

October, 2018




# Finding Our Path Together

Maamowi Mkamang Gdoo-miikaansminaa  
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Kahkinaw e mikskamahk ki meskanaw



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS



The background is a solid teal color. Overlaid on this are several abstract, hand-drawn style circular patterns. These patterns consist of concentric circles and arcs in various shades of teal and dark blue. Some circles contain smaller, solid-colored circles in shades of green and grey. A white rectangular box with rounded corners is positioned in the lower right quadrant, containing text.

This beautiful cover 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.

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# 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, Ininiwak (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 Peoples.<sup>1</sup>

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:

- ❶ Elders Julie Ozawagosh, Donna Debassige, Martina Osawamick, and Marion McGregor
- ❶ 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
- ❶ 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
- ❶ Public Health Sudbury & Districts Board of Health (Appendix C), Medical Officer of Health, directors, managers, and staff

<sup>1</sup> 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.





## 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 (Appendix D) and further committed to developing an engagement strategy with Indigenous communities and Peoples (Appendix D). 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.

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, Chief Executive Officer, and Co-Chair, Indigenous Engagement Strategy Advisory Committee

**Dr. Penny Sutcliffe**

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.



## Donna Debassige

**Gidinmikaagoom nji-sa Public Health miiniwaa Districts' Indigenous Engagement Strategy Advisory Committee!**

E waciyemikawiyek aniki ohci omaminohkemowi  
otapishtamakewak ka pimihtacik misiwi mino pimatisiwinihk  
Sudbury nesta papeskici askiya ininiwak ohci e wici atoskemihcik.

**Aabji-go gchi-mnaadendimoowin miiniwaa gchi-towaa-  
zhiyaawin maanda ji-maandookiiaang aabji-ntam  
Indigenous Engagement Strategy nji-sa Public Health  
Sudbury & Districts.**

E kistentakwahk nesta e kistentamahk e pakitinamahk  
mawaci nistam ininiwak ohci ketocikatek misiwe mino  
pimatisiwin ohci Sudbury nesta papeskici askiya.

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.

Niinwi debendaagoziyaang mompii enmadibijig mdaaswi-shi-bezhig ngodoodenaawziwin enoondaagaazojig nji-sa ezhi-noojimong, ezhi-kinoomaading, aki-eshseg, ezhi-ndikenjigeng, miiniwaa ezhi-gnowendimind binoojiinh. Kina-go naasaab ndoo-nkweshkaanaa zhichiganan – gweksidoong mooshkin mina-noojimowin miiniwaa minabimaadizowin nji-sa Ntam Anishinaabekaaning miiniwaa Anishinaabek ezhi-ngodoodenaawziwaad. Zhaazhigo minik niibina nso-giizis, gonda debendaagozijig gii-mina-daapinaanaawaa zhisewin ji-nokiitaadiwaad nji- Public Health Sudbury & Districts, nooj gegoo be-miilang public health nokiwiin, ji-zhitoong aazhigan miiniwaa ji-maamowi-nokiitaading ji-minaseg noojimoowin nji-sa kina-wayaa.









# Executive summary

**Finding Our Path Together**  
**Maamowi Mkamang**  
**Gdoo-miikaansminaa**

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**Kahkinaw e mikskamahk**  
**ki meskanaw**

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 (Appendix D) 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 2016 to October 2018 with guidance from external Indigenous Engagement Strategy Advisory Committee (Appendix A) and an internal Indigenous Engagement Steering Committee (Appendix B). 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. The internal committee, comprised of key managers and directors, advised on organizational processes and information gathering activities.

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

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.





## The mission

Misiwe mino pimatisiwin Sudbury nesta papeskici askiy wici apatisimewak anihî kesiwak ininiwa nesta ihtawina tapiskoc kici nocihtacik e mashkawahtacik misiwe mino pimatisiwi atoskewina nesta wicihiwewina misiwe kinanaw ohci.

## The relationship values

**Humility**  
**miiniwaa dibadendizowin**  
C<Uσ-J·Δ³  
Kistenimiwewin

**Executive summary continued on pages 10 and 11**





## The strategic directions

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

- ❶ Strategic direction I: Inform our work through Indigenous community voices and information
- ❶ Strategic direction II: Engage in meaningful relationships to support Indigenous community well-being
- ❶ Strategic direction III: Strengthen our capacity for a culturally competent workforce
- ❶ 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:

- ❶ Develop new internal and external committee structures to guide and support the implementation of the strategy
- ❷ Develop an implementation plan for the strategy
- ❸ Ensure routine and structured reporting mechanisms for Senior Management and the Board of Health
- ❹ Ensure effective mechanisms by which the Board of Health receives Indigenous knowledge appropriate to its governance role
- ❺ Develop and track collaboration indicators
- ❻ 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 longstanding 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 (Appendix D) and further committed to developing an engagement strategy with Indigenous communities and Peoples (Appendix D). 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”.<sup>1</sup> 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 communities.<sup>2</sup> 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: <sup>1</sup> Tait Neufeld, Hannah. (2017). Determinants of Indigenous Peoples’ Health in Canada: Beyond the Social. *Canadian Studies in Population*. 44. 108. 10.25336/P6MC71.

Reference: <sup>2</sup> 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/](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 24 000<sup>3</sup> Indigenous Peoples (13%), comprised of First Nations (North American Indians) (57%) and Métis Peoples (40%).<sup>4</sup> A small subset of the Indigenous population identifies as Inuit or as having multiple Indigenous identities (3%).<sup>4</sup> Anishinaabemowin (Ojibwe language) is the Indigenous language most spoken in the area.<sup>4</sup> The Indigenous population is younger than the non-Indigenous population in Greater Sudbury, and the Sudbury and Manitoulin districts.<sup>4</sup>

Indigenous Peoples live in both urban settings and in the area's thirteen First Nation communities, with a total population of 6 379<sup>3</sup> living on-reserve. Five First Nations are in the Sudbury district, one in Greater Sudbury, and seven 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.

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

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



## 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.

Reference: <sup>3</sup> Statistics Canada, 2016 Census

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

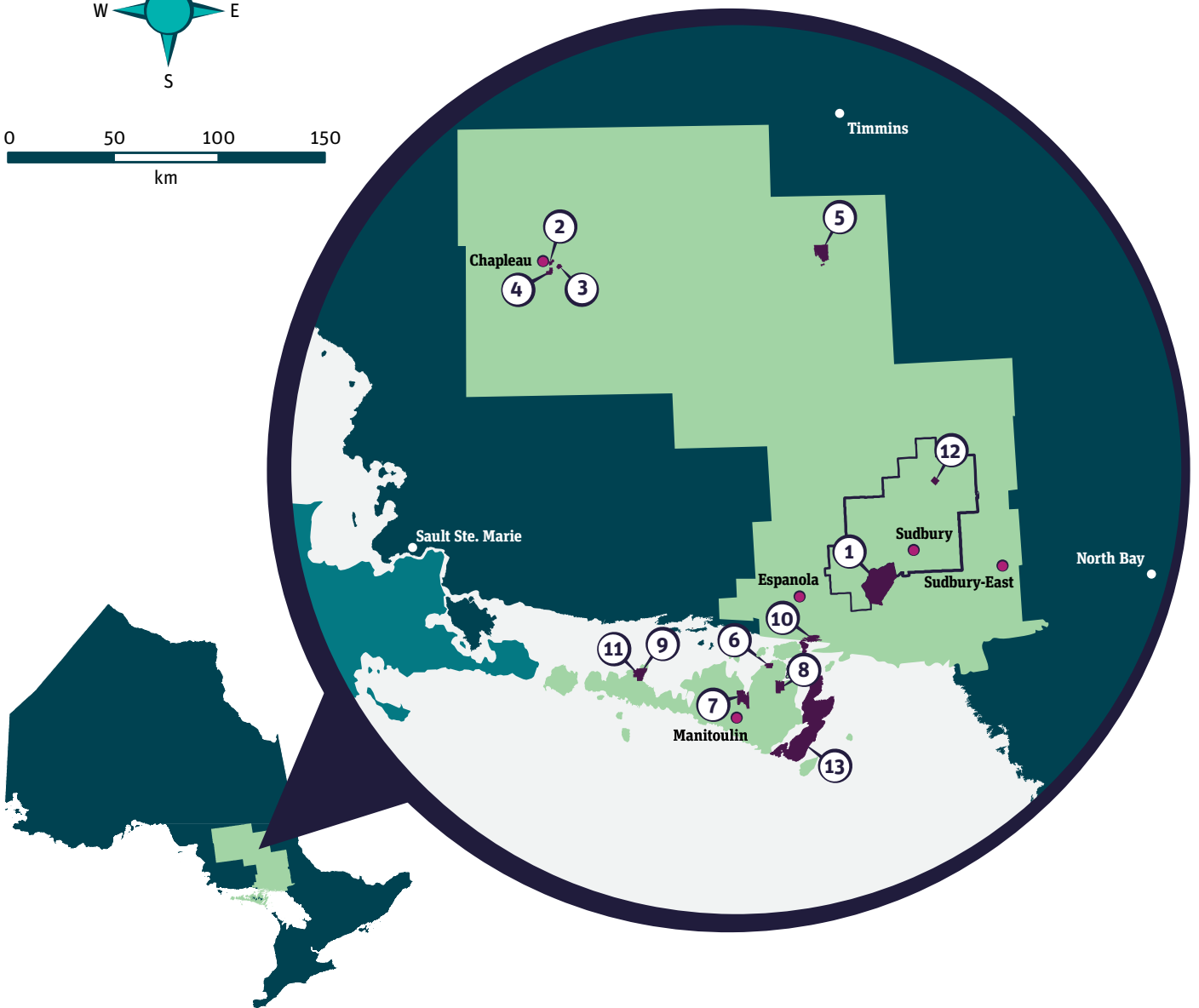
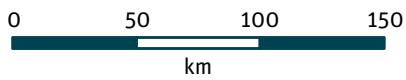
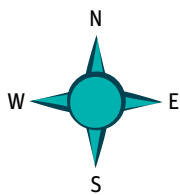
### Legend

-  Public Health Sudbury & Districts Offices
-  Public Health Sudbury & Districts

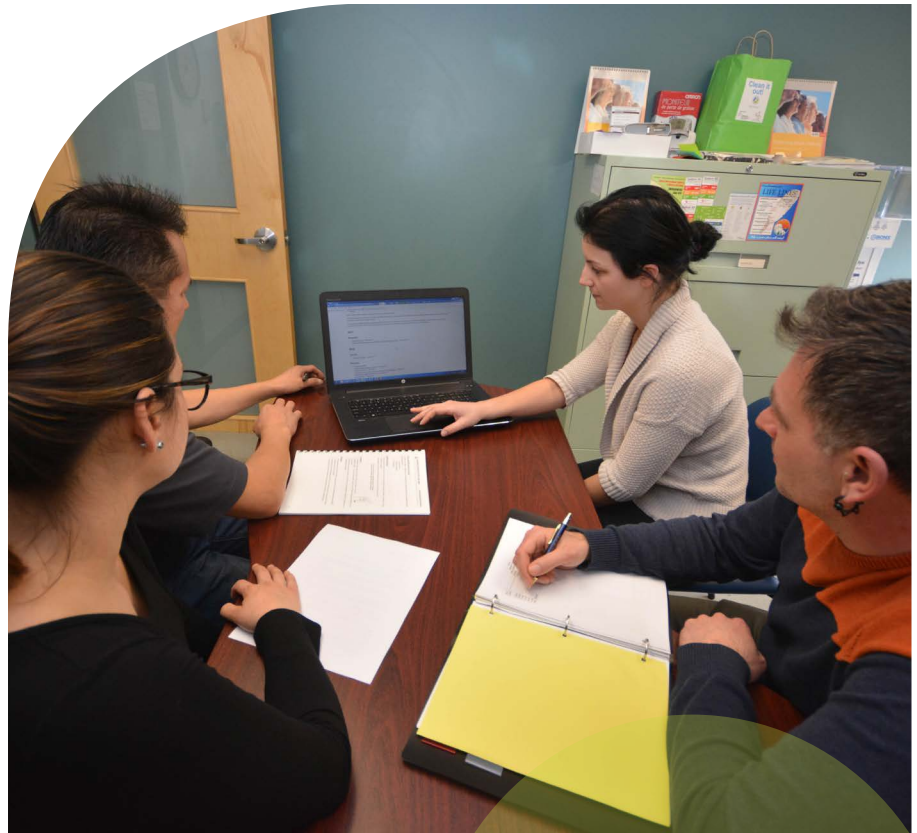
### First Nations

- ① Atikameksheng Anishnawbek
- ② Chapleau Cree
- ③ Brunswick House
- ④ Chapleau Ojibway
- ⑤ Mattagami
- ⑥ Aundeck-Omni-Kaning
- ⑦ M'Chigeeng
- ⑧ Sheguindah
- ⑨ Sheshegwaning
- ⑩ Whitefish River
- ⑪ Zhiibaahaasing
- ⑫ Wahnapiatae
- ⑬ Wikwemikong









## What is public health?

The work of public health touches all our lives in one form or another. Public health works to improve health equity and 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?

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.

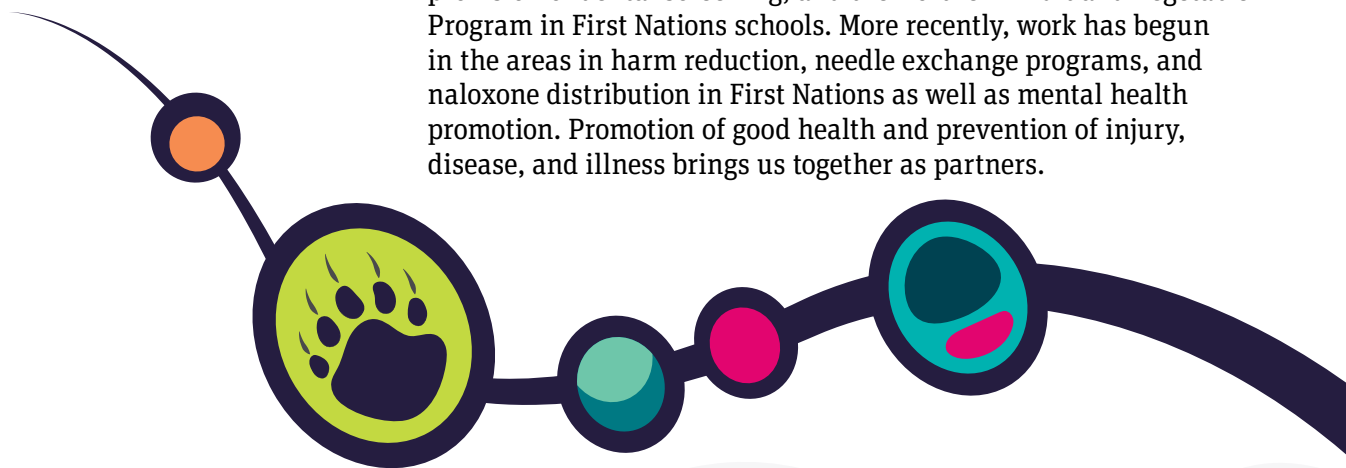




## Public Health Sudbury & Districts collaborative partnerships with Indigenous Peoples

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. We have participated in various national, provincial, and regional meetings since 2005 to help us understand and contribute to system-wide efforts to ensure equitable access to public health programs and services.

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 Fruit and Vegetable 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 external Indigenous Engagement Strategy Advisory Committee (Appendix A), comprised of Indigenous community representatives, provided culturally appropriate, and community-driven direction to support the development of the strategy. An internal Indigenous Engagement Steering Committee (Appendix B) helped guide the work. Steering committee members provided guidance on information gathering activities, organizational processes, and structures.

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 focussed 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.



**Planning the path forward**



**Information gathering**



**Community engagement**



**Strategy approval**

**Board of Health  
Motion # 54-16**  
November 2016

**Executive Committee  
and Board of  
Health retreats**  
September to  
November 2016

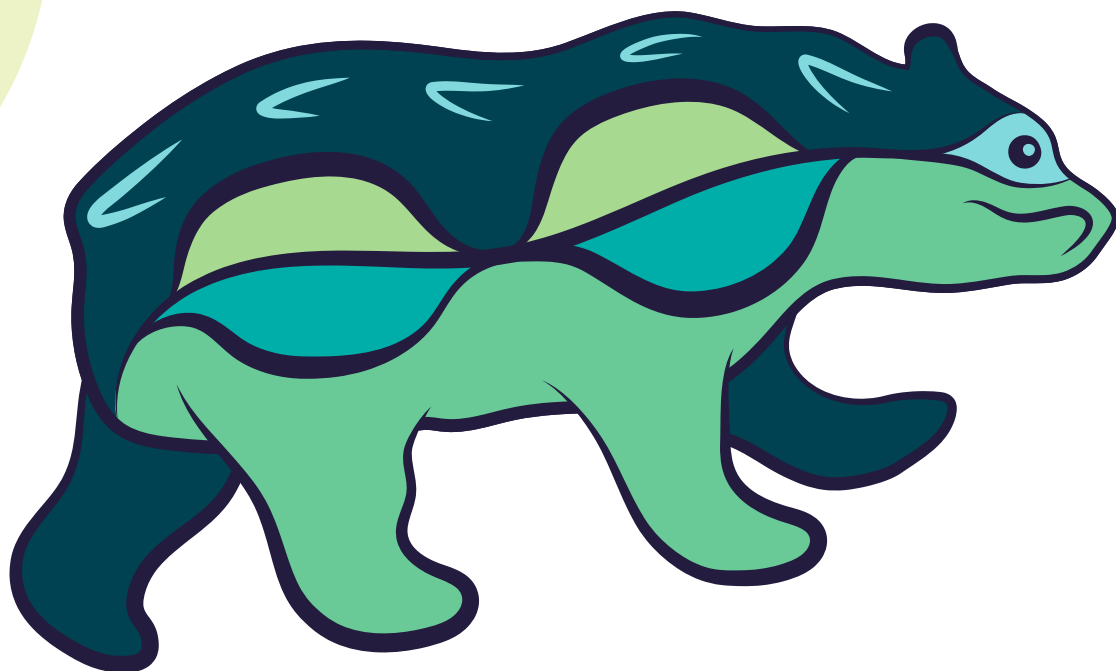
**Indigenous Engagement  
Team and Indigenous  
Engagement Steering  
Committee (internal)  
structured**  
January to March 2017

**Interviews, staff  
survey, and  
document review**  
May to October 2017

**Meetings with  
First Nations and  
Aboriginal Health  
Access Centres**  
June to October 2017

**Indigenous  
Engagement  
Strategy Advisory  
Committee  
established**  
November 2017





**Roundtable  
planning sessions  
with First Nations**  
March to June 2018

**Board of Health  
workshop**  
June 2018

**Strategy review  
and validation**  
July to September 2018



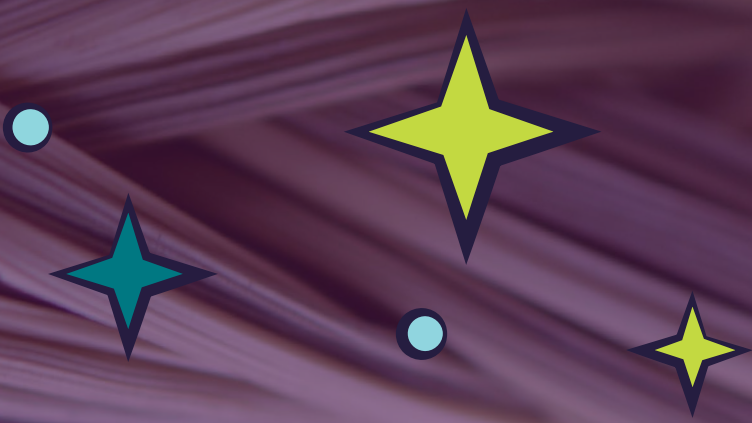
**Strategy development  
including strategic  
directions, actions,  
mission, and vision**  
July to September 2018

**Board of Health  
input, approval,  
and launch**  
October 2018

**Relationship principles  
and values workshop**  
February 2018



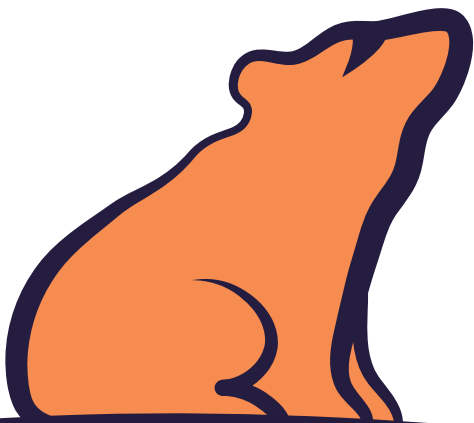




Under the strategic priority of meaningful relationships, the Indigenous Engagement Strategy aims to establish relationships with Indigenous communities and partners in a way that is meaningful and effective to them. Over time, the strategy strives for successful collaborations and healthier communities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

E wici apatisimitonaniwahk kici mino pimatisimakahki nesta mocikentahkik  
 ininiwi ihtawina e pimitishahakihk ke ohci tipenimitisomakahk mino  
 pimatisiwin nesta minwenihtamowin.

Misiwe mino pimatisiwin Sudbury nesta papeskici askiy wici  
apatisimewak anihî kesiwak ininiwa nesta ihtawina tapiskoc kici  
nocihîtacik e mashkawahtacik misiwe mino pimatisiwi atoskewina nesta  
wicihiwewina misiwe kinanaw ohci.







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# 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 act – north, see – east, relate – south, and understand – west.

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.





## The strategic directions

The need for an Indigenous Engagement Strategy was identified by the Board of Health. The Board of Health motion #54-16 (Appendix D) 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

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:

- ❶ Tailor public health approaches to build on the strengths and diversity of the Indigenous population
- ❷ Engage and plan with Indigenous partners in a culturally appropriate and responsive way
- ❸ Adapt new and existing public health programs to be culturally appropriate
- ❹ Develop mechanisms to ensure participation of Indigenous Peoples through our planning processes
- ❺ Create processes for effective, ongoing dialogue with Indigenous communities and partners
- ❻ 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

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

To achieve this, we will:

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





### Strategic direction III:

#### Strengthen our capacity for a culturally competent workforce

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:

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





## Strategic direction IV:

### Advocate and partner to improve health

Supporting Public Health Sudbury & Districts priority of striving for health equity and championing equal opportunities for health.

To achieve this, we will:

- 1 Understand and support Indigenous self-determined aspirations in public health
- 1 Act as a supportive ally within Indigenous community-led efforts to improve public health
- 1 Support advocacy efforts to address Indigenous social determinants of health
- 1 Strengthen relationships with external partners working to improve public health services to Indigenous communities
- 1 Work with Indigenous partners to improve access to and utilization of community level health data
- 1 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:

- ① Health inequities are addressed and the gap in health outcomes between Indigenous Peoples and other populations in the northeast is narrowed;
- ① 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.**

- ① 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.
- ① 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.**

- ① 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.
- ① An organization that is responsive, listens, and is mindful of history and underlying health determinants.
- ① Evidence that our values of respect, trust, and humility are embedded in the work we do with Indigenous Peoples, communities, and partners.

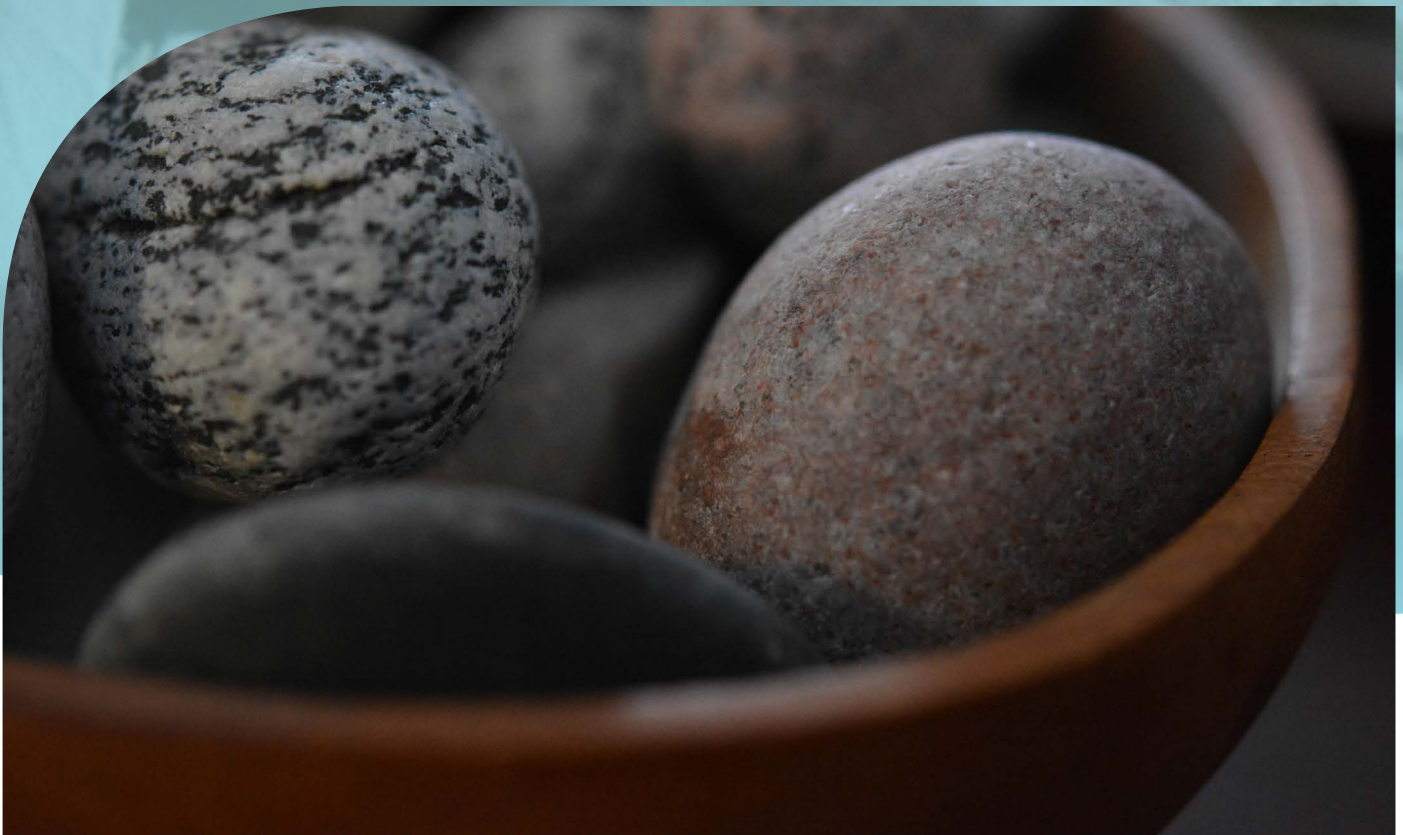
**We have partnerships premised on respectful and mutually beneficial relationships.**

- ① An organization that is seen as a model for building authentic partnerships from mutual understanding and trusting relationships.
- ① 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.**

- ① 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.
- ① With consideration to self-determination in Indigenous communities and First Nations, public health programs and services are accessible to all.
- ① 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

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

- ① Develop new internal and external committee structures to guide and support the implementation of the strategy
- ① Develop an implementation plan for the strategy
- ① Ensure routine and structured reporting mechanisms for Senior Management and the Board of Health
- ① Ensure effective mechanisms by which the Board of Health receives Indigenous knowledge appropriate to its governance role
- ① Develop and track collaboration indicators
- ① 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, ᑭᓯᓂᓂᓂ, mikwech, and thank you for taking these important steps in our journey together!



# Appendix: A

## 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 (Co-chair)**

Elder

### **Brenda Francis**

Director of Operations, Kenjegin Teg Educational Institute

### **Sandra Laclé**

Director, Health Promotion Division and Chief Nursing Officer,  
Public Health Sudbury & Districts

### **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 (Co-chair)**

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

# Appendix: B

## 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 and Chief Nursing Officer,  
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 (Chair)**

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: C

## Members of the Board of Health for Public Health Sudbury & Districts

René Lapierre (Chair)

Jeffery Paul Huska (Vice-Chair)

Maigan Bailey

Janet Bradley

James Crispo

Robert Kirwan

Monica Loftus

Thoma Crabs

Paul Vincent Myre

Ken Noland

Rita Pilon

Mark Signoretti

Nicole Sykes

Carolyn Thain

# Appendix: D

## Motions: Board of Health for Public Health Sudbury & Districts

### First Nations and Public Health (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 the potential needs and strategies for strengthening public health programs and services with area First Nations.

#### CARRIED

April 19, 2012

### Engagement with Indigenous Peoples (Motion #54-16)

**WHEREAS** the Board of Health is committed to ensuring all people in the Sudbury & District Health Unit service area, including Indigenous people and communities, have equal opportunities for health; and

**WHEREAS** the Board of Health identified the need to better define relationships with Indigenous communities as part of its risk management strategy;

**THEREFORE BE IT RESOLVED THAT** the Sudbury & District Board of Health reaffirm its commitment to motion #20-12; and

**FURTHER THAT** the Board direct the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities in its service area for the purpose of collaboratively strengthening public health programs and services for all; and

**FURTHER THAT** this strategy include, among others, strategic, governance, risk management and operational components; and

**THAT** the Board of Health direct the Medical Officer of Health to regularly report on the progress of this strategy.

#### CARRIED

November 24, 2016





**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

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