

# Building Inclusive & Reciprocal Relationships with Indigenous Organizations & Communities

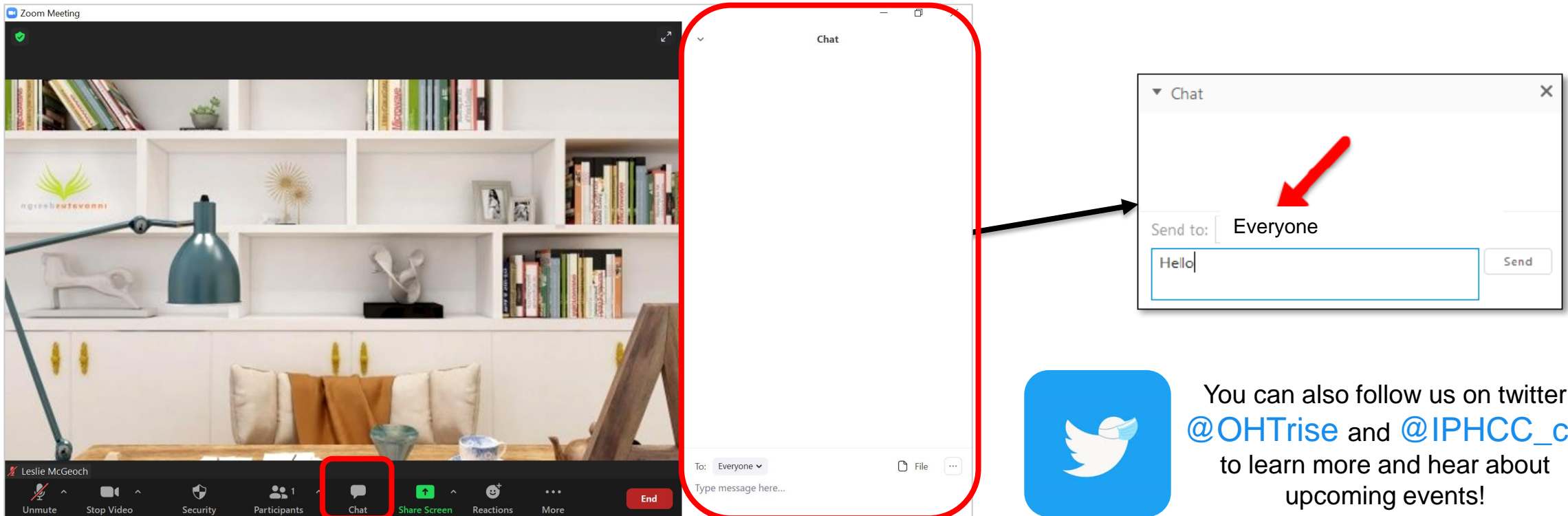


Maurice Switzer, Dr. Pamela Rose Toulouse, Brett Recollet,  
Dr. Stephanie Nixon, Dr. Paula Chidwick, Dakota Recollet



# Welcome!

In the chat box, please select “everyone” tell us your name and your organization/OHT



The image shows a Zoom meeting interface. On the left is a video feed of a room with a bookshelf and a desk. At the bottom is a toolbar with icons for Unmute, Stop Video, Security, Participants, Chat, Share Screen, Reactions, More, and End. The Chat icon is highlighted with a red box. To the right is a larger view of the chat window, also outlined in red. It shows a dropdown menu set to 'Everyone' and a text input field containing 'Hello'. A red arrow points to the 'Everyone' dropdown. Below the chat window is a Twitter logo and text: 'You can also follow us on twitter @OHTrise and @IPHCC\_ca to learn more and hear about upcoming events!'.

# Land acknowledgement

*“As we meet here today, we are in solidarity with Indigenous Peoples of Turtle Island and would like to begin by acknowledging that the land on which we gather is part of the Treaty Lands and Territory of the Mississaugas of the Credit, and before, the traditional territory of the Haudenosaunee, Huron and Wendat. We also acknowledge the many First Nations, Inuit, and Métis Peoples who call this area their home. We are grateful for the opportunity to be working on this land”.*

*We invite you to visit the link provided, to learn more about treaties.*

<https://www.ontario.ca/page/treaties>

# About the IPHCC

## MISSION

To create transformative and decolonizing change within systems, organizations and health care providers.

## VISION

A health system where Indigenous people have access to high quality, safe care, and are treated with empathy, dignity and respect.



## **Maurice Switzer, *Bnesi***

is a citizen of the Mississaugas of Alderville First Nation. He currently serves on the board of the North Bay Indigenous Friendship Centre and as a member of Nipissing University's Indigenous Council on Education. He has been a member of the Ontario Human Rights Commission, an adjunct professor of Communications and Indigenous Studies on the Laurentian University campus, and the publisher of three daily newspapers, including the Winnipeg Free Press.





**MIND**

**HEART**

**SPIRIT**

**BODY**

# Dakota Recollet

is a member of Wahnapiatae First Nation, an Ojibway community of the Anishnabek Nation, on the North Shores of Lake Wahnapiatae. Her family fuels her passion to work and strive for inclusivity and equity for Indigenous peoples across the healthcare system. Dakota has worked in First Nation communities and Urban Indigenous-led organizations, focusing on Health Promotion and Prevention for Indigenous peoples as well as advocacy efforts to support the enhancement of healthcare access for Indigenous peoples and communities.



# At A Glance

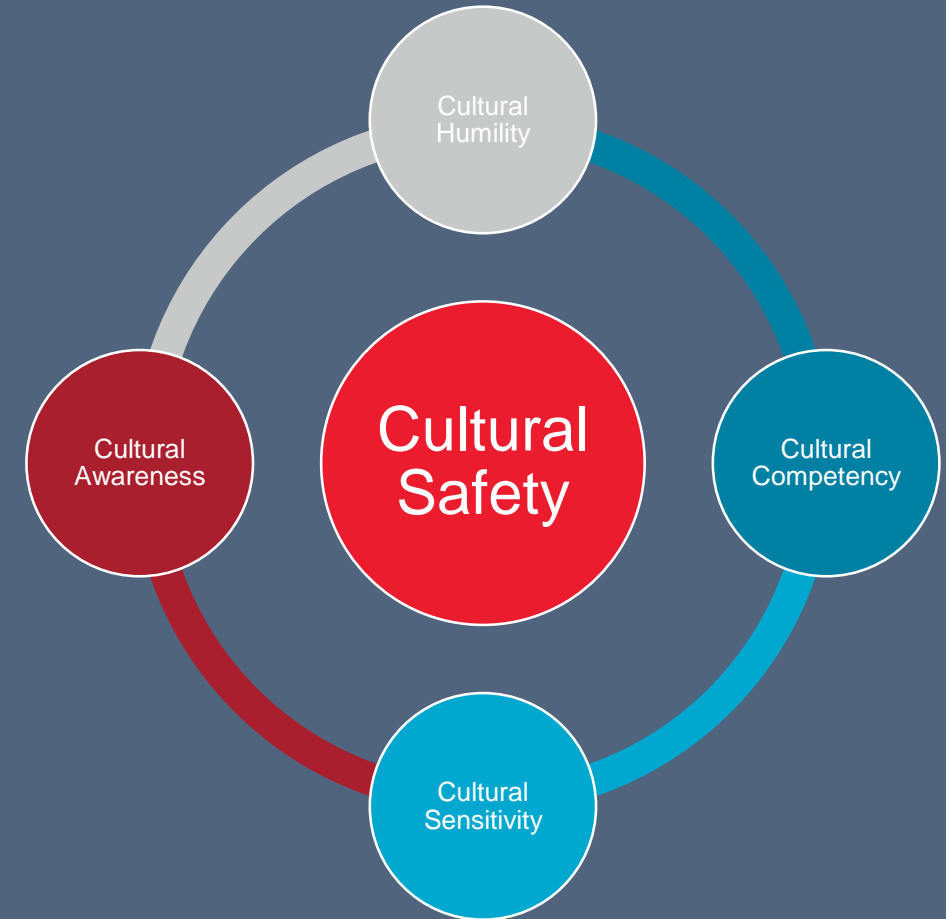
- Introductions & Opening Remarks from Panelists
- Breakout Groups for Q&A
- Summary of Discussions
- Upcoming ICS Initiatives
- Closing





# What is Cultural Competency?

- Being knowledgeable about a culture does not go far enough to address health equity issues
- Cultural competency is an approach that focuses on health care workers acquiring skills, knowledge and attitudes to work in more effective and respectful ways with Indigenous patients
- The difference: there is a spectrum that amounts to cultural safety; conceptually – it begins with cultural awareness, cultural sensitivity, cultural competency, cultural humility, and THEN cultural safety



# What is Cultural Safety?

- Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system
- "Safety" is defined by those who receive care, not by those who provide it
- Cultural safety considers how social and historical contexts, as well as structural and interpersonal power imbalances shape a person's health and health care experiences
- Health-care providers and organizations that practice cultural safety are self-reflective and self-aware about their position of power and the impact this role has on Indigenous patients.



*Art by: Lisa Boivin*

Acknowledges barriers rising from power imbalances

Priority is quality of care

Requires acknowledgement of colonial and racist history

## Cultural Safety: A Lifelong Process

Ongoing reflexivity

System & organization wide process

Flagging ones' own biases and assumptions

# Why does Cultural Safety Matter?

- Indigenous Peoples systematically experience more chronic diseases because of intergenerational trauma.
- By enabling Indigenous Peoples to define cultural safety, we are better positioned to achieve health equity.



*Art by: Lisa Boivin*

# A History that Influences Today

Legacy effects include things like:

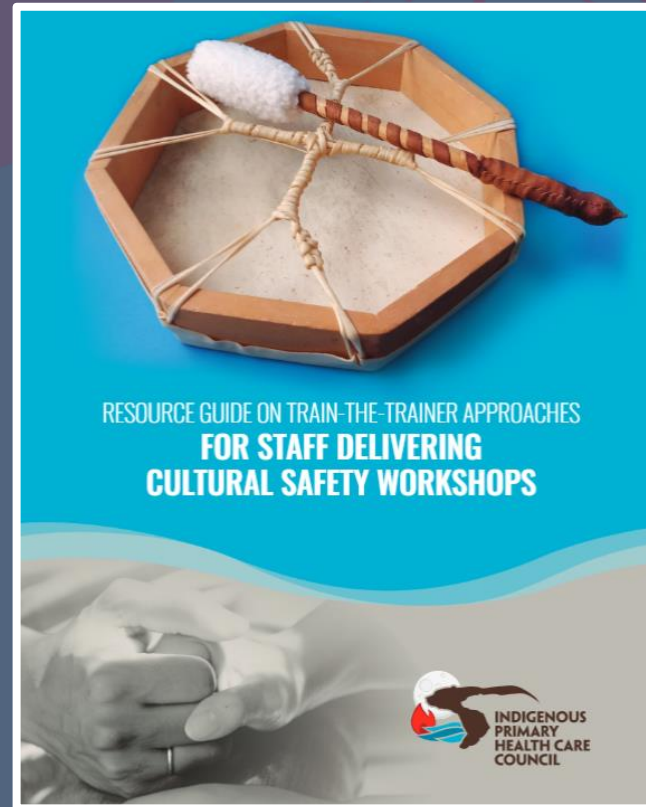
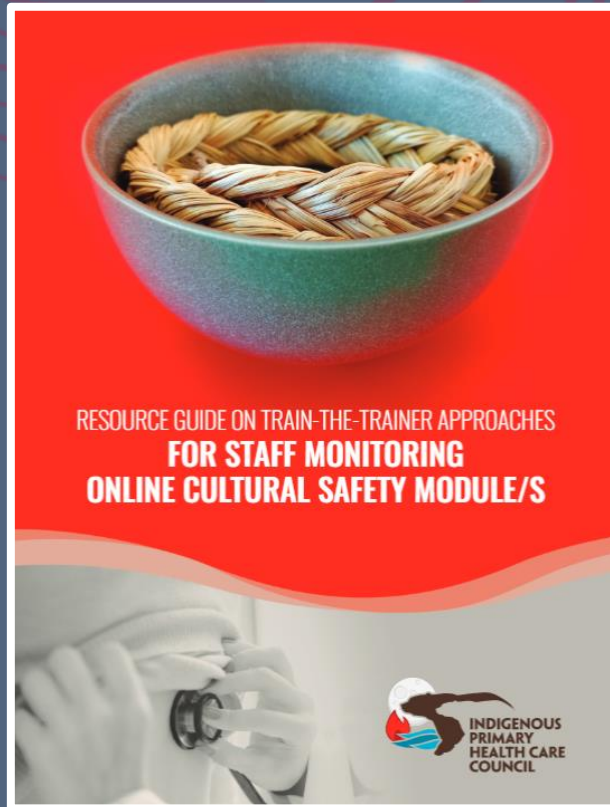
- Pre- and post-contact epidemics and a significant loss of Indigenous populations;
- The displacement from traditional territories, homelands, resources, during Doctrine of Discovery, Terra Nullius, Manifest Destiny timeframes;
- The Indian Residential Institutions, Indian Hospitals, and Day School period;
- Missing and Murdered Indigenous women, girls, men and boys;
- Continuing marginalization, discrimination, and difficulty raising morale of the people;
- The 60's scoop, the Millennial scoop, and the Child Protection System.
- And now? The recovery of Missing Children and Unmarked Graves

# Dr. Pamela Rose

## Toulouse

is a proud Anishinaabe-Kwe from Sagamok First Nation, Dr. Pam (as she is more fondly known) has 28+ years of experience across the education continuum and has researched/written over 55 resources in Indigenous education and equitable pedagogy. She is currently a Visiting Scholar in the Faculty of Education at York University. Dr. Pam is the recipient of several awards that include the Ontario Undergraduate Student Alliance Teaching Excellence Award (2021) and the Inspiring Indigenous Women of Northeastern Ontario Award (2019) among many others.





# Train the Trainer

- Practical and pragmatic wise practices for facilitators to adopt when designing and delivering online ICS education and training.
- Accompanying videos and complementary discussion guides.

# Brett Recollet

is a First Nations youth from the Whitefish River First Nations community. Brett is currently in his fourth year in Indigenous Social Work at Laurentian University. Brett has been on IPHCC's Knowledge Circle for almost a year. Brett specializes in working with Youth and Mental Health and understands the importance and value of youth and their authentic voices being brought to the table.





# The Importance of Youth and Their Voices

Youth representation in the conversation

Youth and Mental Health

- Social Service Worker Diploma
- Board of Directors Member for MHRC (Mental Health Research Canada)
- Youth Advisory Council Member for CHEO (Children's Hospital of Eastern Ontario)
- Youth Advisory Council Member for CIHR (Canadian Institute for Health Research)

# Dr. Paula Chidwick

is a white settler who provides ethics services to health care organizations throughout Ontario, across Canada and internationally. She is passionate about working with all communities in trusting partnerships towards creating spaces for innovative ethical solutions to the complex problems facing health care.

PhD in Philosophy specializing in Bioethics, University of Guelph

Director, Research & Corporate Ethics, William Osler Health System

Founding Director, Ethics Quality Improvement Lab

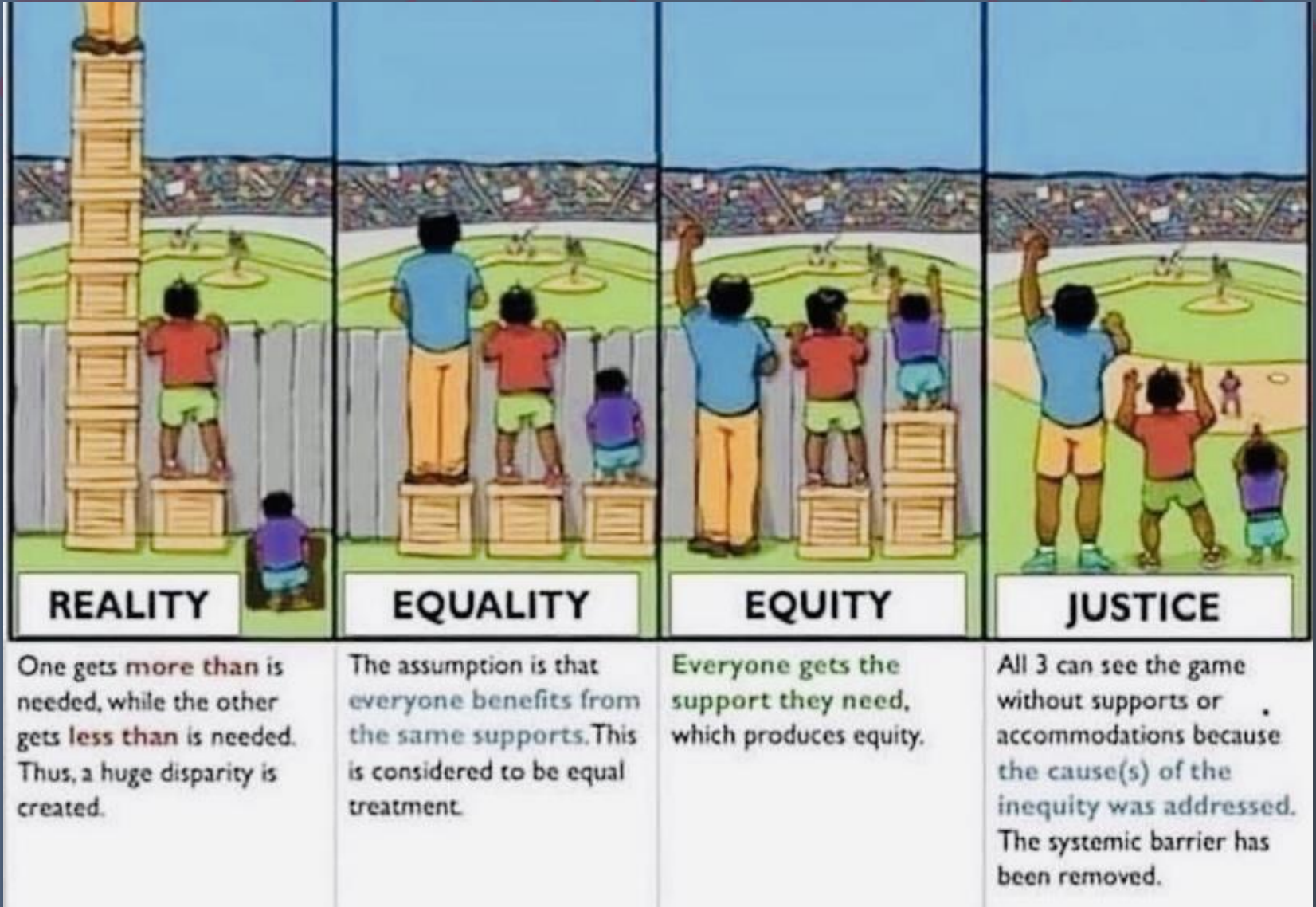
Adjunct Assistant Professor, School of Nursing, Queen's University





Sharing the power we have, makes possible, what we cannot achieve alone and what we can only achieve together ... in working to solve problems in complex health systems

# Ethical Commitment Towards Justice





# A safer place for Indigenous peoples requires...

A shift from the **golden rule** -  
“treat other as we would like to be  
treated” to **platinum rule** -“treat  
others as they would like to be  
treated”.

- G Gill

# Dr. Stephanie Nixon

is a straight, white, middle class, able-bodied, cisgender, settler woman who tries to understand the pervasive effects of privilege. In particular, she explores how systems of oppression shape health care, research and education, and the role of people in positions of unearned advantage in disrupting these harmful patterns.

PhD in Public Health and Bioethics,  
University of Toronto

Post-doc, University of KwaZulu-Natal,  
South Africa

Professor, University of Toronto  
Department of Physical Therapy & Dalla  
Lana School of Public Health



I found out I was white when I was 28 years old.

I'm not anything.  
I'm just normal.

Racism:

People of one race being prejudiced against people of another race. These people are bad.  
These acts are intentional.

I found out I was white when I was 28 years old.



I'm not anything.  
I'm just normal.



Profound position of superiority, such that (my) whiteness is taken as the default, just the right way to be, beyond naming.



The background features a dark blue-grey color with decorative circular patterns in shades of purple and teal at the top. A solid teal rectangular box is centered in the upper half of the image, containing the text "white supremacy".


# white supremacy



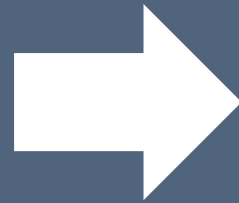
Profound position of superiority, such that (my) whiteness is taken as the default, just the right way to be, beyond naming.

# white supremacy

- “a **political, economic and cultural system** in which whites overwhelmingly control power and material resources,
- conscious and unconscious ideas of white superiority and entitlement are widespread,
- and relations of white dominance and non-white subordination are daily reenacted across a broad array of institutions and social settings.”
- Ansley FL. *Stirring the Ashes: Race, Class and the Future of Civil Rights Scholarship*  
74 Cornell L. Rev. 993. 1989. p1024



Beyond guilt,  
shame and  
concern for my  
own goodness



Toward  
responsibility for  
accountable action

## **Maurice Switzer, *Bnesi***

is a citizen of the Mississaugas of Alderville First Nation. He currently serves on the board of the North Bay Indigenous Friendship Centre and as a member of Nipissing University's Indigenous Council on Education. He has been a member of the Ontario Human Rights Commission, an adjunct professor of Communications and Indigenous Studies on the Laurentian University campus, and the publisher of three daily newspapers, including the Winnipeg Free Press.





# Q&A Period

*Going into Breakout  
Rooms now!*



# Closing

- Summary of Discussions
- Upcoming ICS Initiatives





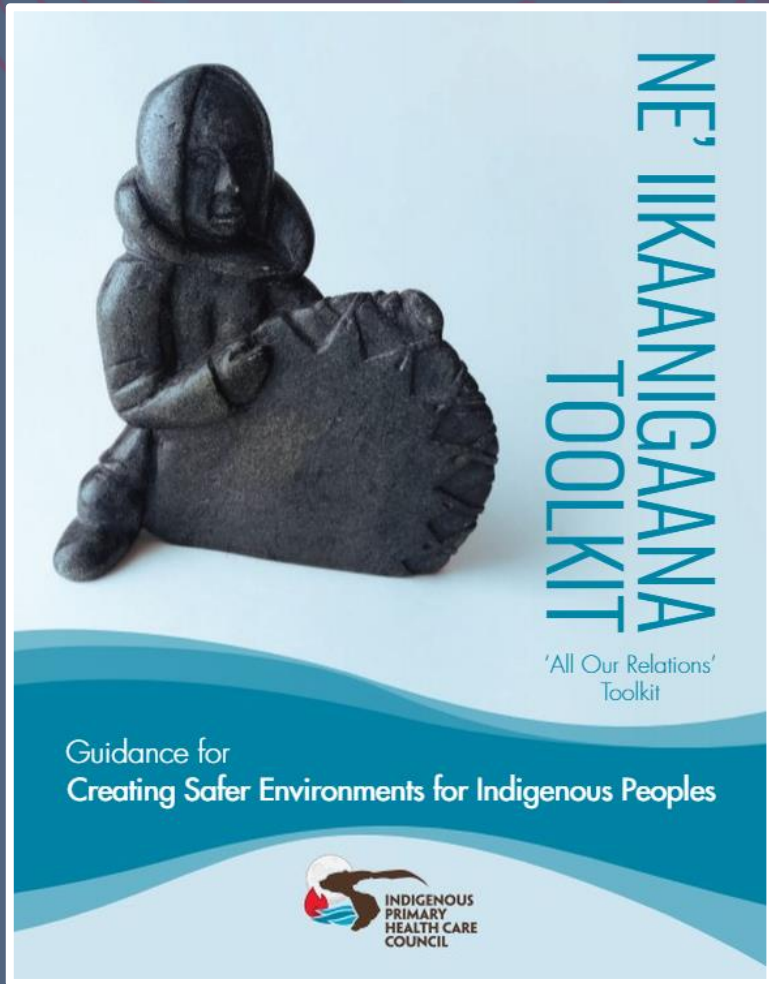
**INDIGENOUS  
PRIMARY  
HEALTH CARE  
COUNCIL**



**TOOLS OF RESILIENCY: ADDRESSING THE  
WELLBEING NEEDS OF INDIGENOUS PEOPLE  
BY HONOURING CULTURE AS TREATMENT**

**2020**






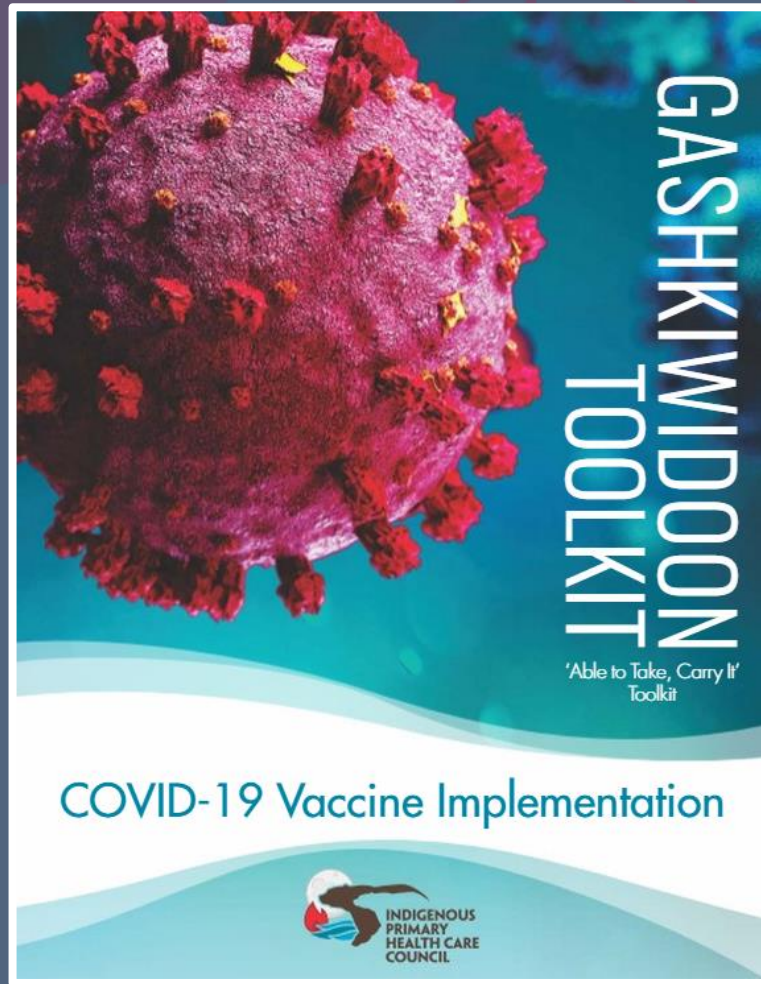
**NE' IIKANIGAANA  
TOOLKIT**

'All Our Relations'  
Toolkit

Guidance for  
Creating Safer Environments for Indigenous Peoples




INDIGENOUS  
PRIMARY  
HEALTH CARE  
COUNCIL



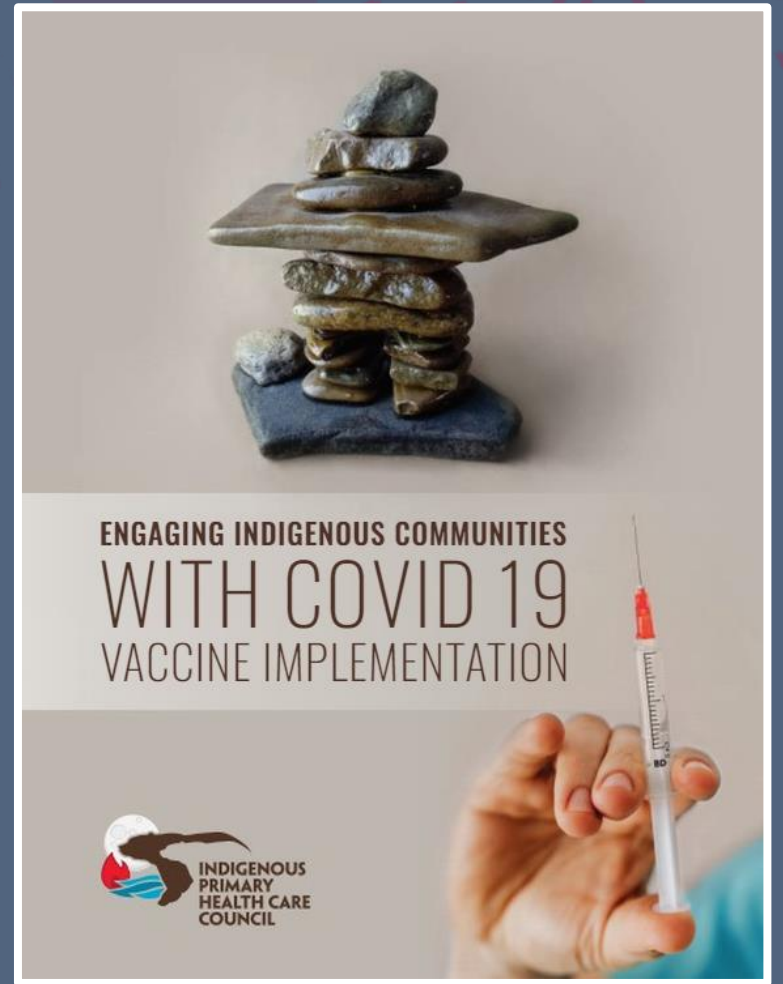
**GASHKIWIDDOON  
TOOLKIT**

'Able to Take, Carry It'  
Toolkit


COVID-19 Vaccine Implementation



INDIGENOUS  
PRIMARY  
HEALTH CARE  
COUNCIL



ENGAGING INDIGENOUS COMMUNITIES  
WITH COVID 19  
VACCINE IMPLEMENTATION



INDIGENOUS  
PRIMARY  
HEALTH CARE  
COUNCIL

# IPHCC Resources

# Coming Soon!



## **Anishinaabe Mino'ayaawin People in Good Health**

Foundations of Indigenous Cultural Safety



**Chi miigwetch!**  
**Thank you!**

## Upcoming events

RISE population-health management (PHM) webinars/collaboratives occur on the third Thursday of each month over lunch

### Collaboratives (Cohort 1 and 2 OHTs)



**November 18, 12:00-1:00pm**



A **small group discussion to problem solve common population-health management challenges** including:

- population segmentation/stratification,
- care model design,
- care model implementation and,
- expanding care models to other segments.

- ✓ **Less didactic** content
- ✓ **More dedicated time for problem solving and sharing examples**
- ✓ A session **only for OHT implementation/priority population/population-health leads**
  - OHT impact fellows and RISE PHM coaches will also be in attendance

**OHT priority population/population-health/implementation leads will receive a calendar invite shortly.** Please contact [Leslie.McGeoch@thp.ca](mailto:Leslie.McGeoch@thp.ca) or your coach with any questions.

### Coaching (Cohort 1 and 2 OHTs)



If you are a cohort 1 or 2 OHT priority population working group or population-health management lead and do not have a population-health management coach but would like one, please contact Leslie McGeoch ([Leslie.McGeoch@thp.ca](mailto:Leslie.McGeoch@thp.ca))