunities?
- 4) What are the current threats?
- 5) Where should Ontario Health focus their efforts over the next three to five years?

Day One

Table Discussion topics:

- Building and sustaining professional relations
- Equitable access to culturally safe care
- Measure, monitor, and evaluate
- Build and enhance capacity and education
- Programs and services

Day Two

Table Discussion topics:

- In Nation/Community
- Off Nation/Urban or Rural
- Future State

Participant Demographics

Although not all communities in the Ontario Health West region are represented through engagements (listed below), all communities were invited to participate in engagement sessions.



Figure 4. 2nd Annual Indigenous Health Leaders Gathering, 2024

First Nations

Saugeen First Nation, Caldwell First Nation, Six Nations of the Grand River, Oneida Nation of the Thames, Aamjiwnaang First Nation, Walpole Island First Nation, Kettle and Stony Point First Nation, Chippewas of Nawash Unceded First Nation, Chippewas of the Thames First Nation, Munsee-Delaware Nation

Indigenous Organizations and Services Represented

Southern First Nation Secretariat, Fort Erie Native Friendship Centre, London Health Sciences Centre, Kitchener Waterloo Urban Native Wigwam Project – Housing, Chatham Kent Health Alliance, Niagara Chapter of Native Women, Anishnabeg Outreach, Middlesex London Ontario Health Team, De dwa da dehs nye>s Aboriginal Health Centre, Erie Shores Health Centre, London District Chiefs Council First Nation Health Policy, Windsor Regional Hospital, Southwest Ontario, Aboriginal Health Access Centre, Chatham-Kent Community Health Centre, Indigenous Diabetes Health Circle, Correctional Service of Canada, Ohsweken Six Nations Health Services, Qualia Counselling, Grandmother’s Voice, Bluewater Health, Chippewas of the Thames First Nation Health Centre, Six Nations Health Services, Healing of the Seven Generations Kitchener, Haudenosaunee Health, Niagara Health, Atlohsa Family Healing Centre, Ontario Federation of Indigenous Friendship Centres, Waterloo Region

Focus Groups

Elders/Healers, 2SLGBTQIA+ (two-spirited), Indigenous Peoples with Lived Experience, Indigenous Youth, Indigenous Navigators, Indigenous Mental Health Providers, MNO Staff, Métis Citizens, Indigenous Nurses, Indigenous Primary Care Providers



Figure 5. West Region Indigenous Health Leaders Gathering, 2023

In addition to the two-day gathering, there was a series of on-line focus groups, an in-person interview, phone interview and online 1:1 interviews. The primary reason for the focus groups was to gather knowledge in a good way from front-line workers, community members, and Indigenous Peoples with lived experience, outside of the table-discussion setting. The groups varied according to several factors, which generated 12 cohorts of participants.

Thematic Analysis

The engagement data was coded and themed for interpretation with Indigenous-led perspectives and understandings, which resulted in the five strategic petals and associated action items.

Internal Engagements

All Ontario Health West teams were engaged via a series of virtual engagement sessions. Each team had an opportunity to review the draft strategy and shape it from the perspective of their team. These engagements provided an opportunity to synergize the strategy with their current work, with the idea of building a sense of collective ownership for when implementation begins. To ensure a Provincial lens was included, an engagement was held at Ontario Health's Provincial Indigenous Leads Network (PILN), and feedback was sought through Ontario Health's Indigenous Health Unit and the Health Equity Executive Committee.

Coming Full Circle with Community

Autumn of 2024 saw the ILM team bring participants back together for an in-person gathering to present the draft strategy for community validation. Here, participants were able to review the work and add any final ideas to the strategy prior to finalization.

Accountability

In discussions during the autumn 2024 ILM annual gathering, community made it clear that for them, accountability is more about staying connected and being relationally accountable rather than providing an annual report. It was determined at the annual gathering, moving forward, Indigenous health leaders will have an opportunity to engage with the ILM team and Ontario Health West teams while reviewing data, achievements, progress, and any potential barriers as the primary method of accountability through future gatherings. Participants of the autumn 2024 gathering found value in

the attendance of people leaders from a variety of teams within Ontario Health West as a part of the organization's relational accountability.

Limitations and Considerations

Feedback from Indigenous health leaders attending the 2nd Annual Gathering indicated that front line staff and other cohorts needed to be included, however not all health care fields were able to connect for engagements during the timeframe. Additionally, some focus group cohorts had lower numbers, which could impact the completeness of the data. It should also be noted that knowledge is subjective to where an individual is on their journey, and how data was interpreted is a limitation itself with numerous coders participating in various parts throughout the thematic process.

Appendix D

Indigenous Demographics in the West Region

Note on Data Quality

Indigenous demographic and health data is often inaccurate, most often resulting in Indigenous Peoples being undercounted or not always visible as is the case with census data and with health outcome data¹⁶. This makes evidence-based systems planning challenging, perpetuates inequities in funding distribution, and reinforces the need to be engaged deeply with community to supplement available quantitative data with qualitative data derived from community.

Indigenous Population in the West Region

The Ontario Health West Region is home to over 104,000 people who identify as Indigenous (2.6% of the population), with a growth rate that is double that of non-Indigenous people³¹. Indigenous Peoples are also younger than other Ontarians, with 42% of Indigenous Peoples being under age 25 versus 30% of non-Indigenous people ([Aboriginal Peoples: Fact Sheet for Ontario](#)). Statistics Canada estimates the median projected Indigenous population between the ages of 25-64 in the next ten years to be 52% with a continued trend of a younger population than non-Indigenous³². This rapid population growth emphasizes a need to increase provincial efforts that will create sustainable access and uptake of culturally safer care for Indigenous populations. Additionally, only 31.6% of First Nations people now live on a First Nation³³, marking an important migration trend as more Indigenous Peoples move into urban areas which will also require consideration.

Indigenous Communities and Organizations

Ontario Health West is hosted by 12 First Nations, many large urban populations, and over 50 Indigenous health and social care organizations.

First Nation Communities

The West Region is fortunate to walk together with the following ceded and unceded First Nation communities:

- Aamjiwnaang First Nation
- Bkejwanong Unceded Territory (Walpole Island First Nation)

³¹ Statistics Canada (2021)

³² Statistics Canada (2021)

³³ Statistics Canada (2022) Retrieved from: <https://www150.statcan.gc.ca/n1/daily-quotidien/220921/mc-a001-eng.htm>

- Caldwell First Nation
- Chippewas of Kettle & Stony Point First Nation
- Chippewas of the Thames First Nation
- Eelünaapéewi Lahkéewiit (Delaware Nation at Moraviantown)
- Mississaugas of the Credit First Nation
- Munsee-Delaware Nation
- Neyaashiinigmiing (Chippewas of Nawash Unceded First Nation)
- Oneida Nation of the Thames
- Saugeen First Nation
- Six Nations of the Grand River Territory

Urban Populations

Ontario Health West is also hosted by large urban Indigenous populations in:

- Owen Sound (Grey-Bruce)
- London-Middlesex
- Windsor-Essex
- Chatham-Kent
- Sarnia-Lambton
- Hamilton-Brant
- Kitchener/Waterloo (Waterloo Region)
- Niagara Falls (Haldiman-Norfolk)

Ontario Health West is hosted by over 50 Indigenous health and social care organizations or services, including:

- 8 Friendship Centres
- 3 Indigenous Primary Health Care Organizations (IPHCO)- formerly known as AHACs
- 2 Indigenous Long-Term Care Homes
- 2 Indigenous-led treatment centres

- 8 Hospitals with Indigenous Navigators (38 total hospitals in Ontario Health West)
- 1 Ontario Health-funded Indigenous Hospice program
- 5 Métis Nation of Ontario Métis Councils
- 1 Indigenous Family Health Team

Currently, Ontario Health West funds 19 Indigenous health organizations, or 4% of the total number of organizations funded. Please contact the ILM mailbox if any Indigenous organizations may have been missed: OH-West-ILM@Ontariohealth.ca.

Our Health Counts - A Comprehensive Picture of Indigenous Health in London, Ontario

While there is a lack of high-quality regional Indigenous population health data, the *Our Health Counts London*³⁴ research provided London, ON with its first high quality population health data set for Indigenous Peoples in the city, with over 750 Indigenous Peoples surveyed. The research was Indigenous-led to ethically collect and analyze crucial information on health outcomes, service preferences, current gaps and pressures in the care Indigenous Peoples currently receive. Results painted a devastating picture of the interactions between Indigenous Londoners and the social determinants of health. The data speaks to a pressing need to better integrate social determinants of health into how health care is viewed and funded. Data included in Figure 3 has been supported through the generous data sharing from Southern Ontario Aboriginal Health Access Centre (SOAHAC) who provided the ILM team access to baseline urban Indigenous health data.

Figure 6. Infographic, The Need for Action: A Picture of Indigenous Health in the West Region (pg. 42,43)

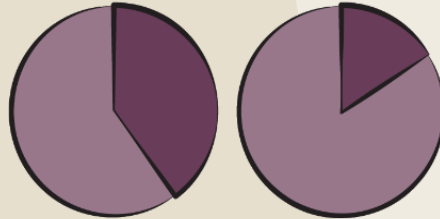
³⁴ Well Living House. 2012-2025. Our Health Counts. Retrieved from: <http://www.welllivinghouse.com/what-we-do/projects/our-health-counts/>

The Need for Action: A Picture of Indigenous Health in the West Region

Health Care

40%

AHAC population compared to **16%** of the Ontario population require **higher health care overall.**



9 in 10

Indigenous women, trans, and other 15-44 years would very likely or likely access services at an **Indigenous birth centre** in London if it was available.

Indigenous clients seen, on average, require

30-50% more

primary care compared to the average Ontarian.



3 in 5

Two-Spirit People have **harmed themselves** on purpose.



67%

of Indigenous adults said **experiences of racism** from

health care professionals prevented, stopped or delayed them from returning to health services.



62%

of Indigenous adults used **traditional medicines** to maintain health and wellbeing.

In London:

51%

of Indigenous adults reported having **one or more chronic condition.**

66%

of birth parents **breastfed their most recent child exclusively** for 6 months or more compared to 25% of mothers in Ontario.



Social Determinants of Health

90%

of Indigenous adults in London fell below the before-tax low-income cut-off, and **95% of people with a mental health diagnosis live below the low-income cut-off.**



At least 72%

of the Indigenous population in Ontario live in **urban areas.**

1 in 3

Indigenous adults in London have had a close **friend or family member die as a result of violence** caused by another person.

8 in 10

Indigenous adults in London feel a **strong connection to the land** and Mother Earth all, most or some of the time.



Over 1/3

of Indigenous adults **gave up key needs** (e.g. groceries, transportation) to meet shelter/housing related costs, at least once a month.



20%

of Indigenous adults in London indicated that they and others in their household sometimes or often **did not have enough to eat.**



95%

of parents/guardians of Indigenous children believe that it is very important or somewhat important for **traditional ceremonies** to be part of their child's life.

54%

of Indigenous adults aged 25-64 years in London **completed high school**, compared to the general Ontario population (90%).

72%

of those who had a psychological and/or mental health diagnosis said that their condition(s) **limited the amount or kinds of activities** that they could do.



Mapping

Maps have been created for visual representation of service needs and priority areas for system planning. Social determinants of health were weighted to indicate census divisions where existing data demonstrates an estimated prioritization for culturally safer health care services (Figure 4). The landscape of Service Accountability Agreements demonstrates population densities and the proximity to sustainable culturally safer care (Figure 5). Please contact the Indigenous Leaders Model Team for more information on how these statistics were used or how the risk scores were developed.

Social Determinants of Health Intersectionality Weighted Risk Assessment, West Region

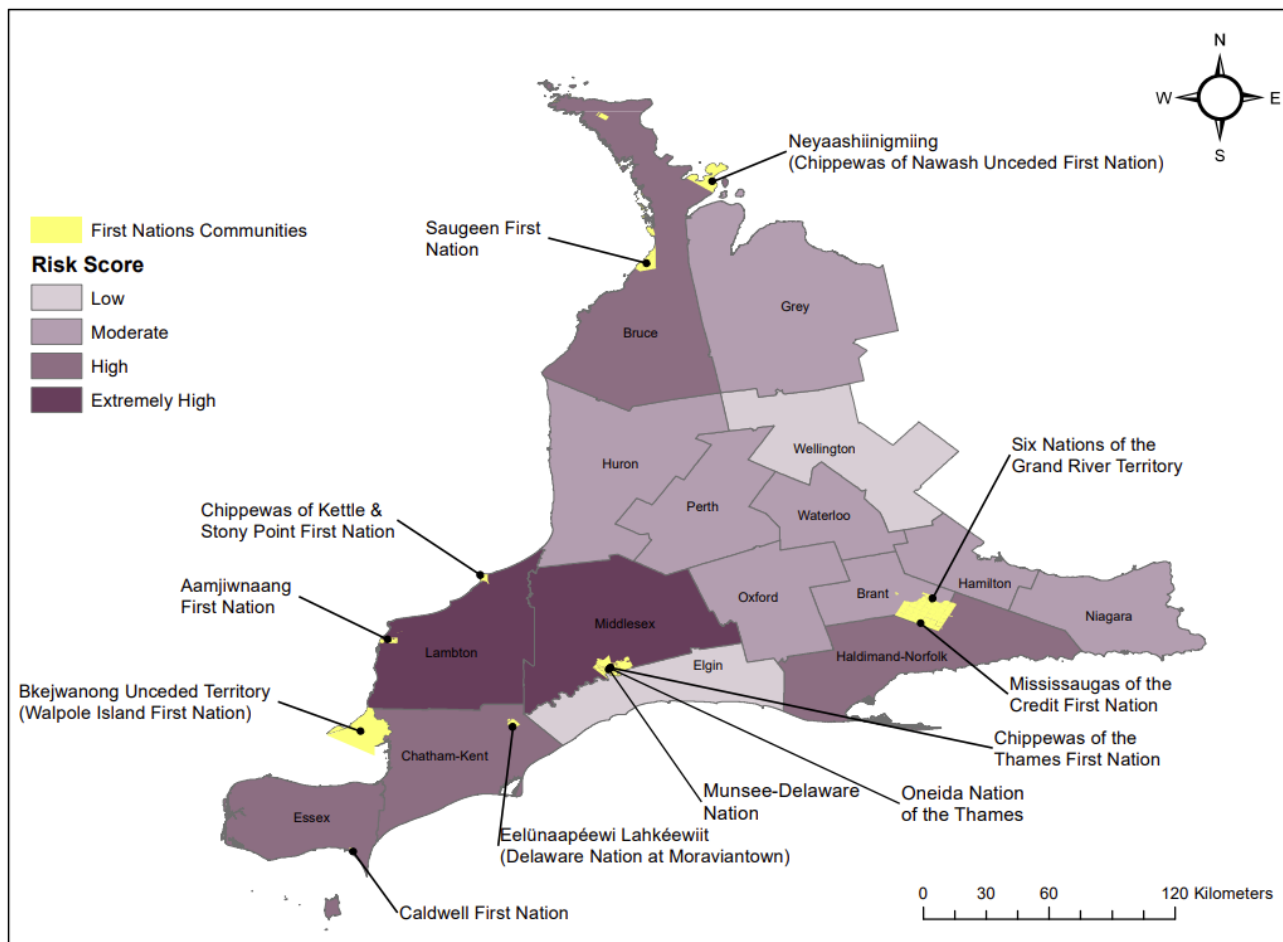


Figure 7. Social Determinants of Health Intersectionality

Proportion of Indigenous Population by Census Division by Proximity to Sustainably Funded Indigenous Health Services, West Region

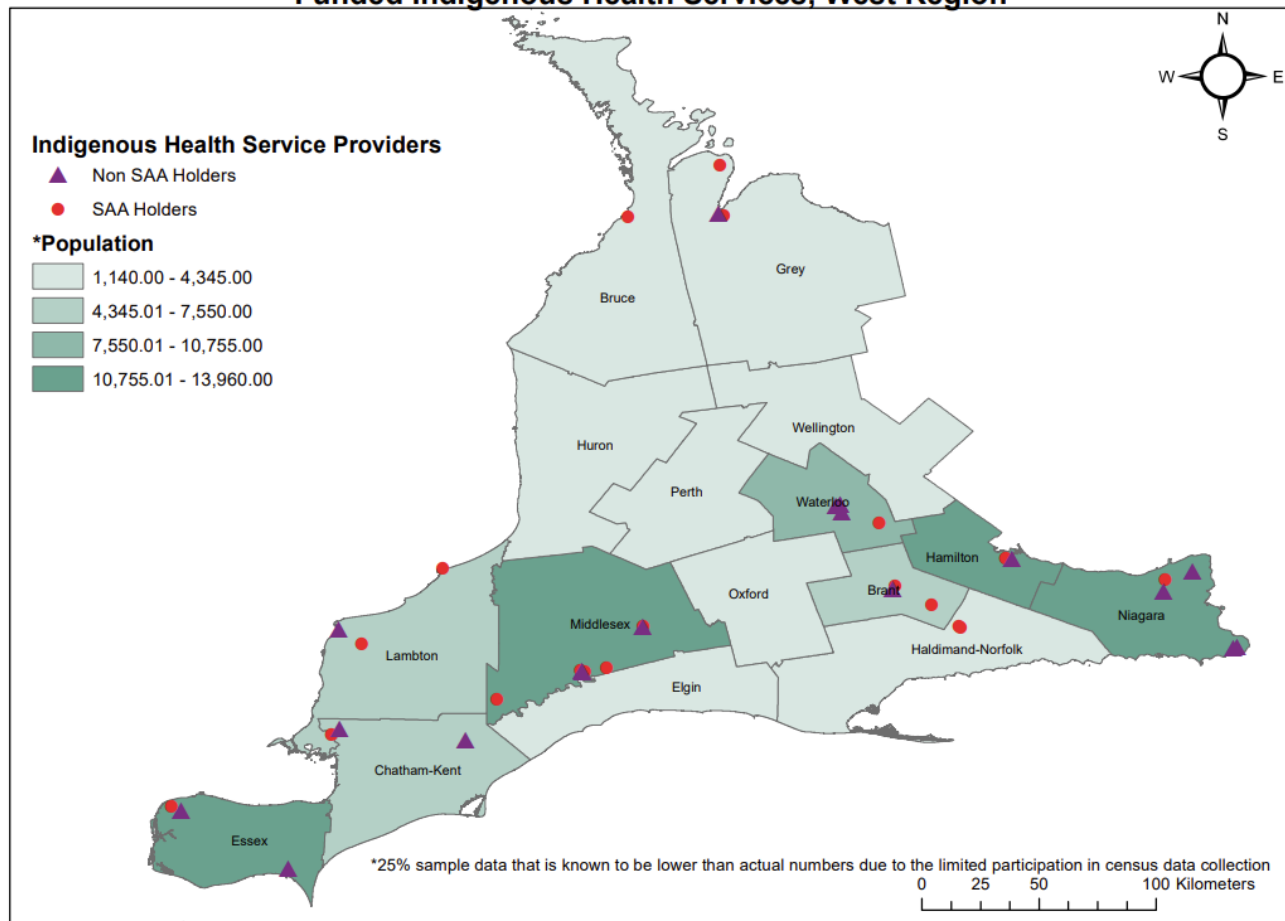


Figure 8. Service Accountability Agreement Landscape for Sustainable Indigenous Health Care Funding

Appendix E

Glossary of Terminology

Abbreviation	Full Term	Notes
2SLGBTQIA+	Two-Spirit, lesbian, gay, bisexual, transgender, queer (or questioning), intersex, asexual, and (+) other sexual identities such as pansexual	
AHAC	Aboriginal Health Access Centres	Now referred to Indigenous Primary Health Care Organization (IPHCO)
CHC	Community Health Centre	
EIDAR	Equity, Inclusion, Diversity, and Anti-Racism	Teams within Ontario Health at the provincial and regional levels
HCCSS	Home and Community Care Support Services	Now amalgamated with Ontario Health and referred to as Ontario Health atHome
HSP	Health Service Provider	
IHPC	Indigenous Health Planning Committee	
IHU	Indigenous Health Unit	Formerly known as the Indigenous Health Equity Coordination (IHEC) and Indigenous Cancer Care Unit (ICCU)
IPHCO	Indigenous Primary Health Care Organization	Formerly known as AHAC (Aboriginal Health Access Centre)

Abbreviation	Full Term	Notes
ILM	Indigenous Leaders Model	See Appendix B for more information, or contact the team at OH-West-ILM@Ontariohealth.ca
	Knowledge Sharing	Local and indigenous knowledge refers to the understandings, skills and philosophies developed by societies with long histories of interaction with their natural surroundings. For rural and Indigenous Peoples, local knowledge informs decision-making about fundamental aspects of day-to-day life.
LHIN	Local Health Integrated Network	Now Ontario Health
LHSIA	Local Health Systems Integration Act	
MNO	Métis Nation of Ontario	
OCAP	Ownership, Control, Access, and Possession	The First Nations principles of ownership, control, access, and possession – more commonly known as OCAP
OFIFC	Ontario Federation of Indigenous Friendships Centres	
OH	Ontario Health	
OHT	Ontario Health Teams	Locally driven health teams
OHW	Ontario Health West	
ON	Ontario	
PAFA	Performance, Accountability, Funding and Allocation	
	Settler-Colonial Context	A logic and structure of displacement by settlers, using colonial rule, over an environment for replacing it and its Indigenous Peoples with settlements and the society of the settlers.
SOAHAC	Southwestern Ontario Aboriginal Health Access Centre	
SDoH	Social Determinants of Health	

Abbreviation	Full Term	Notes
	Storytelling	Storytelling is a traditional method used to teach about cultural beliefs, values, customs, rituals, history, practices, relationships, and ways of life.
	Turtle Island	Indigenous ways of knowing land referred to as North America
UNDRIP	United Nations Declaration on Indigenous Peoples	
WHO	World Health Organization	

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