



Board of Health Executive Committee Meeting

#03-18

Tuesday, September 25, 2018

10 a.m. to 11 a.m.

Boardroom, Public Health Sudbury & Districts

Please use the elevator to go up to the Boardroom



AGENDA
BOARD OF HEALTH EXECUTIVE COMMITTEE
TUESDAY, SEPTEMBER 25, 2018, FROM 10 A.M. TO 11 A.M.
BOARDROOM – PUBLIC HEALTH SUDBURY & DISTRICTS

MEMBERS:	Jeff Huska, Chair	René Lapierre	Paul Myre
	Ken Noland	Nicole Sykes	
STAFF:	Rachel Quesnel	France Quirion	Dr. Penny Sutcliffe
GUESTS:	Sandra Laclé	Renée St Onge	Mariette Sutherland

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST**
4. **APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES**
 - 4.1 Board Executive Committee Meeting Notes dated July 11, 2018 *

MOTION: *THAT the meeting notes of the Board of Health Executive Committee meeting of July 11, 2018, be approved as distributed.*

5. **NEW BUSINESS**

5.1 Indigenous Engagement Strategy

- Briefing Note dated September 14, 2018 *
- Indigenous Engagement Strategy *

6. **ADJOURNMENT**

MOTION: *That we do now adjourn. Time: _____*

*attachment

MEETING NOTES
BOARD OF HEALTH EXECUTIVE COMMITTEE
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, JULY 11, 2018 – 2 P.M.

BOARD MEMBERS PRESENT

René Lapierre
Paul Myre

Ken Noland
Nicole Sykes

BOARD MEMBERS REGRETS

Jeffery Huska

STAFF MEMBERS PRESENT

Rachel Quesnel

France Quirion

Dr. Penny Sutcliffe

In the absence J. Huska, Chair of the Board Executive Committee, consensus was reached for the Board Chair to act as Board Executive Committee Chair for today's meeting.

R. LAPIERRE PRESIDING

1. CALL TO ORDER

The meeting was called to order at 2:05 p.m. followed by a territorial acknowledgement.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated May 17, 2018

06-18 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY SYKES – MYRE: THAT the meeting notes of the Board of Health Executive Committee meeting of May 17, 2018, be approved as distributed.

CARRIED

5. NEW BUSINESS

IN CAMERA

- Labour relations or employee negotiations

07-18 IN CAMERA

MOVED BY NOLAND – MYRE: That this Board of Health Executive Committee goes in camera. Time: 2:09 p.m.

CARRIED

RISE AND REPORT

08-18 IN CAMERA

MOVED BY MYRE – NOLAND: That this Board of Health Executive Committee rises and reports. Time: 2:38 p.m.

CARRIED

It was reported that one agenda item relating to *labour relations/employee negotiations* was discussed for which the following motions emanated:

09-18 APPROVAL OF MEETING NOTES

MOVED BY MYRE – NOLAND: THAT this Board of Health Executive Committee approve the meeting notes of the May 17, 2018, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

10-18 CUPE MEMORANDUM OF SETTLEMENT RATIFICATION

MOVED BY SYKES – MYRE: THAT the Board of Health Executive Committee ratify the June 27, 2018, Memorandum of Settlement setting terms for a 3-year renewal collective agreement from April 1, 2018, to March 31, 2021, between the Sudbury and District Health Unit, operating as Public Health Sudbury & Districts and the Canadian Union of Public Employees.

CARRIED

The bargaining unit will be advised of the ratification.

6. ADJOURNMENT

11-18 ADJOURNMENT

MOVED BY MYRE – SYKES: THAT we do now adjourn. Time: 2:42 p.m.

CARRIED

(Chair)

(Secretary)

APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOTION: THAT the meeting notes of the Board of Health Executive Committee meeting of July 11, 2018, be approved as distributed.

To: Jeff Huska, Chair, Board of Health Executive Committee

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: September 18, 2018

Re: Indigenous Engagement Strategy

For Information

For Discussion

For a Decision

Issue:

A draft Indigenous Engagement Strategy has been developed that will guide the efforts of Public Health Sudbury & Districts to strengthen relationships with First Nation communities and Indigenous partners, recognizing that important next steps must be inclusive of urban Indigenous¹ Peoples.

As per discussion at the June 21, 2018, Board of Health workshop, the Board Executive Committee is asked to review this penultimate version of the Strategy prior to it being presented to the full Board for endorsement at the October 18, 2018, meeting.

Recommended Action:

That the Board of Health Executive Committee:

1. Review the draft strategy entitled: *Finding our Path Together - Maamwi MKAamidaa Gdoo-Miikaansminan*.
2. Recommend *Finding our Path Together - Maamwi MKAamidaa Gdoo-Miikaansminan* for Board of Health approval on October 18, 2018.

Background:

Beginning in November 2011, the Board of Health has been considering its relationship with First Nations and Indigenous communities. The Board recognized the worse overall health status and socio-economic challenges facing many First Nations people in Canada. They also understood the historic separation between provincial public health systems and federally funded public health systems. The Board directed the Medical Officer of Health to convene a workshop for the Board for the purposes of orienting itself to relevant issues and determining board direction in these matters.

¹ In Canada, First Nations, Inuit, and Metis are legally recognized in the constitution as the Aboriginal Peoples of Canada. In recent years, the term Indigenous has been more widely adopted by various governments and Indigenous associations in place of the term Aboriginal. The term urban Indigenous people refers primarily to First Nations, Metis and Inuit individuals currently residing in urban areas.
<https://www.aadnc-aandc.gc.ca/eng/1100100014265/1369225120949>

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

The Board of Health supported the following motion in 2012, furthering its commitment ([Motion #20-12](#)):

That the Sudbury & District Board of Health, having carefully considered issues of health status, health services, historical relationships, and applicable legislation concerning area First Nations on-reserve; and having given thoughtful consideration to its strategic priorities of championing equitable opportunities for health, strengthening relationships with priority communities and partners, and supporting community voices to speak about issues that impact health equity;

Hereby direct the Medical Officer of Health to engage in dialogue with area First Nations' leaders to explore needs and strategies for strengthening public health programs and services with area First Nations.

In November 2016, the Board of Health reaffirmed its 2012 commitment to strengthening public health programs and services with area First Nations ([Motion #20-12](#)) and further committed to developing an engagement strategy with Indigenous communities and people ([Motion #54-16](#)). The Medical Officer of Health was directed to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities for the purpose of collaboratively strengthening public health programs and services for all.

To develop the strategy the following steps were undertaken:

- Executive Committee and Board of Health Retreats – September to November 2016
- Board of Health Risk Management Plan identified a risk of stakeholder and public perception of poorly defined relationships with Indigenous communities – October 2016.
- Board of Health Motion # 54-16 – November 2016
- Board of Health 100% funding request to the Ministry of Health and Long-Term Care – 2017/18. Received \$227,718
- Manager, Indigenous Engagement hired – January 3, 2017
- Indigenous Engagement Team and Indigenous Engagement Steering Committee (internal) structured – January – March 2017
- Interviews, staff survey, and document review completed – May to October 2017
- First Nations and Aboriginal Health Access Centres meetings held – June to October 2017
- Indigenous Engagement Strategy Advisory Committee established – November 2017
- Board of Health 100% funding request to the Ministry of Health and Long-Term Care – 2017/18. Received \$103,300
- Relationship principles and values workshop conducted– February 2018
- Roundtable planning sessions with First Nations – March to June 2018
- Board of Health workshop – June 2018
- Strategy development including strategic directions, actions, mission & vision drafted – July – September 2018
- Strategy review and validation – July – September 2018

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

Throughout 2017 and into 2018, the Board of Health has been apprised on the development of this strategy via a number of mechanisms including, the Medical Officer of Health reports to the Board, narrative reports as part of the 2013-2017 Performance Monitoring Plan, annual report statistical report and a workshop.

Financial Implications:

MOHLTC one-time Indigenous Communities: Indigenous Engagement 100% grants were approved in the amounts of \$227,718 for 2017/2018 and \$103,300 for 2018/2019 (to March 31, 2019) to carry out this work.

Ontario Public Health Standard:

Health Equity

Strategic Priority:

Meaningful engagement

Contact:

Sandra Laclé, RN, MScN
Director Health Promotion and Chief Nursing Officer

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

Finding our Path Together – Maamwi M’Kaamidaa Gdoo-Miikaansminan

This beautiful image invokes the spirit of the bear, or “mukwa”. As shared by local elders, the bear gives us many medicines and is symbolic of a healer and protector. The path is emblematic of a journey of discovery - connecting and guiding people step by step towards a common destination.

Though challenging at times, the journey is aided by the guideposts of respect, trust, and humility. Together, they help strengthen relationships and illuminate the path. We reflect and appreciate the path taken thus far. We look forward to walking together with anticipation, commitment, and excitement about what lays ahead.

[Note: This description will be changed to suit the actual artwork generated as needed.]

Territorial acknowledgement

Public Health Sudbury & Districts operates within the traditional lands of the Robinson Huron Treaty and Treaty 9. These lands encompass strong and vibrant communities with Anishinabek, Inninuwuk (Cree), and Métis Peoples. We acknowledge the original Peoples of this land. Their enduring presence and resilience is felt throughout our shared history and in the present day.

Acknowledgements

Public Health Sudbury & Districts has embarked on a journey to develop an Indigenous Engagement Strategy with an initial primary focus on engagement with First Nations, acknowledging that important next steps must be inclusive of urban Indigenous Peoples¹.

Public Health Sudbury & Districts wishes to acknowledge the many groups (Appendix A and B) and individuals who contributed to the development of this Indigenous Engagement Strategy, including:

Elders Julie Ozawagosh, Donna Debassige, Martina Osawamick, and Marion McGregor.

Area First Nation community health directors and health staff from Chapleau Cree, Chapleau Ojibwe, Brunswick House, Mattagami, Wahnapiatae, Atikameksheng Anishnawbek, Sagamok, Whitefish River, Wiikwemkoong, Sheguiandah, Aundeck Omni Kaning, M'Chigeeng, Sheshegwaning, and Zhiibaahaasing First Nations.

Local Indigenous health and organizational partners including Shkagamik-kwe Health Centre, N'Swakamok Friendship Centre, Misiway Milopemahtesewin Community Health Centre, Noojmowin Teg Health Centre, Mnaamodzawin Health Services, and Wabun Tribal Council.

Public Health Sudbury & Districts' Board of Health, Medical Officer of Health, directors, managers, and staff.

A message from the Board of Health Chair

René Lapierre

I am pleased to share with you the first Indigenous Engagement Strategy for Public Health Sudbury & Districts. The Board of Health recognizes that the Indigenous social determinants of health have influenced the health and well-being of all Indigenous Peoples including the First Nations and Métis Peoples in the Public Health Sudbury & Districts service area. Over time, we have begun to inform and educate ourselves about the unique context, circumstances, and health status of Indigenous Peoples in the Public Health Sudbury & Districts service area.

In November 2016, the Board of Health reaffirmed its 2012 commitment to strengthening public health programs and services with area First Nations ([Motion #20-12](#)) and further committed to developing an engagement strategy with Indigenous communities and Peoples ([Motion #54-16](#)). The Medical Officer of Health was directed to develop a comprehensive strategy for the organization's engagement with

¹ In Canada, First Nations, Inuit, and Metis are legally recognized in the constitution as the Aboriginal Peoples of Canada. In recent years, the term Indigenous has been more widely adopted by various governments and Indigenous associations in place of the term Aboriginal. The term urban Indigenous Peoples refers primarily to First Nations, Metis and Inuit individuals currently residing in urban areas.

Indigenous Peoples and communities for the purpose of collaboratively strengthening public health programs and services for all.

This strategy guides the organization's efforts to strengthen relationships with First Nation communities and Indigenous partners, recognizing that important next steps must be inclusive of urban Indigenous Peoples.

The strong commitment to collaboration with First Nations and Indigenous health partners has been a cornerstone of the Board of Health's process in developing this strategy. The Board of Health for Public Health Sudbury & Districts is excited about the path forward as we take steps together to develop respectful and productive relationships to improve public health programs and services for all.

A message from the Medical Officer of Health and Chief Executive Officer

Dr. Penny Sutcliffe MD, MHSc, FRCPC

Public Health Sudbury & Districts is committed to ensuring all people in our service area, including Indigenous Peoples, have equal opportunities for health. To this end, our organization has been working with First Nations and Indigenous community partners for many years. Collaboration in the areas of health promotion, clinical and family services, and environmental health have taught us that critical values are respect, trust, and humility. The Indigenous Engagement Strategy for Public Health Sudbury & Districts is premised on these relationship values.

The strategy sets out four strategic directions. They will help our organization understand public health needs and services in area Indigenous communities, build our organization's cultural competence, and enhance our organizational commitment to developing respectful and mutually beneficial relationships.

Working with Indigenous community partners to develop the strategy has been a rewarding learning journey for our organization. I fully expect that this learning journey will continue into the future, as we expand our efforts to engage further with urban Indigenous Peoples and to refine and strengthen relations. I look forward to celebrating each small step with First Nations and Indigenous community partners as we put our strategy into action over the coming years.

A Message from the Co-Chair, Indigenous Engagement Strategy Advisory Committee

Donna Debassige

Aanii kina wiya!

Greetings on behalf of the Public Health Sudbury and Districts' Indigenous Engagement Strategy Advisory Committee!

It is with great respect and pride that we share the first ever Indigenous Engagement Strategy for Public Health Sudbury & Districts.

Our committee is comprised of eleven community voices from health, education, environment, research, and child welfare. We are all committed to the same goal – improving holistic health and well-being in First Nations and Indigenous communities. Over the past several months, the committee has embraced the opportunity to work with Public Health Sudbury & Districts to build a bridge and improve health for all.

I am pleased with the organization's commitment to a respectful process. The process aimed to uncover the strengths upon which our mutually beneficial relationships can be built.

We hope you will see yourself reflected in this strategy. We believe that together, we can strengthen the public health system so that it is more effective, and culturally safe for our communities.

Miigwetch!

Executive summary

"Finding our Path Together – Maamwi M'Kaamidaa Gdoo-Miikaansminan", the Public Health Sudbury & Districts' Indigenous Engagement Strategy is an expression of the commitment and leadership of the Board of Health. Board of Health motion #54-16 ([Motion #54-16](#)) directed the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous Peoples and communities starting with a focus on First Nations. The strategy aims to collaboratively strengthen public health programs and services for all, recognizing that important next steps must be inclusive of urban Indigenous Peoples.

The strategy was developed from November 2017 to October 2018 with guidance from an internal Indigenous Engagement Steering Committee (Appendix A) and an external Indigenous Engagement Strategy Advisory Committee (Appendix B). The internal committee, comprised of key managers and directors, advised on organizational processes and information gathering activities. The external Indigenous Engagement Strategy Advisory Committee was comprised of Indigenous community representatives with diverse backgrounds and experiences. They provided culturally appropriate and community-driven direction to support the development of the strategy.

A comprehensive community engagement process was used to develop the Strategy, including communications, information gathering, organizational strengthening, and relationship development.

The Public Health Sudbury & Districts' Indigenous Engagement Strategy sets out a vision, mission, values, and strategic directions. The strategy guides the organization's efforts to further define and strengthen relationships with First Nation communities and Indigenous partners.

Our Indigenous engagement vision

Working together for healthy and vibrant Indigenous communities in their pursuit of self-determined health and wellbeing.

Our Indigenous engagement mission

Public Health Sudbury & Districts works together with area Indigenous Peoples and communities to collaboratively strengthen public health programs and services for all.

Our Indigenous engagement relationship values

The strategy and the foundation upon which mutually beneficial relationships are to be built, are premised on the values of respect, trust, and humility.

Our Indigenous engagement strategic directions

Our strategy is built around four strategic directions and associated actions. They include:

- Strategic direction I: Inform our work through Indigenous community voices and information
- Strategic direction II: Engage in meaningful relationships to support Indigenous community wellbeing
- Strategic direction III: Strengthen our capacity for a culturally competent workforce
- Strategic direction IV: Advocate and partner to improve health

The path forward: Implementing our strategy

To move forward on this strategy, Public Health Sudbury & Districts will:

- Develop new internal and external committee structures to guide and support the implementation of the strategy
- Develop an implementation plan for the strategy
- Ensure routine and structured reporting mechanisms for Senior Management and the Board of Health
- Ensure effective mechanisms by which the Board of Health receives Indigenous knowledge appropriate to its governance role
- Develop and track collaboration indicators
- Update the Indigenous community as well as our Board of Health, staff, and partners on progress using publicly available reporting mechanisms

Though each step cannot be known or predicted, we will find our path together toward strengthened relationships with Indigenous communities, a unified common vision of health and well-being for Indigenous communities and improved opportunities for health for all.

Introduction

Recently, our organization has embarked on a learning journey with First Nation community partners and area urban Indigenous health and social service organizations to develop an Indigenous Engagement Strategy.

The Public Health Sudbury & Districts' Indigenous Engagement Strategy is an expression of the commitment and leadership of the Board of Health. In November 2016, the Board of Health reaffirmed its 2012 commitment to strengthening public health programs and services with area First Nations ([Motion #20-12](#)) and further committed to developing an engagement strategy with Indigenous communities and Peoples ([Motion #54-16](#)). The Medical Officer of Health was directed to develop a comprehensive strategy for the organization's engagement with Indigenous Peoples and communities for the purpose of collaboratively strengthening public health programs and services for all.

Public Health Sudbury & Districts' organizational commitment to health equity means that we work to examine and change the differences in determinants of health that unfairly impact health experiences across different populations. This is particularly important for Indigenous communities and Peoples whose unique legal and constitutional recognition, complex history and shared experiences of colonialization have contributed to poorer population health outcomes than that of other Ontarians.

At the same time, we recognize that Indigenous Peoples and communities have mobilized to reclaim their health and well-being, assert their aims in self-determination, and revitalize cultural and community strengths and resiliency.

Public Health Sudbury & Districts' Indigenous Engagement Strategy is premised on understanding this unique context as the essential starting point for building relationships.

Beyond the social determinants of health, it is important to also consider factors such as systemic racism, dispossession of land and rights, processes of colonization such as Indian Residential Schools and more recently the "Sixties Scoop", and child welfare injustices. Ensuring equal opportunities for health requires understanding and redressing the "Indigenous determinants of health"¹. For example, the 2015 Truth and Reconciliation Commission's Final Report outlines specific calls to action in health to redress the legacy of Indian Residential Schools and advance the process of reconciliation.

More recently, the revised Ontario Public Health Standards (2018) include reference to Indigenous communities². In the newly established Health Equity Foundational Standard, boards of health are now mandated to strengthen relationships with Indigenous communities. This new requirement is accompanied by a companion guidance document entitled: Relationship with Indigenous Communities Guideline 2018, from which this strategy has drawn direction.

Public Health Sudbury & Districts' Indigenous Engagement Strategy is congruent with these key policy directions and fulfills the requirements outlined in the new standard. The strategy, framed by a longstanding commitment to address health equity and the social determinants of health, is the first step in a long journey towards reconciliation for Public Health Sudbury & Districts and ensuring equal health opportunities for all.

Reference: ¹ Tait Neufeld, Hannah. (2017). Determinants of Indigenous Peoples' Health in Canada: Beyond the Social. *Canadian Studies in Population*. 44. 108. 10.25336/P6MC71.

Reference: ² Ministry of Health and Long-Term Care, Ontario Public Health Standards: Requirements for programs, services, and accountability (2018) found at http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/

Demographic profile of Indigenous Peoples

The Public Health Sudbury & Districts catchment area is home to over 24,000³ Indigenous Peoples (13%), comprised of First Nations (North American Indians) (57%) and Métis Peoples (40%)⁴. A small subset of the Indigenous population identifies as Inuit or as having multiple Indigenous identities (3%)⁴.

Anishinaabemowin (Ojibwe language) is the Indigenous language most spoken in the area⁴. The Indigenous population is younger than the non-Indigenous population in Greater Sudbury, and the Sudbury and Manitoulin districts⁴.

Indigenous Peoples live in both urban settings and in the area's thirteen First Nation communities, with a total population of 6,379³ living on-reserve. Five First Nations are in the Sudbury district, one in Greater Sudbury, and eight are located on or near Manitoulin Island. First Nations in this region are signatory to Treaties 9 and Robinson Huron, and belong to one of five Tribal Councils. Wiikwemkoong First Nation remains an unceded territory.

Reference: ³ Statistics Canada, 2016 Census

Reference: ⁴ Registered Indian Population by Sex and Residence 2016, Indigenous and Northern Affairs Canada; and 2016 Census, Statistics Canada, 25% Sample

13 First Nations within Public Health Sudbury & Districts' service area

Each First Nation community is unique, with different demographics, needs, resources, assets, and challenges.

[Insert map]

Métis groups within Public Health Sudbury & Districts service area

The Métis Nation of Ontario has an office in Sudbury serving Métis citizens in and around Greater Sudbury as well as Chapleau with whom we work.

What is public health?

[Information to be presented in a text box]

The work of public health touches all our lives in one form or another. Public health works to promote and protect the health and well-being of people and communities as well as prevent disease and injury. Public health reaches people in all communities through a wide array of programs and interventions. Examples include chronic disease prevention, mental health promotion, food safety, healthy built and natural environments, healthy growth and development, and clinical and family health services.

What is health equity?

[Information to be presented in a text box]

Health equity seeks to ensure that everyone has equal opportunities for health. Health equity is achieved by addressing health differences that are socially determined and therefore considered unfair and unjust. In this regard, public health works within a population health approach, to improve and protect health. Health equity, the social determinants of health, and health across the life course is an important part of the public health lens.

Public Health Sudbury & Districts collaborative partnerships with Indigenous Peoples

Public Health Sudbury & Districts has many longstanding and diverse partnerships with First Nations and Indigenous health services organizations. We are engaged in information sharing, planning, education, service provision, and research. In a few instances, specific agreements have been developed.

Partnerships with Indigenous groups and communities are diverse and broad in scope. Examples include collaborating on the development of an Indigenous diabetes prevention strategy, co-creation of culturally appropriate tobacco resources, the provision of dental screening, and the Northern Fruits and

Vegetables Program in First Nations schools. More recently, work has begun in the areas in harm reduction, needle exchange programs and naloxone distribution in First Nations as well as mental health promotion. Promotion of good health and prevention of injury, disease, and illness brings us together as partners.

The pathway in developing the strategy

Public Health Sudbury & Districts developed the strategy in collaboration with many contributors, both internal and external to the organization. An internal Indigenous Engagement Steering Committee (Appendix A) helped guide the work. Steering committee members provided guidance on information gathering activities, organizational processes, and structures. An external Indigenous Engagement Strategy Advisory Committee (Appendix B), comprised of Indigenous community representatives, provided culturally appropriate, and community-driven direction to support the development of the strategy.

Many key steps were taken to develop the strategy. Our learning journey has included communications and information gathering, organizational strengthening, and relationship development. Values of trust, respect, and humility guide each step along the way. Though our work to date on the strategy focused primarily on First Nation community engagement with some urban Indigenous engagement, this is only the starting point. We envision broadening this effort to include more engagement with urban Indigenous Peoples over time.

[Insert key steps graphic – *Finding our path together*]

The strategy

The Public Health Sudbury & Districts Indigenous Engagement Strategy sets out a vision, mission, values, and strategic directions. All have strong alignment with our agency's Strategic Plan (2018-2022) and its four strategic priorities of equitable opportunities, meaningful relationships, practice excellence, and organizational commitment.

Under the strategic priority of meaningful relationships, the Indigenous Engagement Strategy aims to establish relationships with Indigenous communities and partners in a way that is meaningful and effective to them. Over time, the strategy strive for successful collaborations and healthier communities for all.

Our Indigenous engagement vision

Working together for healthy and vibrant Indigenous communities in their pursuit of self-determined health and well-being.

Our Indigenous engagement mission

Public Health Sudbury & Districts works together with area Indigenous Peoples and communities to collaboratively strengthen public health programs and services for all.

Indigenous engagement relationship values

The image of a sweetgrass braid used here depicts three intertwined relationship values which underpin strong relationships in our Indigenous Engagement Strategy. These are: respect, trust and humility.

Sweetgrass is one of the four sacred medicines in Anishinabek traditions. Of the many teachings associated with the sweetgrass braid, one of them tells us that good health has interconnected dimensions involving the mind, body, spirit as represented by the three strands of the braid.

We **respect** that our Indigenous community partners have their own ways, tried and true in delivering health services and we respect that their journey towards self-determined health solutions is built on their knowledge, their cultural strengths and community driven aspirations.

We engender **trust** by seeking to understand the community's context and needs, enlisting their health leaders and elders, working within their decision making and communication processes and proceeding at the community's pace.

We approach this work with **humility** recognizing that communities hold unique knowledge, teachings, strengths and capacities which can inform and strengthen public health.

[Quotes from Roundtable Planning Sessions to include in the design e.g. call out boxes]

"For me humility includes an appreciation of your gifts and the gifts the people around you bring. Humility is appreciating both and not valuing one more than the other." – Sudbury roundtable participant

"Trust is not something that you get right away, it develops over time. Trust is sacred and needs to be nurtured and earned from both sides over time." – Manitoulin roundtable participant

"Respect what Indigenous Peoples have already done and are currently doing to improve health for their communities. Indigenous Peoples must also respect information that they receive from mainstream, which they can use and tailor to meet their needs. Respect is a two-way street." – Timmins roundtable participant

Medicine wheel framework

[lead in descriptor to be used by Design de Plume to show the four strategic directions depicted on a medicine wheel framework]

The medicine wheel embodies local cultural teachings used by generations for health and healing and is helpful in conceptualizing our path in the Indigenous Engagement Strategy.

From the medicine wheel we draw inspiration as each of the four directions calls upon us together to *see* – east, *relate* – south, *understand* – west, and *act* – north.

The circle depicts the interconnectedness of the four dimensions of health – mental, emotional, spiritual, and physical – as well as the stages of life.

The circle represents the ongoing and continuous nature of the relationships built with Indigenous Peoples and communities, by which there is no beginning and no end.

The circle further reminds us that we all are equal, that no one is greater or better than anyone else, and that when we come together, there is strength.

Our Indigenous engagement strategic directions

The need for an Indigenous Engagement Strategy was identified by the Board of Health. The Board of Health motion #54-16 ([Motion #54-16](#)) directed the Medical Officer of Health to lead the development of “a comprehensive strategy for the organization’s engagement with Indigenous Peoples and communities in its service area for the purpose of collaboratively strengthening public health programs and services for all”. The motion went further to direct that the strategy should include “among others, strategic, governance, risk management, and operational components”. The strategic directions as described contain elements of each component.

Strategic direction I: Inform our work through Indigenous community voices and information
[Placed in the east in yellow on the medicine wheel and aligns with “see”]

Supporting Public Health Sudbury & Districts’ strategic priority of striving for ongoing excellence in public health practice including program and service development and delivery.

To achieve this, we will:

- Tailor public health approaches to build on the strengths and diversity of the Indigenous population
- Engage and plan with Indigenous partners in a culturally appropriate and responsive way
- Adapt new and existing public health programs to be culturally appropriate
- Develop mechanisms to ensure participation of Indigenous Peoples through our planning processes
- Create processes for effective, ongoing dialogue with Indigenous communities and partners
- Develop mechanisms for sustained and meaningful Indigenous community input to the Board of Health

Strategic direction II: Engage in meaningful relationships to support Indigenous community well-being

[Placed in the south in red on the medicine wheel and aligns with “relate”]

Supporting Public Health Sudbury & Districts’ strategic priority of establishing meaningful relationships that lead to successful partnerships, collaborations, and engagement.

To achieve this, we will:

- Develop mutually beneficial, respectful relationships to improve the public health systems with and for Indigenous Peoples
- Ensure sustainable relationships through culturally safe, meaningful, and mutually beneficial engagement
- Ensure two-way knowledge exchange with Indigenous communities
- Support reciprocal learning to build organizational capacity in working with Indigenous communities as well as support Indigenous community capacity building in public health
- Support Indigenous efforts to improve health and well-being

Strategic direction III: Strengthen our capacity for a culturally competent workforce

[Placed in the west in black on the medicine wheel and aligns with “understand”]

Supporting Public Health Sudbury & Districts’ priority of advancing organization-wide commitment and ensure that we are well positioned to support the work of public health.

To achieve this, we will:

- Provide opportunities to staff for networking, training, and skills development to build cultural competence
- Learn from and share staff experiences in working with Indigenous Peoples
- Provide leadership and guidance to support implementation of the Indigenous Engagement Strategy
- Share respectful Indigenous engagement principles, protocols, and practices
- Create culturally safe, welcoming, and inclusive public health environments
- Consider needs for Indigenous engagement within existing workforce development and human resources strategies
- Provide ongoing education opportunities for Board of Health members

Strategic direction IV: Advocate and partner to improve health

[Placed in the north in white on the medicine wheel and aligns with “act”]

Supporting Public Health Sudbury & Districts’ priority of decreasing health inequities and striving for equitable opportunities for health.

To achieve this, we will:

- Understand and support Indigenous self-determined aspirations in public health
- Act as a supportive ally within Indigenous community-led efforts to improve public health
- Support advocacy efforts to address Indigenous social determinants of health
- Strengthen relationships with external partners working to improve public health services to Indigenous communities
- Work with Indigenous partners to improve access to and utilization of community level health data
- Collaborate across jurisdictions to respond to Truth and Reconciliation Commission Calls to Action in health (particularly in educating the public)

Our destination

Public Health Sudbury & Districts will work to improve the overall health and health opportunities of area Indigenous communities and Peoples so that:

- Health inequities are addressed and the gap in health outcomes between Indigenous Peoples and other populations in the north east is narrowed;

- Indigenous communities and Peoples experience improved health and have equal opportunities for good health and well-being.

Preliminary milestones

We will know we have strengthened relationships with Indigenous communities if by 2022:

We have processes which support and contribute to our continuous improvement in Indigenous engagement.

- Effective engagement processes with Indigenous communities and partners which have become a “normal part of business” as we work together to collaboratively strengthen health for all.
- Structures are established between Indigenous communities and Public Health Sudbury & Districts that support meaningful and mutually beneficial engagement.

We have people who are committed and take pride in Indigenous engagement with respect, trust, and humility.

- Competencies, knowledge, and skills within the Public Health Sudbury & Districts workforce which allow us to engage respectfully and in a culturally safe manner with communities and partners.
- An organization that is responsive, listens, and is mindful of history and underlying health determinants.
- Evidence that our values of respect, trust, and humility are embedded in the work we do with Indigenous Peoples, communities and partners.

We have partnerships premised on respectful and mutually beneficial relationships.

- An organization that is seen as a model for building authentic partnerships from mutual understanding and trusting relationships.
- Recognition for our work with Indigenous communities and agencies and the ways in which we meaningfully engage in the areas of professional development, program planning, implementation, and evaluation.

We have potential pathways to collaboratively strengthen public health together.

- An organization that is aware of and supportive of Indigenous and First Nations self-determination in health and in which the spirit of ally-ship is engaged so that we take action within our sphere of influence.
- With consideration to self-determination in Indigenous communities and First Nations, public health programs and services are accessible to all.
- A unified common vision of public health for Indigenous communities, and a path forward to allow us to work together to maximize our collective impact towards this vision.

The path forward: implementing our strategy

[Checklist to be placed in a text box]

To move forward on this strategy, Public Health Sudbury & Districts will:

- Develop new internal and external committee structures to guide and support the implementation of the strategy
- Develop an implementation plan for the strategy
- Ensure routine and structured reporting mechanisms for Senior Management and the Board of Health
- Ensure effective mechanisms by which the Board of Health receives Indigenous knowledge appropriate to its governance role
- Develop and track collaboration indicators
- Update the Indigenous community as well as our Board of Health, staff, and partners on progress using publicly available reporting mechanisms

Our unified commitment

This strategy and the actions described are the culmination of an extensive collaborative process intended to be mutually beneficial, respectful, and strengths-based. It involved staff from Public Health Sudbury & Districts, Indigenous partners, elders, and community voices.

The process itself was designed to “walk our talk” as an example of putting strengthening relationships into practice. Public Health Sudbury & Districts will honour the contributions and commitment of those involved. We will continue to work collaboratively to support holistic health and well-being for Indigenous communities. We will expand our efforts to be more inclusive and continually refine our strategy with further engagement with urban First Nation and Métis groups.

Though each step along the path ahead cannot be known, we will see together, learn together, understand together, and act together so that with humility, trust, and respect, the vision and mission of the Indigenous Engagement Strategy of Public Health Sudbury & Districts will be achieved.

Miigwetch, merci, and thank you for taking these important steps in our journey together!

Appendix A: Indigenous Engagement Steering Committee

Colette Barrette

Manager, Accounting Services, Public Health Sudbury & Districts

Holly Browne

Manager, Environmental Health, Public Health Sudbury & Districts

Shana Calixte

Manager, Mental Health and Addictions, Public Health Sudbury & Districts

Nicole Frappier

Assistant Director, Strategic Engagement Unit, Public Health Sudbury & Districts

Sandra Laclé

Director, Health Promotion, Public Health Sudbury & Districts

Stacey Laforest

Director, Environmental Health, Public Health Sudbury & Districts

Charlene Plexman

Manager, Clinical Services, Public Health Sudbury & Districts

France Quirion

Director, Corporate Services, Public Health Sudbury & Districts

Renée St. Onge

Director, Knowledge and Strategic Services, Public Health Sudbury & Districts

Penny Sutcliffe

Medical Officer of Health and Chief Executive Officer, Public Health Sudbury & Districts

Mariette Sutherland

Manager, Indigenous Engagement, Public Health Sudbury & Districts

Tracey Weatherbe

Manager, Health Promotion, Public Health Sudbury & Districts

Dana Wilson

Manager, Health Equity, Public Health Sudbury & Districts

Ariella Zbar

Associate Medical Officer of Health and Director, Clinical Services, Public Health Sudbury & Districts

Appendix B: Indigenous Engagement Strategy Advisory Committee

Kim Aelick,
Director of Services, Nogdawindamin Child and Family Services

Marnie Anderson
Research Coordinator, Evaluating Children's Health Outcomes

Nathalie Barsalou
Councillor, Chapleau Cree First Nation

Donna Debassige
Elder

Brenda Francis
Director of Operations, Kenjgewin Teg Educational Institute

Jean Lemieux
Health Director, Wabun Tribal Council

Tim Ominika
Indigenous Program Director, Northwood Recovery Clinic and Wiikwemkoong Band Councillor

Julie Ozawagosh
Elder

Angela Recollet
Executive Director, Shkagamik-Kwe Health Centre

Harmony Restoule
Registered Nurse, Dokis First Nation

Elizabeth Richer
Executive Director, Niigaaniin Services and Knowledge Keeper

Penny Sutcliffe
Medical Officer of Health and Chief Executive Officer, Public Health Sudbury & Districts

Mariette Sutherland
Manager, Indigenous Engagement, Public Health Sudbury & Districts

Renée St Onge
Director, Knowledge and Strategic Services, Public Health Sudbury & Districts

DRAFT

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____